



APPLICATION FOR ADMISSION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Preference: Morning Class \_\_\_\_\_ Afternoon Class \_\_\_\_\_

3 Day Program \_\_\_\_\_ 5 Day Program \_\_\_\_\_

Full Day program: 3Full Day/2 Half Day \_\_\_\_\_ 5 Day \_\_\_\_\_

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

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Please send application with \$50.00 registration fee and \$200.00 deposit to Country Hills Montessori c/o Theresa Bellman, 4515 Allison St. P.O.Box 12245, Cincinnati, Ohio 45212 .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 \_\_\_\_\_