ALBEMARLE MONTESSORI CHILDREN'S COMMUNITY ALBEMARLE MONTESSORI SCHOOL



ENROLLMENT APPLICATION

Child's Name		Birth Date	Gender	
Home Address				
City			State Zip	
Application for	 Pre-Primary (2 years of age) Elementary (for grade 	5	(age 3 through kindergarten)	
Parent/Guardian 1 Name		Parent/Gua	Parent/Guardian 2 Name	
Address (if different from above)		Address (if d	Address (if different from above)	
City	State Zip	City	State Zip	
Work Phone	Cell Phone	Work Phone	e Cell Phone	
Email		Email		
Employer		Employer		
	your child's previous childcare and/or ea			

What led you to Montessori and how much do you know about Montessori education?

What would you like to tell us about your child's personality, strengths, hobbies, challenges or anything else that is unique and

wonderful about your child?		
How did you hear about us?		
When are you looking for your child to begin enrollment?		
When are you looking for your child to begin enrollment?	month or season	year
What weekly attendance schedule are you seeking?	🗆 Full Week	□ Partial Week (pre-primary option)
□ Full Day □ Half Day (to 12:30, avail		
□ Earlycare (7:15-8:00/8:15 am) □ Aftercare	1 00 1 1	
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Are there any special services, learning challenges, allergies, and/ or may affect the quality of your child's experience at 2		about your child that we should be aware of
Sometimes we will recommend to you to consider support ser	5 5	ress a need beyond our capabilities. Are you
receptive to this discussion? Yes	No	
Do you have any questions or concerns?		

Albemarle Montessori Children's Community and Albemarle Montessori School are nonsectarian programs that do not discriminate against individuals on the basis of race, creed, religion, national origin, cultural heritage, gender, marital status, political beliefs, disability, sexual orientation, or family style in its admissions, employment, or operating policies and procedures. Albemarle Montessori Children's Community and Albemarle Montessori School reserve the right to deny admission to any candidate whom in its sole judgment the program cannot serve effectively and fully.

PLEASE COMPLETE APPLICATION; INCLUDE A NON-REFUNDABLE APPLICATION FEE OF \$25, MADE PAYABLE TO MCCV, AND RETURN TO MCCV, PO Box 306, Washington, Virginia 22747-0306.