

## 2020 - 2021 Application for Admission

	/ <b>T</b> ()			(MC 1 11 )	
	(Last)	(First)		(Middle)	
Preferred Name	:	Male 🗆	Female 🗆	Birthday:	
Home Address:					
City:	State:	State: Zip: Main Phone:			
Applying to start	t: □ Sept. □ Jan. Oth	er: Is	another child i	n your family aj	pplying?
Is t	here any language other	than English spoker			
	Monte	essori Progran	n Options:		
ddler (18 months - 3 8:45 - 11	-	e Days:		Five Day	<u>Limerick</u> s
mary (2yr 9mo - 6 ye	ars)		_	Offered in Lim	erick & Phoenixvil
☐ Half Day (8:30 a	ım - 11:45 am)	🗌 Full D	ay (8:30 am - 3:00	pm, <b>by invitation</b> )	
	Campus Selecto	ed: Limerick [	□ Phoenixvi		
	p				
mentary (8.15am - 3.1	_				Phoenixville Only
<b>mentary</b> (8:15am - 3:1	_			] 5 <sup>th</sup> Grade	<u>Phoenixville Only</u> □ 6 <sup>ª</sup> Grade
•	$15 \mathrm{pm}$ ) $2^{\mathrm{nd}}$ Grade $\square 3^{\mathrm{rd}}$	Grade 🗌 4 <sup>th</sup>	Grade [	] 5 <sup>th</sup> Grade	
•	15pm) 2 <sup>nd</sup> Grade 3 <sup>rd</sup> Extende	Grade 🗌 4 <sup>th</sup> d Care Progra	Grade [ am Option	] 5 <sup>th</sup> Grade	
☐ 1 <sup>ª</sup> Grade ☐	15pm) 2 <sup>nd</sup> Grade	Grade 🗌 4 <sup>th</sup>	Grade [ am Option	] 5 <sup>th</sup> Grade	
□ 1 <sup>*</sup> Grade □ Early Bird	15pm) 2 <sup>nd</sup> Grade 3 <sup>rd</sup> <b>Extende</b> 7:30 – 8:30 am	Grade 🗌 4 <sup>th</sup> d Care Progra	Grade [ am Option	] 5 <sup>th</sup> Grade	
□ 1 <sup>*</sup> Grade □ Early Bird Lunch*	15pm) 2 <sup>nd</sup> Grade 3 <sup>rd</sup> <b>Extende</b> 7:30 - 8:30 am 11:45 am - 1:00 pm	Grade 🗌 4 <sup>th</sup> d Care Progra	Grade [ am Option	] 5 <sup>th</sup> Grade	
□ 1 <sup>*</sup> Grade □ Early Bird	15pm) 2 <sup>nd</sup> Grade 3 <sup>rd</sup> <b>Extende</b> 7:30 – 8:30 am	Grade 🗌 4 <sup>th</sup> d Care Progra	Grade [ am Option	] 5 <sup>th</sup> Grade	
☐ 1 <sup>*</sup> Grade ☐ Early Bird Lunch* Lunch & Nap	15pm) $2^{nd}$ Grade $\square$ $3^{nd}$ <b>Extende</b> 7:30 - 8:30 am 11:45 am - 1:00 pm 11:45 am - 3:00 pm 3:00 - 4:30 pm	Grade 🗌 4 <sup>th</sup> d Care Progra	Grade [ am Option	] 5 <sup>th</sup> Grade	

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## 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 Divorce	ed 🗌 Parents Separated 🔲 Single Parent					
	ed					
	a _ Moner Deceased _ Moopled					
If parents are separated or divorced what is the custody arrang	gement?					
If separated or diversed, which parent is to re	eceive information during application process?					
<b>Father</b>	Mother D Both					
Siblings of	f Applicant					
(Name) (Birthday)	(School Attending)					
(Name) (Birthday)	(School Attending)					
(Name) (Birthday)	(School Attending)					
Relatives and friends who are attending on have attended VEV	H Montessori School					
Relatives and friends who are attending or have attended VFKH Montessori School:						

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## **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 Nam	e)
(Street Address)	(City)	(State)	(Zip)
(Phone)	(Email)	(Relationship	to student)
How did you hear about VFKH	Montessori School?		
What would you like VFKH M	ontessori to know about your child?		
Does your child have an IEP or	any special physical, emotional or deve	lopmental needs?	
What is your child's race or eth	nicity? Please check all that apply.		
Hispanic Hispanic	American Indian or Alaskan Nativo	e 🗌	Asian
Black or African American	Native Hawaiian or Other Pacific I	slander	White
	ise in completing state required data, it o		
	d by a non-refundable Application Fee (For new le to VFKH Montessori School.		
for children 18 months old through 6 <sup>th</sup> accommodations are possible).	arian independent school established to provid <sup>n</sup> grade without regard to race, color, religion, r	national origin, or disability	(to the extent that reasonable
Parent Signature:		Date:	
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