



Toddler II
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 2 years old 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.
\$1,070.00 per month

All Day*
7:00 a.m. -- 6:00 p.m.
\$1,130.00 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 II 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 third birthday, my child's application **does not** automatically roll over to the Primary 3 waiting list for the following school year.
4. **Initials** _____ I understand that since waiting lists do not automatically roll over from school year to school year, 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 3 program for the following school year.
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 II Program:

- **\$175 Registration Fee** (*Non-refundable*)
- **\$55 Activity Fee**
- **First month's tuition**
- **\$21 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 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 II 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 Did your pregnancy go to full term? Yes No

Were there any complications with your pregnancy? Yes No If so, what kind?

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 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 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

Does your child like coloring or painting? Yes No

Does your child engage in fantasy play? Yes No

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? _____

