

Lexington Montessori School

319 S. Broadway Park
Lexington, KY 40504
Phone 859.254.7034

Application for Enrollment

Applying for _____ school year

Primary ___ 8:00 a.m. – 11:45 a.m.
___ 8:00 a.m. – 2:45 p.m.
___ 8:00 a.m. – 5:30 p.m.

Elementary ___ 8:00 a.m. – 2:45 p.m.
___ 8:00 a.m. – 5:30 p.m.

(Please type or print all information.)

Child _____ **Sex** _____

First Middle Last

Birth Date _____ Home Telephone _____

Home Address _____

Father

Name _____

Address _____

Home Phone _____

Cell or business phone _____

E-mail address _____

Occupation _____

Mother

Name _____

Address _____

Home Phone _____

Cell or business phone _____

E-mail address _____

Occupation _____

Please list the names and ages of other children in immediate family.

Kindly describe any exceptional physical conditions and treatment or methods being undertaken to correct them. (i.e. speech, hearing, sight, etc.)

History of Illness:

Allergies _____

High Temperatures _____ Fractures _____

History of Hyperactivity _____

Low Energy Output _____

Handedness: (if established) Right ___ Left ___

Please give any special instructions or information concerning your child's eating, sleeping, or toileting habits.

What do you think are your child's most desirable qualities?

What do you think are your child's least desirable qualities?

Kindly describe any family history or conditions that you think will help us to better understand your child. (e.g. death of family member, divorce, long separations from either parent, care provided by someone other than parents, etc.).

Child's favorite toys, activities _____

Parent's method of discipline _____

Has your child ever received care outside the home?

No Yes When? _____

Has your child attended a nursery school or preschool?

No Yes Name and location of school: _____

Has your child attended a kindergarten or elementary school?

No Yes Name and location of school: _____

How did you become acquainted with Lexington Montessori School? If through friends, please give name(s).

Why do you wish to enroll your child in a Montessori class?

Have you ever visited a Montessori Class?

No Yes Name and location of school _____

Have you read books on Montessori?

No Yes Please list titles. _____

If accepted, how many years will your child attend our school? _____

Lexington Montessori School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Your child's name will be placed on the waiting list according to the date his/her application is received. Please notify the school if you change your address or phone number, or if you decide not to enroll your child. Prior to enrollment, an interview will be arranged with the parents and the child. Parents will be notified upon acceptance.

Date: _____ Parent's Signature: _____