



**THE VILLAGE SCHOOL
APPLICATION FOR ENROLLMENT
2015 - 2016**

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 **2015-2016** school year.
 Class placement is based on your child's age as of September 1, 2015.

- | | | | |
|--|---|--|---|
| <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 MWF | <input type="checkbox"/> Pre-K Three MWF | (4 Year Old, 5 Full Day) |
| <input type="checkbox"/> Pre-K One MWF | <input type="checkbox"/> Pre-K Two T-Th | <input type="checkbox"/> Pre-K Three T-Th | <input type="checkbox"/> Pre-K Four |
| <input type="checkbox"/> Pre-K One T-Th | | <input type="checkbox"/> Pre-K Three 5 Half Day | (4 Year Old, 5 Half Day) |
| Aftercare Pre-K 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** _____



**ENROLLMENT FINANCIAL AGREEMENT
THE VILLAGE SCHOOL
2015-2016**

FINANCIAL AGREEMENT

I acknowledge and agree to be responsible for payment of all fees which shall include registration, tuition and all additional services.

The first installment for the 2015-2016 school year is due on Friday, June 5, 2015, for all students. **If a student withdraws, this payment will not be refunded.**

I agree that all additional services, which include Before Care and/or After School Care, are due and payable with each tuition installment in accordance with the scheduled tuition payment dates.

I further agree that if the account becomes past due because of non-payment by the agreed upon payment date then I will be subject to any and all late fees as outlined in the payment schedule. My child will be subject to suspension or termination from attendance at school or child care services until the account is paid in full. In the event of an outstanding balance, payments received will be applied to the outstanding amount until the account is paid in full.

I further agree to provide two weeks written notice, if I choose to withdraw my child from The Village School.

Student Name

Parent Name (**Please Print**)

Parent Signature

Date

This form must be signed in the presence of a notary

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To Be Completed By Notary Public:

State of Florida
County of Collier

The foregoing instrument was acknowledged before me this _____ day of _____ 20__

By (print name) _____ who is personally known to me, or has produced a Driver's License # _____ issued by the State of Florida which expires on _____ as proof of identification and did not take an oath.

My Commission Expires:

Notary Public