



Application for Admission

Student Name: _____

School Year ___ August 2024- July 2025

Infant Program (8 weeks until child is walking independently)

___ **Infant 5 Day Program** (M-F 7:45am-2:30pm)

Young Toddler Program (12 months- 18 months)

* Children must be walking upon entry into this program

___ **Young Toddler 5 Day Program** (M-F 7:45am-2:30pm)

Toddler Program (18 months- 2 years & 11 months)

___ **Toddler 5 Day Program** (M-F 7:45am-2:30pm)

___ **Toddler 5 Day Program with Aftercare** (M-F 7:45am-5:30pm)

Early Childhood Program (3 years -6 years)

*Children must be toilet trained upon entry into this program

___ **Early Childhood 5 Day Program** (M-F 7:45am-2:30pm)

___ **Early Childhood 5 Day Program with Aftercare** (M-F 7:45am-5:30pm)

Lower Elementary (6 years- 9 years)

___ **Lower Elementary 5 Day Program** (M-F 7:45am-2:30pm)

Referred by: _____

Please return your fully completed application with your nonrefundable application fee of \$25 to ensure proper processing.

Child's Information:

Name: _____ Nickname: _____ Sex (F I M I N/A)_____

DOB ___/___/___ Age _____ or EDD (Estimated Date of Delivery) ___/___/___

Is the child currently walking? _____ Is your child currently toilet trained? _____

Date of Application: _____ Desired date of enrollment: _____

Previous daycare, preschools, or schools applicant attended (please include length of time enrolled at each):

Names & ages of siblings: _____

Please include your child's experience with Montessori learning: _____

Street address _____ City _____ State _____ Zip code _____

Parent(s) or Guardian(s) with whom child lives:

Relationship to child: _____ Relationship to child: _____

First Name _____ Last Name _____ First Name _____ Last Name _____

Cell # _____ Work# _____ Cell # _____ Work # _____

Employment _____ Occupation _____ Employment _____ Occupation _____

Email Address - Required

Email Address – Required

If Divorced or Separated

Parent name

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

Authorized to pick up child? ___ Yes ___ No (*If no, must provide legal documentation*)

Office Use Only:	<input type="checkbox"/> Application complete <input type="checkbox"/> Application fee paid <input type="checkbox"/> Payment type for application fee: _____ <input type="checkbox"/> Date paid: _____	<input type="checkbox"/> Waitlist <input type="checkbox"/> Toured <input type="checkbox"/> Enrolled Notes: _____
------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

Applicant's Medical Information

Pediatrician Name

Pediatric Group

Please list your child's allergies and/or any other medical conditions ****A doctor's note regarding specific/severe allergies must be kept on file. Please provide the school with the necessary medication in case of an allergic reaction:** _____

Please list your child's dietary needs (including but not limited to: pork-free, dairy-free, gluten free, food allergies, vegetarian): _____

Has your child ever received any referrals? _____

I authorize Emergency Medical Care

Signature Required

Date

Photo Release Permission

Photographs of children are used for marketing the school and highlighting the high quality of students at Montessori School of Tupelo. Students are never identified in photos for print or on the website. Uses may include, but are not limited to, MST brochures, advertisements, local news media, video, Facebook page, and our school website.

YES, I give permission for Montessori School of Tupelo to use my child's photograph (or my family's photo) if photographed at a Montessori School of Tupelo social event or in the classroom.

NO, Do not use my child's or family's photograph.

Signature Required

Date

Emergency & Authorized Pick-up

I understand that in the event of early school dismissal, presenting illness of child, late pick up of child, or any other reason for dismissal- parents will be first notified. If a parent cannot be reached, MST staff will begin calling the emergency contact person(s). I understand that if at any time a contact should be removed, I will notify the MST office in writing at montessoritupelo@comcast.net by requesting a new Emergency & Authorized Pick- up form.

Signature Required

Date



MST Emergency & Authorized Pick-up

Child's Name: _____ Date of Birth: _____

Address: _____ Home #: _____

Physician: _____ #: _____ Preferred Hospital: _____

Parent/Guardian Name: _____ cell #: _____

Place of work: _____ work #: _____

Is this parent allowed to pick up? _____ (If no, must provide legal documentation)

Parent/Guardian Name: _____ cell #: _____

Place of work: _____ work #: _____

Is this parent allowed to pick up? _____ (If no, must provide legal documentation)

Persons (at least two) with permission to take your child from school for transportation for sickness, emergency, car-pooling, or visits. In order, we should call:

1. Name: _____ #: _____ Relationship: _____

2. Name: _____ #: _____ Relationship: _____

3. Name: _____ #: _____ Relationship: _____

4. Name: _____ #: _____ Relationship: _____

5. Name: _____ #: _____ Relationship: _____

Explore.
Nurture.
Learn.

MST Parent Partner Agreement

In choosing Montessori School of Tupelo, our school and your family have formed a partnership with the purpose of providing the opportunities and environment for the successful development of your child, our student. As educators, our staff acknowledges that parent are the first and foremost educators of their children. Parents, together with teachers, are responsible for ensuring that effective learning takes place. Each of us has responsibilities with this partnership.

Our school is responsible for:

- Presenting to you and adhering to our school's philosophy and program.
- Encouraging open dialogue between teachers and parents for clarification of Montessori philosophy and program issues throughout the school year.
- Providing your child a diverse set of Montessori materials, activities, and experiences designed to foster physical, intellectual, creative, and social independence in accordance with the standards set by the American Montessori Society.
- Employing teachers educated in the Montessori philosophy and methodology.
- Providing a classroom atmosphere that encourages positive social interaction, fostering cooperative learning, and emotional development.

The child's family is responsible for:

- Providing a home environment that supports the development of positive self-esteem, learning attitudes and habits, and social and intellectual competence.
- Supporting the smooth operation of the school by committing to 20 hours of volunteer service, or by paying the volunteer service fee.
- Supporting the smooth operation of the school by fulfillment of parent responsibilities such as timely arrival and departure, prompt tuition payment, adherence to school policies and procedures, and staying informed by reading newsletters, emails, and notices.
- Supporting and valuing the school's philosophy and policies through positive interaction including courteous private meetings with the Board President, Director(s), and /or teaching staff if concerns arise.
- Supporting, valuing, and fostering the school community and growth by participation in school activities and committees.

Our staff takes great pride in our responsibilities to our students and their families and we realize that our school plays a major role in your child's development. We rely on your support and assistance so that together we can provide a complete effort in helping your child grow and learn to the best of his or her abilities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Montessori School of Tupelo to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Montessori School of Tupelo is notified by me (us) in writing to cancel it in such time as to afford the Montessori School of Tupelo, and the financial institution a reasonable opportunity to act on it.

Monthly tuition payments will draft on the first business day of each month.

Name of Student

Name of Financial Institution

Address of Financial Institution - Branch, City, State, & Zip

Printed Name of Account Holder

Email address(es) for invoices to be sent to

Account Holder Signature

Date

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____



**Montessori School of Tupelo
Parent Handbook Acknowledgement and Agreement**

I have received and read the Parent Handbook, and I agree to abide by the school policies as set forth in it.

Student Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date