LILI’S MONTESSORI SCHOOL

APPLICATION FORM

Operation Name: LILI’S Montessori School

Director’s Name: INES MALENGA

Child’s Name: ____ Male/Female

Date of Birth: DD/MM/YY ____________/____________/___________

Physical Address: _______________________________________ Home Phone

No: ________________________

Postal Address:

____

Enrolment to (please tick applicable): NURSERY SCHOOL __ or Lower Elementary School ___

PARENTS/ LEGAL GUARDIAN’S DETAILS

Mother’s Full Name: ____

Occupation &Telephone/Mobile: ______________________________/________________________

Address (if different than child’s):____

Email: ______________________________

Work Name, Address & Phone Number; ____

____

Nationality: ____

Marital Status: (Please tick Applicable) Married/ Divorced/ Separated/ Widow /single

Father’s Full Name: ____

Occupation &Telephone/Mobile:______________________________/________________________

Address (if different than child’s):____

Email: ______________________________

Work Name, Address & Phone Number; ____

____

Nationality: ____

Marital Status: (Please tick Applicable) Married/ Divorced/ Separated/ Widower NAME **& DETAILS OF PERSONS WE MAY CONTACT IN AN EMERGENCY WHEN PARENT / GUARDIAN CANNOT BE REACHED:**

1. Name: ____________________________________Phone:____________________________

Physical Address: ____
Relationship Parent/Guardian____

2.Name: ____phone:______________________

Physical Address:____
Relationship to Parent/Guardian:____

In additional to parent/guardians……………………………………………………………………………………………

hereby authorize LILI'S Montessori School to allow my child to leave school ONLY with the following people.

1. Name & Physical Address:

____

Phone Number(s):

____

2. Name & Physical Address:

____

Phone Number(s):

____

3. Name & Physical Address:

____

Phone Number(s):

____

N.B: Your child/children will ONLY be released to persons designated by the parent/guardian after verification of ID. To save time Parents should call ahead to the School Administrator to inform her that their child will be picked up by one of these persons listed above. Any persons not listed here shall not be allowed to take the child from the school premises.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

If I, ____or (Name) ______________________________ cannot be reached to make arrangements for emergency medical care, I authorize the LMS person in charge to take my child to:

Physician Name:
____

Location / Address:
____

Contact Phone Number
____

Physicians Mobile Number
____

My child's immunization records (incl. vision/hearing screening) are on file at the school and all required immunization /testing are current. I hereby give my consent for Lili's Montessori School representative(s)to secure any and all necessary emergency medical care for my child

Signature of Parent/Legal Guardian: ____________________________

ALLERGIES, MEDICATIONS and/or SPECIAL INSTRUCTIONS

Please list any special needs your child may have, such as allergies, existing illness/condition, previous serious illness, injuries and hospitalization during the past 12 months, any medication prescribed for a long-term continuous use, and/or any information of which the caregiver's at Lili's Montessori School should be aware of.

If none apply, please write "NONE".

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HEALTH REQUIREMENTS

CHILD'S FULL NAME: ____

DATE OF BIRTH: DD/MM/YYYY

Immunizations

Immunizations	Date of Dose1	Date of Dose2	Date of Dose3	Date of Dose4	Date of booster
Hepatitis B					
DTP/DTAP/DT					
Hib					
Polio IPV or OPV					
Measles					
Mumps					
Rubella					

Chickenpox					
Pneumococcal conjugate					
Hepatitis A					

Signature or stamp of a physician or public health personnel: ____________________ Date________

Chickenpox vaccine is not required if your child has had the disease. Please complete the statement:

My child had chickenpox on or about (date) ______________________ and does not need the vaccine.

Signature of Parent/Guardian _________________________________ Date: DD/MM/YYYY

One of the following must be presented when your child is admitted to school.

Please tick your option:

_______ A signed and dated copy of a health certificate

______ My child has been examined in the past year by a health care professional and is able to participate in a Day-care program.

In the next 12 months, I will obtain a health care professional's signed statement and submit to school.

Signature of Parent/Legal Guardian: ________________________ Date: ___________________

THE FOLLOWING INFORMATION IS ALSO DETAILED IN THE PARENT HANDBOOK

1. Registration fee of MK 65, 000.00 per child per annum

2. Tuition Fee Preschool - MK 1,980,000.00 per annum.

Alternatively, three (3) equal instalments of MK 660,000.00

3. Lower Elementary - MK 2,520,000.00 per annum.

Alternatively, three (3) equal instalments of MK 840,000.00

FINANCIAL COMMITMENT

1. Tuition is considered late after the 1st week of a new Term.
2. Your account must be current for your child to attend school.
3. Tuition and other fees will be made in cash directly to the school.
4. Fees payments for any given term may be made in two instalments by the parent(s)/guardian(s) responsible for fee payments.

   Requests should be in writing by email to the School Director - ines@lilimontessorischool.com on the understanding that first instalment will be paid on the first day of the school term and the second payment is paid within 30 days of the first instalment.

SCHOOL HOURS

1. Lili's Montessori School Preschool section is open from 07:45 till 12:00. The school gate will be open at 07:00

2. Lili's Montessori Lower Elementary section (6-9) commences at 7:20 a.m. till 1:30pm. The school gate opens at 07:00.

3. For safety reasons only teachers and support staff are allowed on school premises prior to 07:00. At knock off time Your child will never be left unattended, however, if you arrive after 12:30 a late fee of MK 2,000.00 will be charged and should be paid directly to the Administrator when you collect of your child.

Your signature below acknowledges your acceptance of your financial responsibility towards Lili's Montessori School.

Signature of Parent(s) / Legal Guardian(s): ____

Date: ________________