NEW STUDENT APPLICATION
2026 – 2027

CHILD'S NAME: _____ DATE OF BIRTH: _____

SEX: _____ Male _____ Female DESIRED START DATE: _____

HOME ADDRESS: _____
Street

_____
City Zip Code

Please check appropriate program:

My child is a napper: _____ Yes _____ No

For part-time enrollment please circle days required (minimum of 3 days): M T W T F

Early Morning Care (all ages)	_____ **7:30 – 8:30**
Infant & Toddler Program	_____ **8:30 – 12:00**
	_____ **8:30 – 3:00**
	_____ **8:30 – 4:00**
	_____ **8:30 – 5:00**
	_____ **8:30 – 6:00**
Early Childhood Program (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 Program (5 years old by Sept. 30, 2026)	_____ **8:30 – 3:00**
	_____ **8:30 – 4:00**
	_____ **8:30 – 5:00**
	_____ **8:30 – 6:00**

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)***

PARENT INFORMATION:

NAME: _____ **NAME:** _____

CELL PHONE: _____ **CELL PHONE:** _____

EMAIL: _____ **EMAIL:** _____

ENROLLMENT:

An Enrollment Contract will be created once your application is submitted. The 10-installment payment plan covers the school year from August 24, 2026 to June 10, 2027.

If you choose to enroll your child in MCHL's Summer Program, tuition will be based on your selected weeks. Summer tuition will be split into two equal payments, due on July 1, 2026 and August 1, 2026.

A **non-refundable application fee of $120** must be submitted with this form. Once the contract is issued, an **annual enrollment fee of $260** 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 _____

2/18/2026