



Montessori Learning Center of York

99 York Rd., Jacobus, PA 17407

P: 717.515.4797 W: https:mlcyork.com E: info@mlcyork.com

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



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Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Tuition Rates	Half Days 7:30AM	Per Day	Per Week
<i>Registration Fee \$50.00*</i>			
Infant (12wks – 1yo)		\$60	\$240.00
Young Toddler (1-2yo)	\$145	\$55	\$230.00
Older Toddler (2-3yo)	\$140	\$50	\$220.00
Primary (3-6yo)	\$135	\$45	\$190.00

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Parent Name _____	Date _____	<i>Office Use Only</i>
Signature _____	Amount Paid _____	
Check # _____	Cash _____	
		Staff Initial: _____
		Tuition Per Week: \$__

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Rev12/2020



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