



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 submit payment of the \$100.00 non-refundable Application Fee per child on line at <http://montessorichildrensctr.com/online-payment/>.

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. Parents who are offered a space and decline will be able to remain on the waiting list for 1 program year only. Parents must submit a fresh application and fee to remain on the waiting list for a second year. Application fees are per child and are non-transferable.

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.