MONTESSORI COUNTRY SCHOOL

P.O. Box 272, Herndon, VA 20172-0272, 703-437-8285

Application for Enrollment

Requested Start Date: Immediate_____ September_____ (Year) Other _____ (Month/Year)

Young Preschool Program (2½ to 4 yrs) **8:30 to 12:00 _____ 5-Day _____ 3-Day (M, T, W)** *OR* **_____ 2-Day (TH, F)**

_____ **5-Day Primary** (Mixed-Age of 3 to 6 yrs) **8:30 to 12:00**

_____ **Kindergarten 8:30 to 2:45** (5 years by Sept. 30th *OR* Teacher Permission Required)

_____ **MCS Extended Day (12:00 to 2:45)** Check here to add afternoon hours to a half-day program.

_____ **After School (2:45 to 6:00**) Check here if you will also be applying for the ***Great Kids*** After School program**.**

Child's Full Name _________Nickname _____Birth date _____ M / F Circle

Street Address _____ City _____ State_____ Zip_____

List below only those people having legal custody of child. Proof of legal custody is required if the mother or father is not listed or if guardians are not the parents.

Mother/Guardian _____
HOME # _____
CELL # _____
Employer _____
Position_____
WORK # _____
Email _____
Home Address (if different)_____
_____

Father/Guardian _____
HOME # _____
CELL # _____
Employer _____
Position_____
WORK #_____
Email_____
Home Address (if different)_____
_____

ADDITIONAL FAMILY INFORMATION

Custody/Visitation Arrangements (if applicable) _____
Is child adopted? _____ At what age _____ Does he/she know? _____

Language(s) spoken at home: _____

Potty Training is: _____complete _____ almost complete _____ in process _____just begun _____not yet started
If almost complete or in process, please describe: _____

Previous school and/or childcare experience:

_____
Name of school/child care center City/Town State Dates of enrollment

Other group experience (such as play group, Sunday school, or parent/child group activity class)

_____

Are there any cultural practices or holidays to share with us? _____
_____

What are your goals for your child's preschool experiences this school year? _____
_____

Do you feel your child will easily adjust to school and/or to separating from the parent(s)?

_____

How did you hear about Montessori Country School (flyer, ad, website, friend, etc.) _____
If from a current or past MCS family, please list their name. _____

EMERGENCY & HEALTH INFORMATION

List any chronic physical problem? _____

Type of accommodation needed*: _____

List any developmental or learning need? _____

Type of accommodation needed*: _____

** If special accommodation is needed, a current copy of the child's IEP or ISP is required. (please attach)*

List allergies and/or physical intolerance to food, medication, or other substance; the expected reaction (hives, asthma, hay fever, other) & the action to be taken in an emergency:

_____

_____

Food Restrictions **(If vegetarian please be specific, No meat, eggs, dairy etc**)_____

Medications
Does child receive any medication regularly at home? Y / N If yes, please list medication and reason _____

_____

Will any of the following medications be sent to school for your child (please circle Yes or No for each of the following)?

EpiPen: Yes / No Inhaler: Yes/No Nebulizer: Yes/No Other Medication Yes/No _____

A parent-owned school such as M.C.S. has one overriding objective - to provide the ***highest*** possible quality Montessori education at the lowest possible cost. Tuition is held to a competitive price only through the dedicated unpaid participation of parents. This participation must be continuous and it must be re-supplied each year by new parents stepping forward with new energies and abilities.

I understand M.C.S. assesses a parent participation deposit per family and that it will be refunded upon completion of 15 hours of approved participation. If I choose not to volunteer my time, or do not fulfill the full 15-hour requirement, I understand the deposit will be kept as my share of the volunteer effort.

I understand a NON-REFUNDABLE Application Fee ($75 for new students) or Re-Application Fee ($35 for returning students) is due with this application

I understand that if we are offered enrollment, a NON-REFUNDABLE deposit is due April 1st to hold my child's space and failure to make timely payment of the MCS deposit can result in the loss of the offered space.

I agree to submit information on two emergency contacts; two people MCS can contact in case of illness, accident or other emergency and who will be authorized to pick up my child if parents cannot be reached. (Required by licensing)

For New students & Kindergarten students only: **I agree to submit** a CERTIFICATE OF HEALTH including Immunization Record for my child from his/her doctor before admission to the class. (Required by the State of Virginia and by licensing)

New students only: **I agree to present** one of these acceptable forms of identity for my child before admission to the class. **MCS is required by VA state law to document all new students' proof of identity at the time of enrollment**. Acceptable forms of proof of identity include an original birth certificate, passport, or green card. Copies or not allowed.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY: Date application received _____ Entered in Computer _____

___ Application signed

___ Application fee paid: Ck # _____ Total $_____

___ Child Background Information Form complete

___ Date Child Visit Scheduled _____

Date Placement Offered: _____ (circle one) Letter / Call / In Person

Left Message: 1_____ 2 _____

Date/Nature of Repsonse: _____

_____