



94 Solaris Avenue Camana Bay, Grand Cayman
345-640-7827 info@villagemontessori.ky www.villagemontessori.ky

APPLICATION FORM

CHILD

☐ Boy ☐ Girl

First name	Last Name	Birth date (dd/mm/yyyy)
Caymanian / PR / Work Permit Dependant		
Nationality	Child Status On Island (circle one)	Religion
Primary language spoken at home		Requested Enrolment Date

MOTHER

First name	Last name
Home Address	
Mailing Address	
E-mail Address	
Cell #	Work # Home#
Employer	Occupation
Status (circle one) Caymanian / PR / Work Permit	
Child's Legal Guardian (if parents are separated)	

FATHER

First name	Last name
Home Address	
Mailing Address	
E-mail Address	
Cell #	Work # Home#
Employer	Occupation
Status (circle one): Caymanian / PR / Work Permit	

PREVIOUS SCHOOLS (please attach all school reports, no application will be processed without all other school and therapist reports being submitted)

Name of school	Duration	Reason for Leaving

SIBLINGS

Name	Age	School
Name	Age	School

IMPORTANT QUESTIONS

1. How did you learn about Village Montessori and why are you choosing *our* school for your family?

2. In order for a child to experience maximum success in a Montessori program, the parents’ expectations must be consistent with the principles of the Montessori Method and the programs that our school offers. Why are you choosing a Montessori education for your child?

3. What are you long term plans for your child’s education? Do you plan on keeping your child in Montessori or moving your child to another school when they reach a certain age?

M E D I C A L I N F O R M A T I O N

Physician's Name and Telephone Number:	Medications your child takes on a regular basis:
Allergies (to food, meds, latex, insect stings, etc.) or special dietary requirements:	Medical Issues/Illnesses/Restrictions (such as asthma, eyeglasses, etc.):
When is the last time your child was seen by a physician? _____. Did your physician believe your child was meeting the Developmental Milestones? Was your baby born full term; ☐ Yes ☐ No; and / or were there any complications at birth? _____ When is the last time your child had his/her: Hearing Checked: _____ Vision Checked: _____ Has your physician ever completed a: MCHAT Screener: ☐ Yes ☐ No; ASQ Screening: ☐ Yes ☐ No Other Developmental Screening: ☐ Yes ☐ No Has your child been referred to EIP: ☐ Yes ☐ No	
Immunisation Records: Is your child up to date on all immunisations? ☐ Yes ☐ No **Please provide a copy of your child's immunisation record on before the first day of school. If your child is not immunized, please provide a letter stating you will keep your child home in case of an outbreak of a communicable disease.	Medication Permission Form: Will your child require any daily or occasional medications to be administered at school? ☐ Yes ☐ No If yes, an additional form will be provided.
Does your child participate in any of the following? Occupational Therapy: ☐ Yes ☐ No Speech Therapy: ☐ Yes ☐ No Behavioural Therapy: ☐ Yes ☐ No	

Please list any special needs or additional help you child has or may require. This includes information regarding behavioural/emotional/sensory/physical challenges or disorders, learning disabilities and physical limitations:

Please list any concerns you may have with your child's physical, emotional, social or academic development:

Has your child had any diagnostic evaluations, educational or psychological assessments? Please provide us with details and copies of reports.

Is there anything in your child's history (physical, emotional, trauma, etc) that we should be made aware of? Please provide details.

SCHEDULE / TUITION OPTION

Toddler Mornings ☐	Toddler Lunch Bunch ☐	Toddler Full Day ☐
Casa Morning ☐	Casa Lunch Bunch ☐	Casa Full Day ☐
Lower Elementary ☐	Upper Elementary ☐	After School ☐

***All Casa children must be fully and independently toilet trained to start program.**

NON - DISCRIMINATION

Village Montessori has a non-discrimination policy with respect to sex, race, colour, national origin, and religion in relation to the admission of students and the employment of faculty and administrative staff.

Village Montessori considers the records of all individual students to be confidential information available to the child’s parents or guardians upon request. Records will only be released to other parties upon a signed request from a parent or guardian.

DATA PROTECTION CLAUSE

As per the 2017 Data Protection Act (Cayman) we adhere to the following eight data protection principles:
Fair and Lawfulness Use, Purpose Limitation, Data Minimization, Data Accuracy, Storage Limitation, Respect for the Individual's rights, Security - Integrity and Confidentiality, and International Transfers.

By following these principles, we protect your data.

Be advised there may be times when it is necessary to share information with the Ministry of Education and Public Health.

DAILY FIELD TRIP to CHEF GARDEN ENRICHMENT AREA

The children are taken daily to the Chef Garden as it provides enrichment and extended learning in an outdoor environment. The activities include areas for development of gross motor skills, free play, dramatic play, creative play, water play, sandbox, caboose mud kitchen, chalkboard, and art, weaving on the wooden loom, playing board games, growing fruits and vegetables. Parents will be required to sign an additional waiver granting permission for children to go to the Chef Garden at the beginning of the school year, along with receiving a copy of the school handbook which outlines the policy in place for the Chef Garden.

SIGNATURE

Name of Parent/Guardian	Signature of Parent/Guardian	Date
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