

MIAMI SPRINGS MONTESSORI SCHOOL

STUDENT APPLICATION

School Year _____ Part-Time _____ Full-Time _____ First Day of School: _____

Part 1 – Family Information

Student Name		Date of Birth	
Address		Gender:	
City	State	Zip code	
Hair Color		Eye Color	Phone
		Height	Weight
Mother's Name			
Address (if different)		Phone	
		Email	
Mother's Profession _____		Work #	Cell #
Name of Employer: _____			
Father's Name			
Address (if different)		Phone	
		Email	
Father's Profession _____		Work #	Cell #
Name of Employer: _____			
Marital Status of parents		Married Not married Separated Divorced Other:	
Custody/visiting arrangements			
Documentation Available?			
Adopted?	Date of adoption	Does child know?	
Names of siblings:		Dates of birth:	
School siblings presently attending?			
Other members of the household (include relationship and age):			

Part 2 – Other Information

List other people your child may be released to:		
Name	Relationship	Phone number
<i>We reserve the right to ask for identification prior to releasing your child.</i>		

Part 3 – About the Child

Does child have their own room?	If not, with whom?
What are the child's responsibilities at home? Does he/she clean their own room?	
Who, other than the parents, cares for the child? (Who does child spend a lot of time with?)	
Neighborhood playmates your child has and age?	
Hours per day watching TV?	What types of programs?
Is there a TV in your child's room?	

Hours per day on computer/cell phone/tech?	What types of programs?	
Child's bed time?	Awakens?	Sleeps well?
If child does not sleep well, please explain:		
Child's favorite activities:		
Does your child have any fears that you are aware of?		
What methods of behavior control/discipline are used in your home?		
Describe your child's personality: (shy, outgoing, nervous, tantrums, etc...)		

Part 4 - Health History

Pregnancy: Normal ___ Abnormal ___ (full-term, complications) Please Explain:	
Physical disorders at birth: _____	
Previous/present Therapies: _____	
Disabilities/conditions: _____	
Treatments _____	
Is child Potty Trained? Yes ___ No ___ Bed wetting problems at night? If yes, please describe:	
Chronic constipation or diarrhea? _____	
Breast or bottle fed?	Foods preferred?
Kinds of sweets, how often?	Fast food, how often?
Feed his/her self? _____	
List any major illness and Orthopedic problems (include past broken/dislocated bones, mumps, measles, chicken pox, etc...):	
Allergies:	Medications currently being taken, if any:
Blood Type (if known):	
Past Hospitalizations: Yes ___ No ___	Reasons:

Part 5 - Prior Schools Applicant Attended

Name	Dates Attended	Reason for withdrawal

*Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 and 681) within 30 days of enrollment.

*Section 402.3125(5), F.C. requires that parents receive a copy of the Child Care Family Brochure "Know Your Child Care Center."

*Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

*By signing below, you verify that you have received the above items, understand the financial agreement of the school and that all information on this enrollment form is complete and accurate.

Person(s) completing this form (Print) _____

Signature _____ Date _____ Form: msmsapplication