



Élan Vital Montessori School

7518 Highland Road Baton Rouge, LA 70808 (225)767-6620 www.elanvitalmontessori.org

Application for Admission

For Enrollment in Toddler Class

Today's Date: _____

Application for admission to:

Toddler (7:30-11:30 or 12:30)

Toddler (7:30am-3pm)

Applicant's Full Name _____ Gender _____

The name you call your child _____ Date of Birth _____ Age _____

Parent 1 Name _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Work Ph _____ Cell Ph _____ Email _____

Parent 2 Name _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Work Ph _____ Cell Ph _____ Email _____

Are both parents living? Yes No

If so, status of parents: Married Domestic Partners Separated Divorced

If separated or divorced, who has custody of the child? _____

Child is living with: Both Parents Parent 1 Parent 2 Other

| 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

If yes, please explain: _____

Does your child have (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> difficulty with large motor coordination? | <input type="checkbox"/> difficulty making eye contact? |
| <input type="checkbox"/> a hearing impairment? | <input type="checkbox"/> separation difficulties? |
| <input type="checkbox"/> anxiety management issues? | <input type="checkbox"/> an IEP (now or in the past)? |
| <input type="checkbox"/> difficulty with fine motor coordination? | <input type="checkbox"/> behavior management issues? |
| <input type="checkbox"/> speech/ language difficulties? | <input type="checkbox"/> vision difficulties? |
| <input type="checkbox"/> anger management issues? | <input type="checkbox"/> a medical or psychological diagnosis? |

If yes, please describe what interventions you've found that help: _____

Has your child ever been tested or received treatment for any medical, psychological, educational, or behavioral condition? Yes No

If yes, please describe (use additional sheets if necessary): _____

Describe your child's eating habits:

Is your child able to eat independently? ___Yes ___No ___Somewhat

Is your child nursed at home: _____ Does your child drink from a bottle or cup: _____

Is silverware used by child during meal time: _____

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

Describe your child's toilet habits:

Have you begun potty training at home: _____

If so, what is your child able to do independently in the bathroom (dress, wipe ect.): _____

Are disposable or cloth diapers used: _____

If your child is potty trained, please describe the process you used for consistency: _____

Does your child indicate bathroom needs (include special words): _____

Is your child reluctant to use the bathroom: _____

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

Describe your child's sleeping habits:

Where does your child sleep at night (bed, crib, co-sleep): _____

Does your child become tired or nap during the day (include frequency and duration): _____

When does child go to bed at night: _____ Wake up in the morning: _____

Describe any special characteristics or bedtime routines (stuffed animal, rocking, story, mood on waking, etc.): _____

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

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 describe the method of behavior management/ discipline used at home: _____

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

Describe your child's daily schedule

Please describe your child's typical day (i.e., schedule, who he/she spends time with, what he/she does, etc.):

Does your child help with any specific chores at home (laundry, dishes, toys): _____

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? _____

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

Internet Search

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.