



Montessori Learning Center, LLC
2313 Concord Pike
Wilmington, DE 19803
302-478-7114
office@montessorilc.com

For Office Use

Financials

Down payment _____ Contract Sent _____
Registration Fee _____ Contract Recvd _____

Programming

Program _____ Days _____
Teacher _____ Start Date _____

Application for Admission
Child Information

Child's Name _____
(Last) (First) (Middle) (Nickname)

Current Age _____ **Date of Birth** _____
(Years) (Months) (Month) (Day) (Year)

Home Address _____
(Street) (City) (State) (Zip)

Home Phone _____ **Preferred Family E-Mail** _____

Parent & Family Information

Parent's Name _____
(Last) (First) (Relationship)

Home Address _____
(Street) (City) (State) (Zip)

Employer _____ **Occupation** _____

E-Mail Address _____ **Home Phone** _____

Cell Phone _____ **Business Phone** _____

Parent's Name _____
(Last) (First) (Relationship)

Home Address _____
(Street) (City) (State) (Zip)

Employer _____ **Occupation** _____

E-Mail Address _____ **Home Phone** _____

Cell Phone _____ **Business Phone** _____

Siblings _____ **Age** _____ **Age** _____

_____ **Age** _____ **Age** _____

Program Information : I am interested in the following program for my child:

Montessori Two's (2 yrs. - 3+ yrs.)

_____ 2 Half-Days _____ 2 Full Days MT Only
_____ 3 Half-Days _____ 3 Full Days (Circle One) MTW or WThF
_____ 4 Half-Days _____ 4 Full Days (Circle One) MTWTh or TWThF
_____ 5 Half-Days _____ 5 Full Days Monday-Friday

Montessori Early Childhood (3+ yrs. - 6 yrs.)

_____ 3 Half-Days _____ 3 Full Days (Circle One) MTW or WThF
_____ 4 Half-Days _____ 4 Full Days (Circle One) MTWTh or TWThF
_____ 5 Half-Days _____ 5 Full Days Monday-Friday

Montessori Kindergarten (5 yrs.—6 yrs.)

_____ Kindergarten MTWThF

Before and After Care:

I am interested in Montessori Before and/or After Care : Yes _____ No _____

_____ AM (7:30—9:00) Expected Drop Off Time _____

_____ PM 12:00 or 2:30—6:00pm Expected Pick Up Time _____

_____ I will use Before or After Care on an occasional basis.

Emergency Contacts

Please remember that a note is required letting us know if anyone other than a parent or guardian will be picking up. If someone other than you will be picking up your child on a regular basis, please tell us in writing when they will be scheduled to pick up, and include their full name, relationship, and a contact number where you can be reached. The following people always have my permission to pick up my child:

Name	Relationship	Telephone
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Name	Relationship	Telephone
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Terms and Conditions

A non-refundable \$100 registration fee, or a \$50 fee for returning students, must accompany this application before MLC will process the enrollment or re-enrollment. In addition, a non-refundable deposit of 1/10 of the yearly tuition will be due, with the signed contract, by the required due date to hold a space for your child. This application does not guarantee admittance. New students will visit with a teacher before joining a class to determine readiness. If it is determined by the school that a student is not yet ready, the tuition deposit may be returned or may be used as a credit for holding a space in the school at MLC's discretion. I agree to the terms and conditions herein.

Name _____ Signature _____ Date _____