



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

FOR MCC USE ONLY: child's expected start date: \_\_\_\_\_

## Enrollment Application

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

**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 Years)

Enrolled Infants transition into Toddlers around 18 months.

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

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

Parent 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

What are the child's home language or languages? \_\_\_\_\_

Please give a brief history of the general health condition of your child and history of their physical development including any and all allergies, physical concerns, dietary restrictions, delays, disabilities, or limitations, special needs, serious accidents, and any hospitalizations (use an additional sheet if necessary): \_\_\_\_\_

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Please give a brief history of the cognitive, social, and emotional development of your child, including any concerns, challenges, or limitations, or previous experiences in a group care setting raising concerns:

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Previous programs attended by your child: \_\_\_\_\_ Dates \_\_\_\_\_

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

Indicate birthdate and gender of any siblings: \_\_\_\_\_

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

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

If yes, we require you to email the IFSP/IEP to the Director along with this application.

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

Will these services continue while the child attends MCC?  Yes  No \_\_\_\_\_

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.

MCC hours of operation are 8:00 a.m. to 5:30 p.m. daily. As children must be picked up by 5:30 p.m., parents must enter before 5:30 p.m. to ensure all children are picked up on time. 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. Late pick up after 5:30 p.m. will be billed additionally.

For staffing purposes, indicate the anticipated hours your child will be in attendance

FROM : \_\_\_\_\_ a.m. TO: \_\_\_\_\_ p.m.

Please submit 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 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 race, color, nationality, ethnic origin, sexual identification and does not discriminate in administration of its educational and admission policies.

[ ] I herein submit my application to enroll my child at the Montessori Children’s Center. I attest that all information on this form is true. 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 (12-month), full-time program.

Parent E-Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent E-Signature \_\_\_\_\_ Date \_\_\_\_\_

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