



NEW STUDENT APPLICATION FORM 2017 - 2018

CHILD'S NAME: _____

DATE OF BIRTH: _____

SEX: _____ Male _____ Female

TELEPHONE: _____

HOME ADDRESS: _____
Street City Zip Code

Please check appropriate program:

Infant Program _____ **7:30 – 6:00**

Early Morning Care (other than Infant) _____ **7:30 – 8:30**

Toddler Program _____ **8:30 – 12:00**

_____ **8:30 – 3:00**

_____ **8:30 – 4:00**

_____ **8:30 – 5:00**

_____ **8:30 – 6:00**

Early Childhood (3 – 5 years old, not kindergarten) _____ **8:30 – 12:00**

_____ **8:30 – 3:00**

_____ **8:30 – 4:00**

_____ **8:30 – 5:00**

_____ **8:30 – 6:00**

Kindergarten (5 years old by Sept. 30, 2016) _____ **8:30 – 3:00**

_____ **8:30 – 4:00**

_____ **8:30 – 5:00**

_____ **8:30 – 6:00**

CONTRACT CHOICE: _____ 10-Installments – first payment due 6/1/17, remaining nine payments due Sept. 1 through May 1

_____ Year round 12-Installments – first payment due 6/1/17, remaining eleven payments due July 1 through May 1

The 10-installment option is for the school year from **8/23/17 through 6/14/18**. The year round 12-installment option is for **6/19/17 through 6/14/18**.

Please Continue on Reverse

PREVIOUS CHILD CARE:

Name of provider (individual or facility) _____

Address and phone number _____

Beginning and end dates of care _____

(MCHL reserves the right to contact the most recent day care provider)

FATHER'S NAME: _____ **CELL PHONE:** _____ **EMAIL:** _____

MOTHER'S NAME: _____ **CELL PHONE:** _____ **EMAIL:** _____

A non-refundable application fee of \$ 50.00 must accompany this form. When a contract is written, the annual enrollment fee of \$150.00 is required.

Montessori Children's House of Loudoun admits students of any race, color, creed and national or ethnic origin.

Parent's Signature

Date

FOR OFFICE USE ONLY AMT REC'D _____ CK # _____ DATE REC'D _____