



**Primary**  
**New Student Enrollment Application**  
August 2018-May 2019

**Child Information** (Please Print)

Child's **legal last name**: \_\_\_\_\_ Child's **first name**: \_\_\_\_\_ Child's **M.I.**: \_\_\_\_\_

Child's **gender**: M F Child's **birth date**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's **age** by 8/1/2018: \_\_\_\_yrs. \_\_\_\_months **Child must be 3 years old for P3 or 4 years old for P4 by August 2018.**

Is there an award of legal decision making in place?  Yes  No

Certified court documents must be provided at time of enrollment.

Does your child have a sibling(s) currently **enrolled** at Villa Montessori?  Yes  No

If yes, **name(s)** and **grade/age(s)** of sibling(s): \_\_\_\_\_

Does your child have a sibling(s) **applying** to Villa Montessori?  Yes  No

If yes, **name(s)** and **grade/age(s)** of sibling(s): \_\_\_\_\_

**Parent Information** (If separate households, please check parent to be billed.)

**Mother's Name**: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_

**Father's Name**: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_

**Current School Information**

Current School: \_\_\_\_\_

Current school address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Special Needs Information**

In order to best serve your student, it is imperative that you complete this section accurately.

Has your child ever received special services for any of the following:

 Speech/ Language     Developmental delays     Behavioral support    If so, date removed: \_\_\_\_\_

Is your child currently receiving special services for any of the following?

 Speech/ Language     Developmental delays     Behavioral support    If so, date removed: \_\_\_\_\_Does your child have an IEP or an IFSP?     Yes\*     No    \*If so, date enrolled: \_\_\_\_\_    Date removed if applicable: \_\_\_\_\_

Details: \_\_\_\_\_

**I plan on enrolling my child in the following Private program for the 2018-2019 school year:** (please check one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Half Day</b><br>8:30 a.m. -- 11:30 a.m.<br>\$755.00 per month | <input type="checkbox"/> <b>Extended Day</b><br>8:30 a.m. – 2:30 p.m.<br>\$865.00 per month | <input type="checkbox"/> <b>All Day*</b><br>7:00 a.m. -- 6:00 p.m.<br>\$915.00 per month |
|---|---|--|

\* Enrollment in the All Day program enables your child to attend on days that are closed to Academic and Extended day students but open only to All Day Contracts. Please see school calendar for a list of these days.

Summer programs are offered on a first-come, first-served basis with limited space available. The summer program is separate from the school year and separate registration/ enrollment is required. Registration details will be available in Spring 2019.

**The following fees will be due upon acceptance in the Primary Program:**

- **\$175 Registration Fee** (*Non-Refundable*)
- **\$110 Activity Fee**

1. **Initials** \_\_\_\_\_ I understand that my child is being placed on a waiting list and that I will be notified if a position becomes available. I also understand that by turning in this application I am not guaranteed a spot for the 2018-2019 school year until I have received notification from Enrollment.

2. **Initials** \_\_\_\_\_ I also understand that current students and siblings are placed first (as stated in the Parent/Student Handbook) and that certain factors such as sex of child and date of birth may determine placement.

3. **Initials** \_\_\_\_\_ I understand that if my child has not been accepted from the waiting list for the current 2018-2019 school year, my child's application **does not** automatically roll over to the next program's waiting list for the following school year and I will have to re-apply for the following school year.

4. **Initials** \_\_\_\_\_ I understand that I will have 2 business days to make a decision about accepting an available position. If Villa Montessori School has not heard from me within that time frame, Enrollment will call the next person on the list.

5. **Initials** \_\_\_\_\_ I understand that upon acceptance all appropriate paperwork, fees and first month's tuition are due before my child can begin attending school. This includes Original Birth Certificate and Immunizations.

It is understood that the provisions set forth in this enrollment application, together with the provisions of the Parent/Student Handbook as amended from time to time by Villa as well as the Parent/School Compact, constitute the enrollment application in its entirety and if the above-named child is accepted for enrollment the undersigned expressly agree(s) to the provisions of this application.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Do not write below this line)

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**For Administrative Use Only**

Date Application Received: \_\_\_\_\_ Time: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date of Placement: \_\_\_\_\_ Teacher assignment: \_\_\_\_\_

First day of school: \_\_\_\_\_ Date of Entry into ProCare: \_\_\_\_\_

Date of Entry into SchoolMaster: \_\_\_\_\_

Notes:

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