Country Hills Montessori

4900 Babson Place Cincinnati, Ohio 45227 513-271-2808

Child's Name: _____ Gender ____ Nickname: _____

Home Address: _____

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

Home Telephone: _____ Email: _____

Parent Name _____ Cell Phone: _____

Home Address: _____

Employed by: _____ Business Phone: _____

Parent 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 PROGRAMS:

☐ **Three Full** 9:00 – 3:00 (M-T-W) **2 Half Day** (Th- F) ☐ Morning ☐ Afternoon (4 and 5 Yr. Old Students)

☐ **FiveFull Day** 9:00 – 3:00 (M-F) (4 and 5 Yr. Old Students)

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

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

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This application along with a registration fee of $50.00 and a deposit of $200.00 can be mailed to Country Hills Montessori, P. O. Box 42611, Cincinnati, OH 45242.

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 tuition payment.

Signature _____ Date _____