



West Chester 7235 Heritagespring Drive West Chester, Ohio 45069 - 513-777-7578

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 **5 Day** or **3day** (3 yr. olds only)

Half Day Kindergarten: 9:00 – 11:30 with Monthly Special K Days

- 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 _____