



Montessori Learning Center of York

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ENROLLMENT FORM

Child's Name: _____

Last First Middle

Birthdate: _____ Desired Start Date: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Email: _____ Email: _____

Cell #: _____ Cell #: _____

Work #: _____ Work #: _____

Home Address: _____ Home Address: _____

Table with 4 columns: Tuition Rates, 3-Day, 4-Day, Per Week. Rows include Registration Fee \$50.00*, Infant (12wks - 1yo), Young Toddler (1-2yo), Older Toddler (2-3yo), Primary (3-6yo).

- Y N MLC has my permission to use diaper ointment (provided by me) on my child
Y N MLC has my permission to put sunscreen (provided by me) on my child
Y N MLC has my permission to transport my child, during emergency cases
Y N MLC has my permission to post medical information/dietary restrictions with the classrooms for staff knowledge
Y N MLC has my permission to photograph my child for use within the center environment, website, & brochures
Y N MLC has my permission to videotape my child with intent to use material for parent awareness and educational resources

Your child has IEP [] YES [] NO

Form with fields for Parent Name, Signature, Check #, Date, Amount Paid, Cash, Office Use Only, Staff Initial, Tuition Per Week.

Days: M Tue W Thu F Check-in Time: _____ Check-out Time: _____

*Registration Fee is non-refundable & non-transferable