



- Eastgate
- Ft. Thomas
- Harrison
- Oakley
- Union
- West Chester

STUDENT

First/Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Additional phone/emails (if needed) \_\_\_\_\_

PARENT(S)/GUARDIAN(S)

First/Last Name _____	First/Last Name _____
Employer _____	Employer _____

Address you wish to note other than above: \_\_\_\_\_

SIBLINGS/AGES \_\_\_\_\_

PROGRAM (Select one)	SESSION (Select one for 3 Half Day or 5 Half Day)
<input type="checkbox"/> 3 Half Day (M, T, W) <b>for 3-year-old only</b> .....	<input type="checkbox"/> Morning (9 – 11:30) <input type="checkbox"/> Afternoon (12:30 – 3)
<input type="checkbox"/> 5 Half Day.....	<input type="checkbox"/> Morning (9 – 11:30) <input type="checkbox"/> Afternoon (12:30 – 3)
<input type="checkbox"/> 5 Full Day* (Program is 9 – 3 M - F)	
<input type="checkbox"/> 3 Full / 2 Half Day* (Program is 9 – 3 M, T, W; 9 – 11:30 Th, F)	
<input type="checkbox"/> Select If your child will be in kindergarten.	

*\*Full day programs available to 4 & 5 years old only.*

How did you learn about Country Hills Montessori? \_\_\_\_\_

Mail the completed application along with a \$50.00 (one-time) application fee and a deposit of \$200.00 (applied to the tuition agreement) to: Country Hills Montessori, PO Box 42611, Cincinnati OH 45242.  
 By submitting this application, you acknowledge that the registration fee and deposit are non-refundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_