



Montessori Learning Center, LLC
2313 Concord Pike
Wilmington, DE 19803
302-478-7114
office@montessorilc.com

For Office Use

Financials	Contract Sent _____	Reg Fee _____
	Contract Rcvd _____	Snack Fee _____
Programming	1st Installment _____	
Program _____	Days _____	
Teacher _____	Start Date _____	

**Application for Admission
Child Information**

Child's Name _____
(Last) (First) (Middle) (Nickname)

Age in September 2022 _____ **Date of Birth** _____
(Years) (Months) (mm/dd/yyyy)

Home Address _____
(Street) (City) (State) (Zip)

Parent & Family Information

Parent's Name _____
(Last) (First) (Relationship)

Home Address _____
(Street) (City) (State) (Zip)

Email _____ **Phone** _____

Employer _____ **Occupation** _____

Parent's Name _____
(Last) (First) (Relationship)

Home Address _____
(Street) (City) (State) (Zip)

Email _____ **Phone** _____

Employer _____ **Occupation** _____

Siblings _____ **Age** _____ **Age** _____
_____ **Age** _____ **Age** _____

Emergency Contacts

Please remember that a note is required letting us know if anyone other than a parent or guardian will be picking up. If someone other than you will be picking up your child on a regular basis, please tell us in writing when they will be scheduled to pick up, and include their full name, relationship, and a contact number where you can be reached. The following people always have my permission to pick up my child:

Name	Relationship	Telephone
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Name	Relationship	Telephone
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Program Information : I am interested in the following program for my child:

Montessori Toddler's (18 mos.—3+ yrs.)

_____ 3 Half-Days _____ 3 Full Days (Circle One) MTW TWTh WThF

_____ 4 Half-Days _____ 4 Full Days (Circle One) MTWTh TWThF

_____ 5 Half-Days _____ 5 Full Days Monday-Friday

Montessori Early Childhood (3—6 yrs.)

_____ 3 Half-Days _____ 3 Full Days (Circle One) MTW TWTh WThF

_____ 4 Half-Days _____ 4 Full Days (Circle One) MTWTh TWThF

_____ 5 Half-Days _____ 5 Full Days Monday-Friday

Montessori Kindergarten (5 yrs.—6 yrs.)

_____ Kindergarten MTWThF

Before and After Care:

Will you need Before or After Care on a regular basis? Yes _____ No _____

_____ AM (7:30—9:00) Expected Drop Off Time _____

_____ PM 12:00 or 2:30—6:00pm Expected Pick Up Time _____

My Child has previously attended another school/childcare facility: Yes _____ No _____

Payment

Please send an electronic invoice for my full deposit (non-refundable 1st installment, \$50 or \$100 registration fee, and \$100 snack/supply fee)

I've included check number _____ in the amount of _____ for the following:
(Check all that apply)

\$50/\$100 Registration Fee

1st Installment

\$100 Snack/Supply Fee

Terms and Conditions

A non-refundable \$100 registration fee, or a \$50 fee for returning students, must accompany this application to be considered for enrollment to MLC. An application does not guarantee admittance, and final decisions for the open enrollment period will be decided by 2/28/2022. In addition, a non-refundable deposit of 1/10 of the yearly tuition will be due, with the signed contract, by the required due date to hold a space for your child. New students may be asked to visit with a teacher before joining a class to determine readiness. If it is determined by the school that a student is not yet ready, the tuition deposit may be returned or may be used as a credit for holding a space in the school at MLC's discretion. I agree to the terms and conditions herein.

Name _____ Signature _____ Date _____