



**PRIMARY SCHOOL ENROLLMENT APPLICATION**

DATE: \_\_\_\_\_ SCHOOL YEAR APPLYING FOR: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

GENDER \_\_\_\_\_ CLASS\* \_\_\_\_\_ \*For Class specify preference:

- \_\_\_\_\_ PRIMARY (preschool & kindergarten) A.M. ONLY (8:15 TO 11:15)
- \_\_\_\_\_ PRIMARY (preschool & kindergarten) FULL DAY (8:15 to 3:30)
- \_\_\_\_\_ AFTER CARE (3:30 TO 5:30) 2 DAYS \_\_\_\_\_ 3 DAYS \_\_\_\_\_ 5 DAYS \_\_\_\_\_

FAMILY LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

BILLING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

ADDITIONAL ADDRESS IF PARENTS LIVE SEPARATELY: \_\_\_\_\_

FATHER'S WORK PHONE: \_\_\_\_\_ MOTHER'S WORK PHONE: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_ MOTHER'S EMPLOYER: \_\_\_\_\_

FATHER'S CELL: \_\_\_\_\_ MOTHER'S CELL: \_\_\_\_\_

FATHER'S E-MAIL: \_\_\_\_\_

MOTHER'S E-MAIL: \_\_\_\_\_

IF A SIBLING IS ENROLLED, OR YOU ARE ENROLLING MORE THAN ONE CHILD, WHAT IS THEIR NAME? \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

DO YOU PREFER THEY BE IN THE SAME CLASS? YES \_\_\_\_\_ NO \_\_\_\_\_

OUR INTENTION IS TO STAY THROUGH: Primary only \_\_\_\_\_ Primary & Kindergarten \_\_\_\_\_ Primary & Elementary \_\_\_\_\_

PUBLIC SCHOOL DISTRICT IN WHICH YOU LIVE: \_\_\_\_\_

NAME AND ADDRESS OF SCHOOL IN WHICH YOUR CHILD IS CURRENTLY ENROLLED: \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST FORMER SCHOOLS AND DATES ATTENDED: \_\_\_\_\_

HOW DID YOU HEAR ABOUT NKMC? \_\_\_\_\_ REFERRED BY \_\_\_\_\_

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? \_\_\_\_\_

OTHER LANGUAGE(S): \_\_\_\_\_

Yes No

DOES YOUR CHILD HAVE ANY CHRONIC HEALTH PROBLEMS OR SEVERE ALLERGIES? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DOES YOUR CHILD HAVE: Yes No

1. SPECIAL EDUCATIONAL NEEDS? \_\_\_\_\_

2. EMOTIONAL NEEDS? \_\_\_\_\_

3. SOCIAL/BEHAVIORAL NEEDS? \_\_\_\_\_

DOES YOUR CHILD HAVE LEARNING DIFFICULTIES OR DISABILITIES? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAS YOUR CHILD EVER HAD: Yes No

1. A PSYCHO-EDUCATIONAL EVALUATION \_\_\_\_\_

2. A VISION SCREENING \_\_\_\_\_

3. A SPEECH AND HEARING EVALUATION \_\_\_\_\_

HAS YOUR CHILD EVER HAD ANY OTHER EVALUATION OR SCREENINGS? \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

Yes No

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? \_\_\_\_\_

IF YES, WHAT? \_\_\_\_\_

WHY? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_

**\*NOTE:** APPLICATION WILL NOT BE CONSIDERED COMPLETE UNLESS ALL ABOVE QUESTIONS ARE ANSWERED.

**I hereby petition Northern Kentucky Montessori Center, Inc. to consider my child for inclusion in its Primary program. A non-refundable fee of \$75 accompanies this application. I understand that NKMC, Inc. shall not discriminate in the selection of the parent and/or child because of race, color, creed or sex. I further understand that enrollment is not guaranteed until the applicant child is interviewed and tuition contracts are signed and initial tuition payments are made. I/We state that the above information is correct to the best of our knowledge. I/We understand that providing false information may lead to the dismissal of my/our child(ren).**

SIGNATURE OF FATHER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF MOTHER \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**  
DATE REC'D \_\_\_\_\_ CHECK# \_\_\_\_\_ AMOUNT \_\_\_\_\_ BANK \_\_\_\_\_ CC \_\_\_\_\_

ACCEPTED \_\_\_\_\_