



The Village Schoolhouse

Application For Enrollment

Child's Name: _____ Birthdate: _____ Age: _____

Parent's Names: _____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Cell # Mom: _____ Dad: _____ Wk #:ewww

Emergency Contact: _____ Phone: _____

Relationship to Your Child? _____

Who may we thank for referring you to VSH? _____

What kind of previous educational experiences has your child had?

What best describes your child? (circle) Shy Outgoing Cautious Energetic Curious. Why do you think The Village Schoolhouse is a good match for your child and your family?

Does your child have any allergies/health/developmental concerns that we should be aware of? If so, what are they? _____

Please list the names and ages of siblings or anyone else living in your home:

What should we know about your child that will help us make her/him most comfortable and secure at school? _____

What are some hobbies your family enjoys together?

What kind of talents or hobbies are you interested in sharing? _____

What kind of things is your child particularly 'passionate' about?

What are your hopes for your child's experience at The Village Schoolhouse?

Can we reach you by e-mail? _____ At? _____

Parent Signature _____ Date: _____

Application Accepted? _____ Date: _____ Initial: _____

Reg. Fee _____ Deposit _____

