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### APPLICATION OF INTEREST

Please circle Enrollment Year: 2016-2017 2017-2018 2018-2019

Applying for:  Toddler (18m-36m)  Primary (3y-K)  Elementary (1st-3rd or 4th-6th)

Child's Name: \_\_\_\_\_  
Last First Middle Nickname

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Work email: \_\_\_\_\_ Work email: \_\_\_\_\_

#### Family Status: (Check all that apply)

Single  Parents divorced  Father remarried

Parents married  Parents separated  Mother remarried

Guardianship  Father deceased  Mother deceased

With whom is the child living? \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

How did you become acquainted with Versailles Montessori? \_\_\_\_\_  
\_\_\_\_\_

What are your expectations regarding your child's learning experience at VMS?  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's general health. Has your child ever suffered any serious illness, injury or been hospitalized? \_\_\_\_\_

Is your child currently receiving any medication? If so, please list: \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about your child's development? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain  
\_\_\_\_\_

Has your child received any screenings from a specialist? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what concern?  
\_\_\_\_\_

Please attach the reports.

Is your child out of diapers? Yes \_\_\_\_\_ No \_\_\_\_\_ Working on it \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Your child's present school or day care program: \_\_\_\_\_

Teacher: \_\_\_\_\_ School/Day care phone: \_\_\_\_\_

Current grade: \_\_\_\_\_ (We routinely contact child's current school/day care)

Has your child attended a Montessori program before? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to apply for a scholarship to VMS? Yes \_\_\_\_\_ No \_\_\_\_\_

An email with scholarship application directions will be sent to you. There is a \$35 nonrefundable fee to apply. Applying for a scholarship does not guarantee enrollment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Versailles Montessori School actively seeks a wide variety of staff and children  
in order to share the rich resources we all have to offer.  
V.M.S. admits students of any race, color and national or ethnic origin.