

montessori center room

Enrollment Application for the 2018/2019 School Year

Applicant Information

Child's Name: _____ Date of Birth: _____
Last First Middle

Parent 1:
Name: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Parent 2:
Name: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Child lives with (circle one): Both Parents Mother Father Other _____

Background Information

Siblings:
Name _____ Birthdate _____ School _____
Name _____ Birthdate _____ School _____
Name _____ Birthdate _____ School _____

We are a returning family to MCR Yes _____ No _____

We Learned about MCR through _____

We would be using the Enrichment Program on a regular basis. Yes _____ No _____

MCR has a limited amount of tuition assistance available to eligible families.

WE/I would be interested in applying. Yes _____ No _____

I understand that my child must be toilet trained by date of enrollment (first day of school) _____(initial)

Enclosed is a one-time application fee of \$50.00 (waived for alumni families) which is nonrefundable and not applicable to the tuition.

Parent/Guardian Signature

Date

Office Use only

Application Received _____

Application Fee Received _____

Visit Date _____