

For Office Use Only

☐ Included Non-Refundable \$300 Deposit☐ Family Received Contract

ENROLLMENT APPLICATION

Applying for _____ school year.

This application is for enrollment into the Early Childhood Education programs at Harmony Day Montessori School for children ages 18 months through 6 years old. Children must be 18 months old on or before August 1st of the upcoming school year to be eligible for enrollment in the Fall. The application & non-refundable deposit of \$300 per child per year is required to reserve placement for your child.

Children who require a morning nap are not eligible for enrollment. Students who are not fully toilet-trained & able to function independently in the bathroom are not eligible for enrollment in the Primary Program.

Child's Name: _____ Goes by: _____

Date of Birth: _____/_____/_____ Gender: _____ Ethnicity: _____

Home Address: _____

Program's Applying for: ☐ Toddler 3-Day(18m-36m) ☐ Toddler 4-Day ☐ Toddler 5-Day

Part-time Toddler Preferred Days: M, T, W, Th, F (Please circle)

☐ Primary (3y-5y) ☐ Last Year's/Kindergarten(5y-6y)☐ Early Arrival Between 7:30 - 7:55

Parent/Guardian

Name: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Employer: _____

Parent/Guardian

Name: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Employer: _____

With whom is the applicant living? _____

Siblings (Names and Ages): _____

What is the primary language spoken in your home? (Do you speak any other languages to your child?) _____

Does your family celebrate any special cultural holidays? _____

Describe your child's general health, allergies, physical conditions and treatment or methods being undertaken to correct them. _____

Do you have any concerns about your child's development (physical, academic or social)?

Yes _____ No _____ If yes, please explain: _____

Is your child currently receiving any medication? If so, please list: _____

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.) _____

What is your child's naptime routine (rocking, snuggling, reading a book, co-sleeping, self-soothing, etc...) _____

How did you become acquainted with Harmony Day Montessori School? _____

Have you ever visited a Montessori classroom? Yes _____ No _____ Name of School _____

Has your child ever attended a nursery school or preschool?

Yes _____ No _____ Name of School _____

Harmony Day Montessori School, Inc. offers a 4 to 5-year Montessori program, including a Last Year's program (kindergarten). Where will your child attend school in the upcoming years? _____

PLEASE MAIL THIS COMPLETED APPLICATION,

along with your \$300 nonrefundable deposit (this will cover your families shopping fee) to:

Harmony Day School
839 National Avenue, Suite 110
Lexington, KY 40502.

Electronically submitted enrollment applications may be sent to HDMSexedirector@gmail.com.

Harmony Day Montessori School, Inc. values a diverse community and complies with all applicable laws regarding nondiscrimination.