

**ALBEMARLE MONTESSORI
CHILDREN'S COMMUNITY
ENROLLMENT APPLICATION**



Child's Name

Birth Date

Gender

Home Address

City *State* *Zip*

Parent/Guardian 1 Name

Parent/Guardian 2 Name

Address (if different from above)

Address (if different from above)

City *State* *Zip*

City *State* *Zip*

Work Phone *Cell Phone*

Work Phone *Cell Phone*

Email

Email

Employer

Employer

What would you like to tell us about your child? _____

How did you hear about us? _____

Are there any special needs, learning challenges, allergies, or other concerns you have about your child that may affect the quality of your child's experience at Albemarle Montessori Children's Community?

Albemarle Montessori Children's Community is a subsidiary of Montessori Children's Communities of Virginia, a nonsectarian program that does 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. MCCV reserves 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.