



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

FOR OFFICE USE	
Program:	Days:
Teacher:	Start:
Appl rcvd:	App Fee:
Contract sent:	1 st installment:
Contract rcvd:	Snack/supp Fee:

Application for Admission (2024-2025)

Child Information:

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

Date of Birth: _____ Age in September 2024: _____
(Years) (Months) (mm/dd/yyyy)

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

Parent & Family Information:

Mother's Name: _____
(Last) (First) (Middle)

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

E-mail: _____ Phone: _____

Occupation: _____ Employer: _____

Father's Name: _____
(Last) (First) (Middle)

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

E-mail: _____ Phone: _____

Occupation: _____ Employer: _____

Siblings: _____ Age: _____

Emergency Contacts:

MLC must be notified if anyone other than a parent will be picking up your child. If someone other than a parent will be picking up your child on a regular basis, please list below their full name, relationship to the child, contact number, and scheduled time of pick up. A valid photo identification will be required at the time of pick up before a child is released.

The following people have my permission to pick up our child:

(Name) (Relationship) (Telephone)

(Name) (Relationship) (Telephone)

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

Montessori Toddler's (18 months – 3 years)

3 Half-Days _____ 3 Full-Days _____ MTW TWTh (Circle preference)
4 Half-Days _____ 4 Full-Days _____ MTWTh TWThF (Circle preference)
5 Half-Days _____ 5 Full-Days _____ Monday - Friday

Montessori Early Childhood (3 – 6 years)

3 Half-Days _____ 3 Full-Days _____ MTW TWTh (Circle preference)
4 Half-Days _____ 4 Full-Days _____ MTWTh TWThF (Circle preference)
5 Half-Days _____ 5 Full-Days _____ Monday - Friday

Montessori Kindergarten (5 – 6 years)

Kindergarten _____ Monday - Friday

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: Days: M T W Th F All

PM (Noon or 2:30 – 6:00) _____ Expected Drop Off time: Days: M T W Th F All

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

If Yes, where and how long? _____

Terms, Conditions, and Payment:

I have included check number _____ in the amount of _____ for the following:

- \$50/\$100 Application fee (required for application review)
- Tuition retainer (non-refundable first installment) to secure enrollment following acceptance
- \$150 Snack/supplies fee

Please send an electronic invoice for my application fee, tuition retainer and snack/supplies fee (preferred for returning families).

An application does not guarantee admittance. Final decisions for the open enrollment period will be made by 2/29/2024. Upon acceptance, a non-refundable deposit of 1/10 of the yearly tuition will be due, with the signed MLC contract, by the required due date to secure a spot for your child. New students may be asked to visit with a teacher before acceptance to determine readiness.

I agree to the terms and conditions herein.

Name _____ Signature _____ Date _____