

Application For Enrollment

Child's Name:		Birthdate:_		Age:
Parent's Names:		Phone:_		
Home Address:		City:	Zip:	
Cell # Mom:	_Dad:	W	<#	
Emergency Contact:		Phone:		
Relationship to Your Child?		_		
Who may we thank for referring you to	VSH?			
What kind of previous educational expe	riences has yo	ur child had?		
What best describes your child? (circle) The Village Schoolhouse is a good match		_	Curious. W	hy do you think
Does your child have any allergies/healt what are they?	•			rare of? If so,
Please list the names and ages of sibling	s or anyone el	se living in your home	e:	

What should we know about you				
What are some hobbies your fa	mily enjoys tog	ether?		
What kind of talents or hobbies	are you interes	sted in sharing?		
What kind of things is your child	d particularly 'p	assionate' about?		
Can we reach you by e-mail?	At?			
Parent Signature			Date:	
Application Accepted?	Date:	Initial:		
Reg Fee Denosit				