

# MONTESSORI COUNTRY SCHOOL

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



(Circle)

## APPLICATION FOR ENROLLMENT 2024-2025

Child's Full Name _____	Nickname _____	Birth Date _____
Street Address _____	City _____	State _____ Zip _____

**PROGRAMS:** September  January  Other (Date)

**TODDLER** (At least 16 months)

Choose arrival time 8:00  8:30  Choose days/week 5-Day  3-Day (M/T/W)  2-Day (TH/F)

Choose dismissal time 12:00  1:00 (Lunch Bunch LB)  3:00 (Extended Day ED)  4:30 (AC)  6:00 (AC)

**PRIMARY** (At least 30 months and potty-trained)

Choose arrival time 8:00  8:30  Choose days/week 5-Day  3-Day (T/W/TH)  (3 yr old - young 4 yr old)

Choose dismissal time 12:00  1:00 (Lunch Bunch LB)  3:00 (Extended Day ED)  4:30 (AC)  6:00 (AC)

**KINDERGARTEN** (choose program)  **Senior Kindergarten**  **Full day preschool**

(Teacher permission required) (Must be 5-years by Sept 30th) (Must be 5-years by Dec 30th)

Choose arrival time 8:00  8:30  Choose dismissal time 3:00  4:30 (AC)  6:00 (AC)

**Proof of legal custody is required if: Guardians listed below are not the parents OR If both parents are NOT listed**

Mother/Guardian _____	Father/Guardian _____
Cell Phone _____	Cell Phone _____
Alt Phone _____	Alt Phone _____
Email _____	Email _____
Employer /Company _____	Employer /Company _____
Work Address _____	Work Address _____
Home Address (if different than above) _____	

Language(s) spoken at home \_\_\_\_\_ **Are there Specific Custody/Visitation Arrangements** Yes/No

Refer to the **TUITION AND FEES POLICIES** sheet for detailed fees and policies.

**NEW STUDENTS:** Submit a **NON-REFUNDABLE** Application Fee of \$75 with this application. A "child visit" is part of the application process and must be completed prior to enrollment being accepted.

**RETURNING STUDENTS:** Submit this application to hold your child's space for the upcoming school year. (No payment required)

**ALL STUDENTS - NON-REFUNDABLE PRE-PAYMENT OF THE JUNE TUITION DEPOSIT:** If offered enrollment, a **NON-REFUNDABLE** pre-payment of the June tuition deposit, equal to one (1) month tuition payment, is **DUE APRIL 1<sup>ST</sup>**, or as soon as possible if enrolling later, to hold my child's space. Failure to make timely payment can result in the loss of the offered space.

**PARENT PARTICIPATION CREDIT:** MCS issues one credit per family that will be refunded at the end of the school year. Please refer to the **TUITION AND FEES POLICIES** sheet for detailed fees and policies.

**MEDICAL FORMS: (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** in addition to all enrollment forms (health & immunization records are required by the State of Virginia).

I have read and agree to the above terms, as well as the **TUITION AND FEES POLICIES**, regarding enrollment at Montessori Country School.

Parent/Guardian Signature \_\_\_\_\_ Parent First Name \_\_\_\_\_ Parent Last Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Class \_\_\_\_\_ Program \_\_\_\_\_

CV Date \_\_\_\_\_ CV Class \_\_\_\_\_ Start Date \_\_\_\_\_ Contract Sent \_\_\_\_\_ EZCare \_\_\_\_\_