



**THE VILLAGE SCHOOL
APPLICATION FOR ENROLLMENT
2011-2012**

Student's Information

New Student **Returning Student**

Last Name _____ First Name _____ MI _____
 Preferred Name _____ Gender **M** **F** Date of Birth ____/____/____
 Address _____
 City _____ ST _____ Zip _____ Phone _____
 Race: Caucasian African American Asian Hispanic Other _____
 Last 4 digits of SS# _____ Church Affiliation _____
 Allergies/Restrictions _____
 Child's Physician _____ Phone _____

Do you wish to be included in the School Directory? **Yes** ____ **No** ____
 (if NO, only your child's name will be listed as part of a class roster)

Father's Information

Name _____ Last 4 digits of SS# _____
 Address (if different from student) _____
 City _____ ST _____ Zip _____ Church Affiliation _____
 Occupation _____ Employer _____ Marital Status _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Primary E-mail _____
 Legal Custody of Child **Y** **N** Permitted to remove child from school **Y** **N** (legal document req'd)

Mother's Information

Name _____ Last 4 digits of SS# _____
 Address (if different from student) _____
 City _____ ST _____ Zip _____ Church Affiliation _____
 Occupation _____ Employer _____ Marital Status _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Primary E-mail _____
 Legal Custody of Child **Y** **N** Permitted to remove child from school **Y** **N** (legal document req'd)

Please check the class that your child should be enrolled in for the **2011-2012** school year.
 Class placement is based on your child's age as of September 1, 2011.

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Infant | <input type="checkbox"/> Pre-K Two Full Day | <input type="checkbox"/> Pre-K Three Full Day | <input type="checkbox"/> Jr. Kindergarten |
| <input type="checkbox"/> Pre-K One Full Day | <input type="checkbox"/> Pre-K Two Five Half | <input type="checkbox"/> Pre-K Three Five Half | (4 Year Old, 5 Full Day) |
| <input type="checkbox"/> Pre-K One MWF | <input type="checkbox"/> Pre-K Two MWF | <input type="checkbox"/> Pre-K Three MWF | <input type="checkbox"/> Pre-K Four |
| <input type="checkbox"/> Pre-K One T-Th | <input type="checkbox"/> Pre-K Two T-Th | <input type="checkbox"/> Pre-K Three T-Th | (4 Year Old, 5 Half Day) |

| | |
|--|--|
| Aftercare Pre-K One-Two-Three | Aftercare Jr. Kindergarten |
| <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri | <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri |

Office Use Only
 Application Fee _____ Check # _____ Ck. Date _____ Date Received _____ Time _____