

Date of Visit: _____

Date Application Received: _____

Check #: _____



VALLEY FORGE KINDER HOUSE MONTESSORI SCHOOL

Application for Admission 2017 - 2018 School Year

Applicant's Name: _____
 (Last) (First) (Middle)

Preferred Name: _____ Male Female Birthday: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Applying to start: Sept. Jan. Other: _____ Is another child in your family applying? _____

Is there any language other than English spoken in the home, and to what extent?

Campus Selected: Limerick Phoenixville

Montessori Program:

Toddler (18 months - 3 years old)

Limerick Only

8:45 - 11:45

Three Days: _____

Five Days

Primary (3 - 6 years old)

Half Day (8:30 am - 11:45 am)

Full Day (8:30 am - 2:55 pm, by invitation)

Elementary (8:15am - 3:15pm)

Phoenixville Only

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

6th Grade

Extended Care Program(s):

		#Days per Week:	Days Attending:
<input type="checkbox"/> Early Bird	7:30 - 8:30	_____	_____
<input type="checkbox"/> Lunch	11:45 am - 1:00 pm	_____	_____
<input type="checkbox"/> Lunch & Nap	11:45 am - 2:55 pm	_____	_____
<input type="checkbox"/> Kinder Kammer I	2:55 - 4:30 pm	_____	_____
<input type="checkbox"/> Kinder Kammer II	2:55 - 5:30 pm	_____	_____

Parent(s) or Legal Guardian of Applicant

Parent 1:	Parent 2:
(Title) (First) (Middle) (Last)	(Title) (First) (Middle) (Last)
(Relation to Student)	(Relation to Student)
(Address, if different from student)	(Address, if different from student)
(City) (State) (Zip)	(City) (State) (Zip)
(Home Phone) (Cell Phone)	(Home Phone) (Cell Phone)
(Email Address)	(Email Address)
(Occupation)	(Occupation)
(Company Name) (Work Number)	(Company Name) (Work Number)

Check if appropriate Parents Divorced Parents Separated Single Parent
 Father Deceased Mother Deceased Adopted

If parents are separated or divorced what is the custody arrangement? _____

If separated or divorced, which parent is to receive information during application process?

Father Mother Both

Siblings of Applicant

(Name)	(Birthday)	(School Attending)
(Name)	(Birthday)	(School Attending)
(Name)	(Birthday)	(School Attending)

Relatives and friends who are attending or have attended VFKH Montessori School:

Prior Schools Attended

School Name: _____

Reason for changing schools _____

School Name: _____

Reason for changing schools _____

Financial Information

Please indicate the person financially responsible for the applicant’s tuition and fees:

(Last Name)	(First Name)	(Middle Name)

(Street Address)	(City)	(State) (Zip)

(Phone)	(Email)	(Relationship to student)

How did you hear about VFKH Montessori School? _____

What would you like VFKH Montessori to know about your child _____

Each application must be accompanied by a non-refundable Application Fee (For new students only). Enrollment fees may be paid by check or credit card. Please make checks payable to VFKH Montessori School.

VFKH Montessori School is a non-sectarian independent school established to provide the best education for youths of either gender in programs for children 18 months old through 6th grade without regard to race, color, religion, national origin, or disability (to the extent that reasonable accommodations are possible).

Parent Signature: _____ Date: _____

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