COUNTRY HILLS MONTESSORI

APPLICATION FOR ADMISSION

Child's Name: _____ Birth Date: _____

Home Address: _____

City/State/Zip: _____

Home Telephone: _____ Email: _____

Mother's Name: _____ Cell phone: _____

Home Address: _____

Employer: _____ Business Phone: _____

Father's Name: _____ Cell Phone: _____

Home Address: _____

Employer: _____ Business Phone: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Preference: Morning Class_____ Afternoon Class _____

3 Day Program_____ 5 Day Program _____

Full Day program: 3 Day _____ 5 Day _____

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

Please send application with $50.00 registration fee and $200.00 deposit to Country Hills Montessori c/o Theresa Bellman, 325 E. Central Ave, Springboro, Ohio 45066. By submitting this application you understand that the registration fee and deposit are non-refundable. Deposit will be applied to first month's tuition and fees.

Signature _____ Date _____