



Loudoun Montessori School

Application Reservation Form 2025-2026

Applying for school year

Applying for full year

Applying for summer session

Child's Name:	☐ Male ☐ Female	DOB:
Address (Street, City, State, Zip Code):		
Guardian's/Mother's Name:	Email:	
Business Phone:	Cell Phone:	
Work Address (Street, City, State, Zip Code):		
Guardian's/Father's Name:	Email:	
Business Phone:	Cell Phone:	
Work Address (Street, City, State, Zip Code):		
Child Lives with: ☐ Mother ☐ Father ☐ Both ☐ Guardian ☐ Other		Primary Language Spoken at Home:
Previous School Attended:		

TERMS AND CONDITIONS

1. _____ (initial) Application and Enrollment fees are non-refundable
2. _____ (initial) In order to complete enrollment in Loudoun Montessori School, a completed Application & Admissions Contract is required to be submitted by _____
3. _____ (initial) In the event enrollment is not completed by the aforementioned date, application and enrollment reservation is considered void and placement in Loudoun Montessori School is no longer guaranteed



Loudoun Montessori School

4. _____ (initial) Application and enrollment reservation in Loudoun Montessori School is for the programs indicated below. All program placements of children are solely at the discretion of the school and are based upon appropriate developmental level

5. _____ (initial) The tuition for the below stated program is _____ per month

6. _____ (initial) This application and enrollment reservation is for an intended start date of: _____

PROGRAM CHOICES: Pre-Primary (16m - 3yrs) | Primary (3yrs - 6yrs) | KG (5yrs) | County School (<12yrs)

School

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| ☐ 3 Day Program | Mon | Tue | Wed | Thu | Fri |
| ☐ 5 Day Program | | | | | |
| ☐ Full Day (8:30a – 3:00p) | | | | | |
| ☐ Morning (8:30a – 11:45a) | | | | | |

An extended care program is available to students during the school year and the summer sessions.

Extended Care

- | | | | |
|---|-----|-----|-----|
| ☐ Before Care Hour (7:30a – 8:30a) | 2 D | 3 D | 5 D |
| ☐ After Care Hours (3:00p – 6:30p) | 2 D | 3 D | 5 D |

- | | | | |
|----------------|-------------|------------|-----------|
| ➤ School Year: | 9 payments | 2 Payments | 1 Payment |
| ➤ Summer Camp: | 1 Payment | | |
| ➤ Full Year: | 12 payments | 2 Payments | 1 Payment |

Application/Enrollment Fee of \$250.00 (**non-refundable**) is due upon submission of this application.

Parent/Guardian's Signature

Date

For Office Use:

Director

Date

Time of Program: _____

Days

Start Date

Class