



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 \_\_\_\_\_

Who is the Legal Guardian? \_\_\_\_\_

Parent(s) is/are:  Married  Separated  Divorced

Unmarried/Living Together  Single Parent

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. I understand this is an annual, full time program.

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 220 Westchester Avenue, West Harrison, NY 10604. 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.*