

# Lexington Montessori School

319 S. Broadway Park  
Lexington, KY 40504  
Phone 859.254.7034

## Application for Enrollment

Applying for \_\_\_\_\_ school year

(Please print all information.)

<u>Primary</u>	_____ 8:00 A.M.-11:45 P.M.	<u>Elementary</u>	_____ 8:00 A.M.-2:45 P.M.
	_____ 8:00 A.M.-2:45 P.M.		_____ 8:00 A.M.-5:30P.M.
	_____ 8:00 A.M.-5:30 P.M.		

**Child** \_\_\_\_\_ Sex \_\_\_\_\_

First Middle Last

Birth Date \_\_\_\_\_ Home Telephone \_\_\_\_\_

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

### Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

### Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_

E-mail \_\_\_\_\_

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? \_\_\_\_\_

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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: \_\_\_\_\_