



**NEW STUDENT APPLICATION FORM 2019 - 2020**

**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 **6/1/19**, remaining nine payments due Sept. 1 through May 1  
\_\_\_\_\_ Year round 12-Installments – first payment due **6/1/19**, remaining eleven payments due July 1 through May 1

The 10-installment option is for the school year from **8/23/2019 through 6/11/2020**. The year round 12-installment option is for **6/17/2019 through 6/11/2020**.

**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 \_\_\_\_\_