



Ft. Thomas 960 Highland Avenue, Ft. Thomas, Kentucky 41075 859-442-0500

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 \_\_\_\_\_