Application f	, LA 70808 (2: or Admissi	25)767-6620 ww		
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		Primary (full da	y)	
			Gender	
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Oomestic Partners	Separated	Divorced		
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	Application f For Enrollment in Cell Ph Cell Ph oomestic Partners ody of the child?	Application for Admissi For Enrollment in the Primary Cla Idea	A Road Baton Rouge, LA 70808 (225)767-6620 ww Application for Admission For Enrollment in the Primary Class Ideal Enrollment D Primary (full da Primary (full da Primary (full da Date of Birth Date of Birth Home Phon City Cell Ph Email City Cell Ph Email Cocupation Cell Ph Email Cocupation Cell Ph Email	Application for Admission    For Enrollment in the Primary Class    Ideal Enrollment Date:

Siblings' Names	Ages	Schools

Please list schools attended by your child:

School	City, State	Dates Attended	Grade/ Age

Has your child ever been dismissed from any school for any reason? Yes No

Suspended? Yes  No    Asked to withdraw? Yes  No    f yes, please explain:		
Does your child have (check all that apply): difficulty with large motor coordination?	difficulty making eye contact?	
a hearing impairment?	separation difficulties?	
anxiety management issues?	an IEP (now or in the past)?	
difficulty with fine motor coordination?	behavior management issues?	
speech/ language difficulties?	vision difficulties?	
anger management issues?	a medical or psychological diagnosis?	
yes, please describe what interventions you've f	ound that help:	
las your child ever been tested or received treatm ondition? Yes No f yes, please describe (use additional sheets if nec	nent for any medical, psychological, educational, or behaviora	
	all previous assessments, documentation, and IEPs so we mailed in the solution of the solution of the solution and the solution of the solutio	
Does your child toilet independently? Yes N	No If not, please indicate where your child is in this process	
your child is potty trained, please describe the p	process you used for consistency:	

Please explain any other information about your child's toilet habits:

## Describe your child's eating habits:

Is your child able to eat independently?YesNoSomewhat					
Is your child nursed at home: Does your child drink from a glass or sippy-cup:					
Is silverware used by child during meal time:					
Does your child have experience with having a sit-down meal with family on a regular basis :					
If not, please describe your child's typical mealtime experience:					
Please explain any other information about your child's eating habits:					
Please describe your child's typical day (i.e., schedule, who he/she spends time with, what he/she does, etc.):					
Please describe the method of behavior management/ discipline used at home:					
Are parents out-of-town for any length of time without the child? Yes No					
If yes, how frequently and who cares for the child?					
How would you characterize your child's temperament?					
How would you characterize your temperament(s)?					
What is your greatest delight with this child?					
What is your greatest challenge with this child?					
Describe your child's social habits: How does your child interact with other children their own age:					
How does your child interact with their siblings:					
What challenges or success do you have in this particular area:					

What is your child's favorite way to socialize (e.g., large group, one-on-one, prefers grownups, prefers children,		
loud atmosphere, quiet atmosphere)?		
Please explain any other information about your child's socializing habits:		
Please tell us something further about your child that we have not asked:		
Why are you choosing to pursue a Montessori education for your child?		
Are you in need of extended care for your child? How often? Daily Occasionally		
No, I do not need extended care for my child.		
Yes, I will need after care (3:00-5:30).		
Which Élan Vital programs do you anticipate your child will attend in the future? (check all that apply)		
Primary- Full Day Primary- Half Day		
Elementary		
How did you hear about Élan Vital Montessori School?		
Élan Vital Web Site		
Baton Rouge Parents Magazine Sign on Road		
Other Referred by		

A nonrefundable application fee of \$100.00 is required with this application.

I acknowledge that I have responded to these questions to the best of my knowledge and ability. I understand that this questionnaire is used as a tool toward serving the best interests and needs of my child and our family in Élan Vital's environment.

In addition to the nonrefundable application fee, I understand that once an enrollment contract is signed, I am financially obligated to the terms of the contract unless the school recommends withdrawal.

Signature of parent or guardian	Date

Signature of parent or guardian

Date

Please return completed application and application fee to: Admissions Élan Vital Montessori School 7518 Highland Road Baton Rouge, LA 70808

## NOTICE OF RACIALLY NON-DISCRIMINATORY POLICY

Élan Vital Montessori admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at this school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.