Country Hills Montessori

Eastgate 4400 Glen Este-Withamsville Rd. Cincinnati, Ohio 45245 - 513-752-1066

Child's Name: _____ Gender ____ Nick Name: _____

Home Address: _____

City/State/Zip Code: _____ Birth Date: _____

Home Telephone: _____ Home Email: _____

Mother's Name _____ Cell Phone: _____

Home Address: _____

Employed by: _____ Business Phone: _____

Father's Name: _____ Cell Phone _____

Home Address: _____

Employed by: _____ Business Phone: _____

Siblings:	Ages:	Siblings:	Ages:

Select preference:

Preschool: ☐Morning Class (9:00 – 11:30) or ☐Afternoon Class (12:30 – 3:00) ☐5 Day or ☐3day (3 yr. olds only)

Half Day Kindergarten: ☐Morning Class (9:00 – 11:30) ☐Afternoon Class (12:30 – 3:00)

☐ **Full Day Kindergarten** 9:00 – 3:00 (M-T-W) 9:00 – 11:30 (Th- F)

☐ **Full Day Kindergarten** 9:00 – 3:00 (M-F)

- Pre-kindergartners and kindergartners must attend 5 days/week

How did you learn about Country Hills Montessori? (provide specific names, if applicable) _____

This application along with a registration fee of $50.00 and a deposit of $200.00 can be mailed to Country Hills Montessori c/o Susan Schreiber 8655 Lynnehaven Dr., Cincinnati, Ohio 45236.

By submitting this application, you understand that the registration fee and deposit are non-refundable. You further understand that the $200.00 deposit will be applied to the first quarter's tuition payment.

Signature _____ Date _____