

VERSAILLES MONTESSORI SCHOOL

480 Pinckard Pk Versailles KY 40383

Phone: (859) 873-1998 Fax: (859) 879-9462

APPLICATION OF INTEREST

PROGRAM INFORMATION

Applying for: Toddler (18 mo - 2.5 yrs) Primary (2.5 yrs - 5 yrs) Elementary (1st - 6th)
 Fall OR Mid Year 200 ___ Month: ___ Starting Age: ___ yrs ___ mos

CHILD INFORMATION

Last: _____ First: _____ Mid: _____ Nick: _____

Sex: Male Female Date of Birth: _____

Is your child toilet trained? Yes No Working on it.

Child's Home Address: _____ Home Phone: _____

City, State, Zip: _____ Home Email: _____

REFERRAL

How did you hear about VMS? _____

Has your child had previous Montessori experience? Yes No

Where? _____ How long? _____

Has your child had previous group experience? Yes No

Where? _____ How long? _____

PARENT / GUARDIAN INFORMATION

	Mother	Father
Full Name		
Home Address (if different)		
Business Name/Address		
Occupation		
Business Phone		
Mobile Phone		
Business Email		
Hobbies/Sports/Interests		

Parent/Guardian Signature: _____ Date: _____

V.M.S. admits students of any race, color, national or ethnic origin.