



Today's date ____/____/____

Enrollment Application

Child's Name _____ Date of Birth _____ Gender: Female Male

I am applying for enrollment of my child into the following program level:

Infant (3 Months – 18 Months) Toddler (18 Months – 3 Years) Early Childhood (3 Years – 5 Year)

Parent 1 Name _____

Parent 2 Name _____

Home Address _____

Home Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Home Phone Number _____

Home Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

Company Name _____

Company Name _____

Company Phone _____

Company Phone _____

Email Address _____

Email Address _____

Are you a Burke Employee? Yes No

What's your position? _____

Are parents: Married Separated Divorced

Who is the Legal Guardian? _____

Please give the general health condition and history of your child, including allergies, emotional and physical concerns, disabilities or limitations, special needs, serious accidents, and any hospitalizations:

Previous programs attended by your child:

Program Name _____

Address _____ Dates attended _____

Is there any information that you think might affect your child's experience at MCC?

Has your child has had any previous evaluations? Yes No Date: _____

If yes, please be advised you will need to share the IFSP or IEP with the MCC staff.

What are your expectations regarding your child's experience with MCC?

Why do you want your child to attend a Montessori center?

Our center is open from 8:00 am to 5:30 pm daily. The contract is for 9 hours per day. Early care is available from 7:30 am - 8:00 am by special arrangement and for an additional fee. For staffing purposes, indicate the anticipated hours your child will be in attendance FROM ____ : ____ AM - TO ____ : ____ PM.

I will need early care starting at ____ : ____ AM.

I herein submit my application to enroll my child at the Montessori Children's Center if offered admission. I will be responsible for all tuitions, fees and other charges incurred with enrollment in MCC.

Parent 1 E-Signature _____ Date _____

Parent 2 E- Signature _____ Date _____

Please include payment of the \$100.00 non-refundable Application Fee when submitting your application. If submitting electronically, please send application fee to 785 Mamaroneck Avenue, White Plains, NY 10004 The check should be made payable by to CME | NY.

*Applications will not be processed without receipt of the \$100.00 non-refundable application fee.
Submission of application does not constitute acceptance into the program.
The Montessori Children's Center admits students of any race, color, nationality, or ethnic origin, and does not discriminate on these bases in administration of its educational and admission policies.*