



**Montessori Children's House**

Administrative Offices  
 200 Camphill Road  
 Fort Washington, PA 19034  
 TEL 215-641-1761 FAX 215-540-8181  
 Web site: [www.mch2learn.org](http://www.mch2learn.org)

**STUDENT ADMISSION APPLICATION**

PLEASE PRINT ALL INFORMATION

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Desired Enrollment Date \_\_\_\_\_

I apply for admission of my child to the Montessori Children's House at:

( ) Blue Bell—215-646-6816

( ) Horsham—215-957-1571

**If entrance date is before November 1st:** Enclose a \$60 registration fee, \$10 insurance fee and \$100 tuition deposit applied toward your final tuition payment and first months tuition (total \$170 non-refundable plus tuition).

**If entrance date is after November 1st:** Enclose a \$60 registration fee, \$10 insurance fee, \$100 deposit applied toward your final tuition payment and \$500 deposit applied toward your first month's bill (total \$670 non-refundable).

**Sibling Deposit:** Enclose a \$100 (non-refundable) tuition deposit applied toward your final tuition payment.

**I understand that as the undersigned parent I am fully responsible for the payment of all program fees.**

**I will be paying tuition by (Please check one):**

\_\_\_\_\_ **Electronic Funds Transfer (Credit card or bank account. EFT form required)**

\_\_\_\_\_ **Click to Pay (Electronic invoice by e-mail)**

\_\_\_\_\_ **Check**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ SS # \_\_\_\_\_

I would like a free t-shirt for my child: (Circle Size)                      2/4                      6/8                      10/12

**SCHEDULE**

	From	To	Special Arrangements
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

Contracted Supplemental Care (Circle One):                      YES                      NO

Parent's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

*Administrative Use Only* CLASSROOM: \_\_\_\_\_ ENTRANCE DATE: \_\_\_\_\_

KINDERGARTEN: ( ) YES ( ) NO                      SIBLING:                      ( ) YES ( ) NO                      INITIAL \_\_\_\_\_