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APPLICATION OF INTEREST – Rev 12/2021

Please circle Enrollment Year: 2021-2022 2022-2023 2023-2024 2024-2025

Applying for: ___ Fall ___ Mid-Year (list month _____)

Applying for: ___ Toddler (15m-36m) ___ Primary (3y-K) ___ Elementary (1st-3rd / 4th-6th)

Child's Name: _____

Birth date: _____ Last _____ First _____ Middle _____ Nickname _____
Gender: _____ Race: _____ Adopted: Yes / No

Home Address: _____

City, State, Zip: _____ Home phone: _____

Parent name: _____ Parent name: _____

Cell: _____ Cell: _____

Home email: _____ Home email: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Work email: _____ Work email: _____

Family Status: (Check all that apply)

___ Single ___ Parents divorced ___ Father remarried

___ Parents married ___ Parents separated ___ Mother remarried

___ Guardianship ___ Father deceased ___ Mother deceased

With whom is the child living? _____

Siblings: Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Why are you considering Montessori for your child?

How did you become acquainted with Versailles Montessori School?

Internet / Drove by / Referral (who?)

Has your child attended a Montessori program before? Yes / No

If yes, where?

What are your expectations regarding your child's learning experience at VMS?

Will your child attend VMS for:

Kindergarten? Yes / No / Unsure

Elementary? Yes / No / Unsure

Do you have any concerns about your child's development? Yes / No If yes, please explain

Has your child received any screenings or services from a specialist? Yes / No If yes, for what concern? *Please attach the reports.*

Your child's present school or day care program: _____

Teacher: _____ School/Day care phone: _____

Current grade: _____

Parent Signature: _____ Date: _____

Family Questionnaire

rev 12/2021

Your responses on this questionnaire will help us learn more about your child. Please complete each item and return it with your completed Application of Interest form. There are no “right” or “wrong” answers to the questions.

Child’s Name: _____ Date of Birth: _____

What languages are spoken in the home: _____

General - Tell us about your experiences with and observations of your child.
Describe a typical weekday for your child.

Describe a typical weekend for your child.

What are two things your child likes to do best?

What are two things your child does not like to do?

What is your favorite thing to do with your child?

What are three words you feel best describe your child?

Are screens a part of your child’s daily routine? Yes / No Hours per day:
Circle examples that apply: When parents watch / With siblings / For entertainment

What is watched on screen time? What games are played?

Is your child responsible for regular household chores? Yes / No
If yes, what are they?

Does your child stand back and observe or quickly engage in a new environment?

Does your child tolerate disruptions in their daily routine with ease or are they stressful?

How does your child deal with frustration?

Practical Life at Home - Tell us about your child's routines and general skills.

What is your child's normal bedtime? Where do they usually fall asleep (in their bed, in your arms, on the sofa...)?

What time does your child normally wake up in the morning?

Does your child normally take a nap? When? If so, how long do they normally sleep?

What does your child normally eat for breakfast?

What does your child like to eat most?

Are there any foods your child will not eat?

Does your child feed him/her self? Yes / No

Does your child dress him/her self? Yes / No / Somewhat (Please explain)

Does your child use the toilet independently? Yes / No

If not, please tell us where they are in this process. (e.g. able to undress, dress, able to wipe, tell you when they need to go, etc.)

Please tell us about your approach to discipline? (time-out, spanking, redirecting...)

Medical History

Were there any significant problems during pregnancy or directly following birth that might have an effect on your child's development (i.e. premature birth, low birth weight, etc)? __

Was your child more than 3 weeks premature? Yes / No

Have you ever suspected that your child has vision problems? Yes / No
If yes, please explain:

Have you ever suspected that your child has hearing problems? Yes / No
If yes, please explain:

Has your child ever had trouble walking, climbing, reaching, holding on to things?
Yes / No
If yes, please explain:

Does your child have allergies? Yes / No
If yes, please explain:

Is your child presently on any medications? Yes / No
If yes, please explain:

Does your child have frequent:
stomach aches / bladder infections / ear infections / respiratory issues

Any serious accidents? Yes / No
If yes, please explain:

Approximate age for: crawling _____ For how long before walking _____
Did your child primarily *army crawl* or crawl on *hands and knees*?

Child Development

How many words are in your child's vocabulary? Are they speaking in sentences? Yes / No
Is your child easily understood when speaking to others? Yes / No

Can your child:

Use a spoon or fork for meal time? Yes / No

Drink from an open cup with no sippy lid? Yes / No

Express their thoughts or needs easily? Yes / No

Follow simple age appropriate directions? Yes / No

Toilet independently during the day? Yes / No

Does your child:

Use crayons or markers to scribble or draw? Yes / No

Listen to stories being read? Yes / No

Recall stories or events? Yes / No

Talk with your friends or relatives who come for a visit? Yes / No

Have opportunity to play with other children? Yes / No

Is there any other information regarding your child's development that you would like to share with us?

Signature of Parent/Guardian: _____

Date: _____