

MONTESSORI COUNTRY SCHOOL

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



(Circle)

APPLICATION FOR ENROLLMENT 2021-2022

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

Junior Kindergarten

(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 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 _____

FOR OFFICE USE ONLY

Date received _____ Amount paid: \$ _____ Ck # _____ Class _____ Program _____
CV Date _____ CV Class _____ Start Date _____ Contract Sent _____ EZCare _____