

**Application for Admission and Enrollment Agreement**

Desired entrance Date: Fall \_\_\_\_\_ Summer \_\_\_\_\_ Other \_\_\_\_\_

Child's Name \_\_\_\_\_ Calling Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

Child lives with Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Phone # with area code \_\_\_\_\_

Mother \_\_\_\_\_ Employer \_\_\_\_\_ Phone # with area code \_\_\_\_\_

Father \_\_\_\_\_ Employer \_\_\_\_\_ Phone # with area code \_\_\_\_\_

Emergency contact (person available during school hours other than listed above) \_\_\_\_\_

\*Person(s) responsible for payment on the account \_\_\_\_\_

**Montessori class preference:**

Morning (8:30-11:30 am) \_\_\_\_\_ Afternoon (12:30-3:30 pm) \_\_\_\_\_ Full day (8:30-3:30 pm) \_\_\_\_\_

**This application is for the school years that conclude at the end of your child's kindergarten year. You will **not** need to reapply each year. A separate application will be needed for the summer programs.**

In addition to Montessori, what do you estimate your childcare needs to be. . .

Occasional? \_\_\_\_\_ Regular schedule? \_\_\_\_\_ Approximate hours \_\_\_\_\_

Tuition payment preference: In full for school year? (5% disc) \_\_\_\_\_ Monthly? \_\_\_\_\_

Is there any other information you feel would be helpful for us to know about your child?

What school district do you reside in? \_\_\_\_\_ District # \_\_\_\_\_

How did you hear about Little Voyageurs? \_\_\_\_\_ If internet where? \_\_\_\_\_

If referred, by whom? \_\_\_\_\_

The undersigned has truthfully answered the above questions, has READ AND AGREES TO THE POLICIES ON THE REVERSE SIDE and understands that s/he is expected to PARTICIPATE IN THE OPERATION OF THE SCHOOL as part of his/her obligation.

A \$90.00 registration fee must accompany every application. This fee is non refundable once your child has been accepted. LVMS does not require an annual fall registration fee.

Make checks payable to: **Little Voyageurs' Montessori School or "L.V.M.S."**

Parent or guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date received \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_

Registration Number \_\_\_\_\_ Check # \_\_\_\_\_

Entrance date \_\_\_\_\_

Little Voyageurs' Montessori School Inc. admits students of any race, color, national and ethnic origin to the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.