



# Village Montessori

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

## Application for Enrollment

### VMS Office Use Only

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	Extended Care			Withdrawn: _____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

What hours would you like your child to attend? *(Please note that we have a limited number of half-day timeslots.)*

- half-day 11:00 pick-up     
  school day 3:00 pick-up     
  extended care ends at 4:30

### 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