

St. Matthias' Church Montessori Pre-School

P.O. Box 336, Summerton, S.C. 29148

Telephone (803) 485-2504

School Year 2024-2025

APPLICATION FOR STUDENTS: DUE BY MARCH 1, 2024.

Pre -School Program (3 year program, ages 3-5)

MONDAY – FRIDAY

****There is a \$50.00 non-refundable application fee to be returned with this form**

Name of Student _____
LAST FIRST MIDDLE PREFER TO BE CALLED

Home Address _____
STREET ADDRESS CITY STATE ZIP

Mailing Address _____
MAILING ADDRESS CITY STATE ZIP

Age _____ Birth Date _____ Place of Birth _____ Male Female

Home Phone _____ Cell Phone – Mother _____ Cell Phone – Father _____

FAMILY INFORMATION

FATHER'S NAME

MOTHER'S NAME

HOME ADDRESS

HOME ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

OCCUPATION

OCCUPATION

COMPANY NAME

COMPANY NAME

BUSINESS/PROFESSIONAL ADDRESS

BUSINESS/PROFESSIONAL ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE

PHONE

E-MAIL

E-MAIL

over

EMERGENCY INFORMATION (if parents or guardians cannot be reached we authorize the school to contact)

Name: _____ home telephone: _____
Relationship to student: _____ work telephone: _____
cell phone: _____
email: _____

Please provide any information concerning your child (and anything that may be different from their first or second year for returning students). Please give any suggestions that will be helpful to staff members in providing your child with a happy and enriching experience. In addition, please list any other special medical conditions or needs (including allergies to food) that faculty and staff need to be made aware of.

St. Matthias' Church Montessori Pre- School does not discriminate on the basis of race, color, creed, sex, national or ethnic origin in administration of its educational policies, admissions policies, financial aid programs, and all other school administrated programs.

Your Signature below indicates that all information provided in this application is complete and correct.

SIGNATURE OF PARENT OR GUARDIAN

RELATIONSHIP TO APPLICANT

FOR OFFICE USE ONLY	
Date Received	_____
_____	_____
Application Fee	_____
_____	_____