



Today's date \_\_\_\_\_

### Application/Waiting List Application

Child's Name \_\_\_\_\_ Date of Birth (Or Estimated DOB) \_\_\_\_\_

Gender/pronouns: \_\_\_\_\_

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

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

Enrolled Infants transition into Toddlers around 18 months.

Depending on age, readiness, time of year, and space availability in EC, enrolled toddlers transition from Toddlers to Early Childhood within approximately 3 months of their third birthday.

Parent A Name \_\_\_\_\_

Parent B Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street 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 \_\_\_\_\_

Gender/Pronouns \_\_\_\_\_

Gender/Pronouns \_\_\_\_\_

Parent(s) is/are:  Married  Separated  Divorced

Unmarried/Living Together  Single Parent

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:

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Previous program/s attended by your child: Name \_\_\_\_\_ Address \_\_\_\_\_

Do you have an older child (or older children) enrolled at an Independent school?  Yes  No

If yes, name of school \_\_\_\_\_ Age/s of enrollment \_\_\_\_\_

How was your child's birth experience? \_\_\_\_\_

What were the ages of parents at the child's birth? Parent A \_\_\_\_\_ Parent B \_\_\_\_\_

Has your child had any evaluations?  Yes  No Date/s: \_\_\_\_\_

If yes, please send the IFSP/IEP to the Director.

Has your child received any services?  Yes  No If Yes, indicate what services: \_\_\_\_\_

Why do you want your child to attend a Montessori school? \_\_\_\_\_

All parents (and anyone picking up/dropping enrolled children) must be vaccinated against COVID-19 with proof of vaccination supplied to the Director. Please submit proof of full COVID-19 vaccination of both parents along with this application.

Our center hours of operation are 8:00 a.m. to 5:30 p.m. daily. All children must be picked up by 5:30 p.m. The contracted tuition fee is for 9 hours per day. If you require longer than 9 hours of care, it must be within the hours of operation. There is an additional charge for either 15 minutes or 30 minutes, arranged in advance and billed and paid with the monthly invoice.

We anticipate our child will be in attendance from: \_\_\_\_\_ a.m. to: \_\_\_\_\_ p.m. each day.

Please submit your payment of the **\$100.00 non-refundable Application Fee** per child online at <http://montessorichildrensctr.com/online-payment/>. Applications will not be processed without receipt of the \$100.00 non-refundable application fee. Submission of this 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 one program year only. Parents must submit a new 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 color, ethnic origin, family configuration, nationality, race, religion, sexual identification, and does not discriminate in administration of its educational and admission policies.

I/We herein submit this application to enroll my/our child at MCC. If admitted, I/We will be responsible for all tuitions, fees and other charges incurred with enrollment in MCC. I/We understand MCC is a 12-month, full-time program. If no space is available, this application is for the Waiting List.

Parent A Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent B Signature \_\_\_\_\_ Date \_\_\_\_\_

This application may be emailed to the Director, K.T. Korngold, at [ktkorngold@cmteny.com](mailto:ktkorngold@cmteny.com).