



**Infant- 3 months to 12 months
New Student Enrollment Application
2018-2019**

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 must be 3 months old by start date**

Child primarily lives with: Mom Dad Both 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 (If separate households, please check parent to be billed. Legal **custody papers** must also be provided with this application)

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: _____

The tuition schedule for the Infant Program is:

All Day: 7:30 a.m. - 4:30 p.m.

\$1,320.00 per month

Above fees applicable from August 1, 2018 through July 31, 2019. 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 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 infant 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 first birthday, my child's application will automatically roll over to the Toddler I waiting list. This will also apply to the Toddler II waiting list if not accepted into the Toddler I program before my child's second birthday.
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 24 hours 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 Infant Program:

- **\$175 Registration Fee** (*Non-refundable*)
- **First month's tuition**

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: _____