



**Infant- 3 months to 12 months
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 3 months old by start date**

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

If so, Joint Sole **Certified 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: _____

The tuition schedule for the Infant Program is:

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

\$1,325.00 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 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 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 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: _____



Infant Questionnaire

Student Name: _____

Birth Date: _____ Today's Date: _____

In order to get to know your child better we ask that you please 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? _____

High Fever: _____ When did this fever occur? _____ 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 any medical condition that requires immediate access to medication or a specific response from staff? * Yes No

Is your child sun sensitive? Yes No Is your baby prone to diaper rash? Yes No

Is your child prone to constipation? Yes No Is your child prone to ear infections? Yes No

Does your child have eczema or skin dryness? Yes No

Is your child taking any daily medication? 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, explain: _____

Does our child have any vision or hearing problems? Yes No If so, explain: _____

*** 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 activities does your family enjoy doing together? _____

Is your infant exposed to T.V. or videos? Yes No How long? _____

Is your infant exposed to floor time? Yes No

Does your infant sleep in his or her own room? Yes No

How often is our infant in a playpen, swing or walker? Not often Often

Does your baby spend uninterrupted time outside each day? Yes No

How would you describe your baby's temperament? Easy Difficult Slow to warm up

Routines

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

Are meals eaten with adults? Yes No Is your child on solids? Yes No

How often? _____ What kinds? _____

Was/is your child breastfed? 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 If not, how often does he/she awake? _____

What do you do to get him/her back to sleep? _____

Is your child prone to nightmares? Yes No Does your baby sleep with you? Yes No

Describe your morning routine: _____

Describe your evening routine: _____

Do you read to your infant? Yes No Do you talk to your infant? Yes No

Describe your actions? _____

Is your infant surrounded by many other people usually or just his/her immediate family?

How long will your child be in our care each day? (Program hours are from 7:30-4:30)

Miscellaneous

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

Do you know that our program ends at 12 months and walking steadily for your infant and at that time he/she will start a phase-in process in the Villa Toddler program? Yes No

Are you committed to putting necessary time into Villa's phase-in process? Yes No

Are you aware of the differences between a Montessori infant program and traditional infant care settings? Yes No

Are you willing to follow our program's guidelines with your infant at home? Yes No

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

What are your goals for your child this year? _____

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