



NEW STUDENT APPLICATION FORM 2023 - 2024

CHILD'S NAME: _____

DATE OF BIRTH: _____

SEX: _____ Male _____ Female

TELEPHONE: _____

HOME ADDRESS: _____
Street City Zip Code

Please check appropriate program:

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 (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, 2023) _____ **8:30 – 3:00**
_____ **8:30 – 4:00**
_____ **8:30 – 5:00**
_____ **8:30 – 6:00**

Lower Elementary (1st – 3rd Grade) _____ **8:30 – 3:00**
_____ **8:30 – 4:00**
_____ **8:30 – 5:00**
_____ **8:30 – 6:00**

CONTRACT OPTIONS:

The 10-installment option is for the school year from 8/28/2023 through 6/13/2024. If you elect to send your child to MCHL for our Summer Program, payment will be based on your weekly enrollment selection and you will be billed on the 1st of the month – June through August.

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 \$ 100.00 must accompany this form. When a contract is written, the annual enrollment fee of \$250.00 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 _____