



**Toddler I
New Student Enrollment Application
2019-2020**

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 must be 1 year old and walking by start date

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

If so, Joint Sole ***Certified court documents must be provided at time of enrollment.***

Primary language spoken at home: _____

Child's current School: _____ Address: _____

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

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: _____

I plan on enrolling my child in the following program for the 2019-2020 school year: (please check one)

Extended Day
8:30 a.m. – 2:30 p.m.
\$1,225.00 per month

All Day*
7:00 a.m. - 5:00 p.m.
\$1,330.00 per month

Above fees applicable from August 1, 2019, through July 31, 2020. Fees are adjusted on August 1 of each year.

* 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 the school calendar for a list of these days.

-
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 in the Toddler I program 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 before my child's second birthday, my child's application will automatically roll over to the Toddler II waiting list.
 4. **Initials** _____ I understand that the above policy will not apply to the Primary 3 program or any other programs that fall after the age of two. Waiting lists do not automatically roll over into the Primary program. Therefore once my child has passed the age for enrollment into the Toddler II program, I will have to participate in Open Enrollment for the Primary program.
 5. **Initials** _____ I understand that I will have two 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.
 6. **Initials** _____ I understand that upon acceptance all appropriate paperwork, fees, and first month's tuition are due before my child can begin attending school.
 7. **Initials** _____ I understand that tuition rates will begin on the first day of phase-in.

The following fees will be due upon acceptance in the Toddler I Program:

- **\$175 Registration Fee (Non-refundable)**
- **\$55 Activity Fee**
- **First month's tuition**
- **\$7 First month's "ABC Music and Me" fee**

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 at this school the undersigned expressly agree(s) to the provisions of this application.

Parent Name: _____

Parent Signature: _____ Date: _____

(Do not write below this line)

For Administrative Use Only

Date Application Received: _____ Time: _____ Staff Initials: _____

Date of Placement: _____ First day of school: _____

Date of Entry into ProCare: _____ SM: _____



Toddler I Questionnaire

Student Name: _____

Birth Date: _____ Today's Date: _____

In order to get to know your child better we ask that you fill out this form and return it with your application.

General Information

Primary language spoken at home: _____

Mother's occupation: _____

Mother's Place of business: _____

Hours per week mom works: _____ How often is mom out of town? _____

Father's occupation: _____

Father's Place of business: _____

Hours per week dad works: _____ How often is dad out of town? _____

Health Information

Was your child adopted? Yes No

Did the pregnancy go to full term? Yes No

Where there any complications with your pregnancy? Yes No

If so, what kind? _____

What illnesses has your child had (ear infections, etc.)? _____

Highest fever? _____ How long did it last? _____

Does your child have any allergies? * Yes No If yes, what Kind? _____

Does the allergy require maintaining an EPI Pen or other medication at school? * Yes No

Does your child have a medical condition that requires immediate access to medication or a specific response from staff? * Yes No

Is your child sun sensitive? Yes No

Number of day's ill last year? _____

How old was your child when he/she started walking? _____

Did your child crawl before walking? Yes No

Age when first word was spoken? _____

Is your child taking any daily medications? Yes No

If so, what kind? _____

Does your child have any special needs that we should be aware of? Yes No

If yes, please explain: _____

Does your child have any vision or hearing problems? Yes No

If so, please explain: _____

*** Upon acceptance you will be provided with a form to share more detailed information.**

How long does your child typically nap for? _____

And at what time(s)? _____

Does your child have frequent ear infections? Yes No

Does your child have tubes? Yes No

Family & Childcare Information

Does your child have any siblings? Yes No

Name	Age	Describe Relationship

Parents' marital status: _____

With whom does your child live? _____

Likes & Dislikes

What does your child enjoy doing the most at home? _____

When interacting with other children, how does your child react to conflict (crying, words, hitting, passive, etc.)?

Please describe, if any, difficulties that your child may have had in another school or group setting:

Routines (this will help us get a better understanding of what your child's typical day is like)

Are meals at a set time? Yes No When are meals eaten? _____

Are meals with adults? Yes No

What time does your child go to bed? _____

What time does your child wake up? _____

Does your child sleep through the night? Yes No

Please describe your bedtime process: _____

Please describe your child's morning routine: _____

In what ways do you encourage independence in your child: _____

What brought you to Villa? _____

Are there any other comments that you feel would be helpful? _____
