



Montessori Learning Center

1 School Rd • Asheville, North Carolina 28806 • (828)259-9880

www.mlcasheville.org • office.mlcasheville@gmail.com (admissions and billing)

\$30 Registration fee must accompany this application to be registered and/or put on the waiting list.

2015-2016 Application for Admission for 3-6 Program

Registered Date: _____ Check # _____ Visited Date: _____

Montessori Learning Center is a non-profit, non-discriminatory organization which accepts children ages 18 months through Kindergarten, regardless of race, color, ethnic origins or religion.

Child's Full Name _____ Name Used _____
(last) (first) (middle)

Gender _____ Birthdate _____ Social Security Number _____

Primary Address _____

Father's Name _____
Cell #: _____ Work #: _____

Mother's Name _____
Cell #: _____ Work #: _____

Other Name _____ Phone #: _____

Home Phone Number: _____ Email Address(s): _____

School is open from 7:30 am -5:30 pm. Please circle preferred schedule for your child: *Prices listed below are monthly.*

Please circle your preference of which days of the week your child attends: M T W R F

5 Half days	8:00-12:00	\$445
4 Half Days	8:00-12:00	\$395
3 Half Days	8:00-12:00	\$355
2 Half Days	8:00-12:00	\$295
5 Full Days	8:30-2:30	\$550
4 Full Days	8:30-2:30	\$500
3 Full Days	8:30-2:30	\$445
2 Full Days	8:30-2:30	\$365

Please circle your needs: Please remember After Care is first come first serve sign up, you will be notified as to your program before the beginning of the school year.

Early Care Program: (7:30-8:30) will be needed **occasionally** or **regularly**.

After Care Program: Please select one of the two following options:

- Stay After Program (2:30-4pm)
- Stay Late Program (2:30-5:30)

Please Note Your Commitments

- Tuition is based on a ten-month calendar school year with fees due on or before the tenth of each month.
- A non-refundable materials fee is charged before the beginning of each school year in the amount of one month's tuition. This pays for supplies needed throughout the school year and secures your child's spot here at MLC.

Home Environment: Adults & Children regularly at home

Name/ Age/
Relationship: _____
Name/ Age/
Relationship: _____
Name/ Age/
Relationship: _____

Name/ Age/
Relationship: _____
Name/ Age/
Relationship: _____
Name/ Age/
Relationship: _____

Play Environment: # Playmates/ Ages _____
Favorite Play Activities: _____

People to whom your child may be released:

Does your child have special educational, physical, or emotional needs:

Allergies:

What do you consider his/her predominant characteristics?

Fears:

Type of discipline used at home:

Child's reaction to discipline:

What are your goals for your child at this time?