



Village Montessori

4401 Woodlawn Drive • Little Rock, Arkansas 72205 • ourvillagemontessori.com • (501) 944-4483

Application for Enrollment

VMS Office Use Only

Enrolled:	Half-Day School Day Extended Care	Age group:	18 mo. – 2 yrs. 3 – 5 years	Date enrolled at VMS: _____
				Withdrawn: _____

I. CHILD INFORMATION

Student's Name: _____
Last First Middle

Student's Date of Birth: ____/____/____ Gender: _____ State or Country of Birth: _____

Primary language: _____ Secondary language? _____

Primary Address: _____
Street City Zip

II. CONTACT INFORMATION

Parent 1: _____ Cell: _____ Alternate: _____

E-mail address: _____ Employer: _____

Occupation and Title: _____ Phone: _____

Parent 2: _____ Cell: _____ Alternate: _____

E-mail address: _____ Employer: _____

Occupation and Title: _____ Phone: _____

Additional parents and contact information: _____

Emergency Contact: _____ Phone: _____ Alternate: _____

III. FAMILY INFORMATION

Child resides with: _____

Parents are: Married Separated Divorced Co-habiting

If parents are separated or divorced, please advise:

Legal custodian: _____ To whom should we send correspondence? _____

Who is financially responsible for this child? _____

Secondary Address: _____
Street City Zip

Please list siblings' names and dates of birth:

Student's ethnicity: *(Optional, but we would love to keep historical track of the diversity of our school)* African/African American
 Asian/Asian American Latino/Hispanic Middle Eastern Native American Pacific Islander
 Caucasian Multiracial (please specify ethnic groups) _____

IV. EDUCATION HISTORY (if applicable)

Current School Name Phone

Address City State Zip

Please list the names and dates of previous schools your child has attended, back to age 2.

School Name Dates

School Name Dates

V. SOCIAL, BEHAVIORAL, and PHYSICAL INFORMATION *(If any questions are not applicable, please mark N/A.)*

1. What are your child's behavioral/emotional and strengths and/or challenges?

2. What helps soothe/calm your child when in distress?

3. What are your child's interests and favorite activities at home?

4. Please list and describe the regular responsibilities for which your child is accountable in your household.

5. Does your child have any chronic conditions that might impede his/her education? Y N
If yes, please describe:

6. Does your child have limitations regarding classroom participation or physical activities? Y N
If yes, please describe:

7. Has your child ever been asked to leave a school? Y N
If yes, please explain:

8. Has your child undergone any diagnostic or evaluative testing for learning differences or psychological or psychiatric concerns, either in the school or outside the school? Y N
If yes, please explain and list any current ongoing therapies:

9. In the past two years, has your child been affected by any significant family experiences, i.e. divorce, illness, death, economical changes, etc.? Y N
If yes, please explain:

IV. ACKNOWLEDGEMENTS and AGREEMENTS

I ascertain that:

- All questions on this application have been answered honestly and completely.
- I release Village Montessori School from all responsibility pertaining to the admission of this information.

I understand that:

- Any deception in the application process may result in immediate withdrawal of admission.
- I may be contacted regarding further questioning of any of the items in this application.
- All information requested regarding my child is for the sole purpose of their enrollment and academic career at Village Montessori School and will be kept absolutely confidential to all but Village Montessori School officials.

Parent/guardian Signature

Date

Parent/guardian Signature

Date