



**Primary**  
**New Student Enrollment Application**  
August 2019-May 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's **age** by 8/1/2019: \_\_\_\_\_yrs. \_\_\_\_\_months **Child must be 3 years old for P3 or 4 years old for P4 by August 1, 2019.**

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

If so,  Joint  Sole **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 2019-2020 school year:** (please check one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Half Day</b><br>8:30 a.m. -- 11:30 a.m.<br>\$765.00 per month | <input type="checkbox"/> <b>Extended Day</b><br>8:30 a.m. – 2:30 p.m.<br>\$875.00 per month | <input type="checkbox"/> <b>All Day*</b><br>7:00 a.m. -- 6:00 p.m.<br>\$940.00 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*)
- **\$125 Activity Fee**

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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 2019-2020 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 2019-2020 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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## Primary 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: \_\_\_\_\_

How many hours per day does mom work? \_\_\_\_\_ How often is mom out of town? \_\_\_\_\_

Father's occupation: \_\_\_\_\_

Father's place of business: \_\_\_\_\_

How many hours per day does dad work? \_\_\_\_\_ How often is dad out of town? \_\_\_\_\_

### Health Information

Was your child adopted? Yes No

What illnesses has your child had? \_\_\_\_\_

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 medications at school? \* Yes No

Does your child have any 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 days ill last year? \_\_\_\_\_

How old was your child when he/she first walked? \_\_\_\_\_ Did your child crawl before walking? Yes No

Age when first words were spoken? \_\_\_\_\_

Describe toilet training: \_\_\_\_\_

Is your child taking any daily medications? Yes No When, and for how long? \_\_\_\_\_

Does your child have any vision or hearing problems? Yes No If so, explain \_\_\_\_\_

Does your child nap? Yes No When, and for how long? \_\_\_\_\_

Did your child have frequent ear infections? Yes No Tubes? Yes No

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

**Family and Childcare Information**

Does your child have any siblings? Yes No

Name	Age	Describe Relationship

Parents' marital status: \_\_\_\_\_

With whom does your child live? \_\_\_\_\_

**Likes and Dislikes**

What does your child enjoy doing most? \_\_\_\_\_

What activities does your family enjoy doing together? \_\_\_\_\_

Does your child prefer to play alone or with playmates? \_\_\_\_\_

When playing with playmates, how does your child react to conflict (words, crying, hitting, passive, etc)

What are the names and ages of your child's playmates?

Name	Age

Describe any other school or group situation in which your child has participated and for how long.

Age	Name of School	Describe

Which situation did your child like most and why? \_\_\_\_\_

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

**Routines** (it would help us to have an idea of our child's typical day)

**Meals:**

Are meals at a set time? Yes No Where are meals eaten? \_\_\_\_\_

Are meals with adults? Yes No

**Bedtime:**

What time does our child go to bed? \_\_\_\_\_ What time does your child wake up? \_\_\_\_\_

Does your child sleep through the night? Yes No Is your child prone to nightmares? Yes No

Please describe your bedtime process \_\_\_\_\_

\_\_\_\_\_

Please describe your morning routine: (T.V., breakfast, dressing routine, etc.)

\_\_\_\_\_

\_\_\_\_\_

In what ways do you encourage independence in your child? \_\_\_\_\_

\_\_\_\_\_

Does your child have any chores? Yes No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

On average how many hours of T.V. does your child watch per day? \_\_\_\_\_

**Miscellaneous**

Are you aware that the Montessori program is based on a 3-year cycle? Yes No

Are you aware that Villa Montessori School requests each family to volunteer ten hours of time, per year? Yes No

Do you have any special talents that you would like to share with Villa? Yes No

If yes, what? \_\_\_\_\_

\_\_\_\_\_

What brought you to Villa Montessori? \_\_\_\_\_

\_\_\_\_\_

What are your goals for your child this year? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_