

KIM SCHOOL

Application for Enrollment

Submit this application with non-refundable Application Fee

Preference: _____ All Day (7:30 a.m. – 5:30) p.m.
 _____ School Day (8:30 - 3:30)
 _____ Half Day (8:30 – 1 1:30)

Enrollment Date: _____

Child's Name _____ **Date of Birth** _____ **Age** _____

First Middle Last MM/DD/YR

Social Security # _____ **Sex** _____ **Birthplace** _____ **Birth Certificate #** _____

Address _____

Street City State Zip

Home Phone# _____ **Siblings** _____

Name Age School

Mother's Name _____ **Occupation** _____ **DOB** _____

Address _____ **Place of Employment** _____

Social Security # _____ **H Phone** _____ **Cell Phone** _____ **Business Phone** _____

Father's Name _____ **Occupation** _____ **DOB** _____

Address _____ **Place of Employment** _____

Social Security # _____ **H Phone** _____ **Cell Phone** _____ **Business Phone** _____

Parent's Marital Status (Check one) Married Separated Divorced Other

Official Guardian _____ **Relationship** _____

Proof of Guardianship _____ **Occupation** _____ **DOB** _____

Address _____ **Place of Employment** _____

Social Security # _____ **H Phone** _____ **Cell Phone** _____ **Business Phone** _____

Medical History (please attach your child's immunization record or exemption form)

List allergies (hay fever, drugs, foods, insect bites/stings, immunizations, etc.) If there are **NO known allergies, please check here** _____

Describe what type of allergic reaction your child has to the above and what you do for the reaction _____

List any medical conditions or Physical Disabilities (asthma, heart, hearing, vision, speech) _____

History of major surgery, and/or hospitalization, include dates _____

List any medications your child currently takes on a regular basis _____

(Please attach a copy of the current dosage and administration schedule signed by your child's physician, including any side effects that may be observed).

History of Illness (Please put date by those that apply). **Date your child was last seen by a physician** _____

Bronchitis _____	Whooping Cough _____	Scarlet Fever _____	Rheumatic Fever _____
Chicken pox _____	Head Injury _____	Tonsillitis _____	Diphtheria _____
German measles _____	Pneumonia _____	Tuberculosis _____	Diabetes _____
Seizures _____	Jaundice _____	Mumps _____	Strep Throat _____
Ear Infection _____	Measles _____	Meningitis _____	Other _____

Family Physician _____

Dentist _____

Name Telephone

Emergency (In case of an emergency and we are unable to reach parents/guardians, contact):

Name 1 _____ Relationship to Child _____

Address _____ Phone _____

Name 2 _____ Relationship to Child _____

Address _____ Phone _____

In case of emergency, we will take your child to Capital Region Medical Center unless other instructions are provided in writing here: _____

Hospital Release We give the KIM School permission to take our child to the hospital in an emergency where such action is deemed urgent by the school. We understand that we will bear financial responsibility for costs incurred.

Parent or Guardian Signature(s)* Date

Medication/First Aid Release

I give permission to apply a topical antibiotic ointment to any minor scrape, cut, etc. I give permission to immediately apply basic first aid to my child per KIM School Policies. (This would apply to a bump on the head, pulling a muscle, minor cuts and scrapes, etc). I understand I will be notified regarding this.

Parent or Guardian Signature(s)* Date

Field Trip Authorization

_____ (child's name) may take part in field trips organized by the KIM School under proper supervision.

Parent or Guardian Signature(s)* Date

Permission to use Photographs/Video/Comments

I hereby give permission to the KIM School and its agents to use photographs, video and/or comments of my child _____ (name of child) for all reasonable uses in connection with promoting and advertising of the KIM School as well as all educationally related uses. The following confidentiality restrictions apply: (check all that apply)

No identifiable features No names No restrictions No _____

Parent or Guardian Signature(s)* Date

E-Mail or Notification Form

Sign up here for notification of Parent Education Meetings, Parent Questionnaires, registration, and/or interviews.

Name _____ e-mail _____

Address _____

* If divorced and parents have joint legal custody, both must sign.

KIMS welcomes all qualified individuals regardless of sex, race, color, creed, disability, national or ethnic origin.

Children are evaluated on the basis of readiness for school and potential for success in a Montessori classroom. It is equally important to determine whether the parents' educational philosophy is compatible with that of KIMS. The admissions process consists of a parent observation/interview visit, submission of an application form and non-refundable application fee. Older children may be asked to spend time in the classroom prior to acceptance for admission.

KIMS Children's House Interview and Observation Form

Student _____ DOB _____ Age as of 8/09 _____

Parent/Guardian Interview

What is your experience with Montessori education?

What educational goals do you have for your child?

How do you see KIMS assisting you in meeting these goals for your child?

How would you describe your child's personality and learning style?

How does your family enjoy spending time together?

What do you see as your child's greatest strengths?

In what areas would you like to see your child's potential more fully developed?

Specify any special education, physical or emotional needs of your child.

As a member of a parent co-operative school, what talents, interest, resources can you share to enhance the KIMS community?

How did you hear about KIM School?

Teacher Observation

Materials you presented

Small Motor, i.e. Pencil grip, name writing

Language Skills (well developed or needs development)

Does the child separate? (child and parent reaction)

Does the child make eye contact?

Response to teacher direction?

Does the child show self-control?

Concerns?

Good match for Montessori?

