

MONTESSORI COUNTRY SCHOOL

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



(Circle)

APPLICATION FOR ENROLLMENT 2026-2027

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

PROGRAMS:	September <input type="checkbox"/>	January <input type="checkbox"/>	Other (Date) <input type="text"/>			
TODDLER (At least 16 months)						
<u>Choose arrival time</u>	8:00 <input type="checkbox"/>	8:30 <input type="checkbox"/>	<u>Choose days/week</u>	5-Day <input type="checkbox"/>	3-Day (M/T/W) <input type="checkbox"/>	2-Day (TH/F) <input type="checkbox"/>
<u>Choose dismissal time</u>	12:00 <input type="checkbox"/>	1:00 (Lunch Bunch LB) <input type="checkbox"/>	3:00 (Extended Day ED) <input type="checkbox"/>	4:30 (AC) <input type="checkbox"/>	6:00 (AC) <input type="checkbox"/>	
PRIMARY (At least 30 months and potty-trained)						
<u>Choose arrival time</u>	8:00 <input type="checkbox"/>	8:30 <input type="checkbox"/>	<u>Choose days/week</u>	5-Day <input type="checkbox"/>	3-Day (T/W/TH) <input type="checkbox"/>	(3 yr old - young 4 yr old)
<u>Choose dismissal time</u>	12:00 <input type="checkbox"/>	1:00 (Lunch Bunch LB) <input type="checkbox"/>	3:00 (Extended Day ED) <input type="checkbox"/>	4:30 (AC) <input type="checkbox"/>	6:00 (AC) <input type="checkbox"/>	
KINDERGARTEN (choose program)			Senior Kindergarten <input type="checkbox"/>		Full day preschool <input type="checkbox"/>	
<i>(Teacher permission required)</i>			<i>(Must be 5-years by Sept 30th)</i>		<i>(Must be 5-years by Dec 30th)</i>	
<u>Choose arrival time</u>	8:00 <input type="checkbox"/>	8:30 <input type="checkbox"/>	<u>Choose dismissal time</u>	3:00 <input type="checkbox"/>	4:30 (AC) <input type="checkbox"/>	6:00 (AC) <input type="checkbox"/>

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 1ST**, 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 _____
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FOR OFFICE USE ONLY					
Date received _____	Amount paid: \$ _____	Ck # _____	Class _____	Program _____	
CV Date _____	CV Class _____	Start Date _____	Contract Sent _____	EZCare _____	