



APPLICATION FOR ADMISSION

Child's Name: _____ Birth Date: _____

Home Address: _____

City/State/Zip: _____

Home Telephone: _____ Email: _____

Parent Name: _____ Cell phone: _____

Home Address: _____

Employer: _____ Business Phone: _____

Parent 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 programs: 3 full/2 half day _____ 5 full day _____

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

Please email application to springboro@chmschools.com attention: Theresa Bellman. A \$50.00 registration fee and \$200.00 deposit will be due upon receipt of application and payable through Brightwheel. A payment invoice will be sent upon receipt of application. By submitting this application, you understand that the registration fee and deposit are non-refundable. Deposits will be applied to the first month's fees.

Signature _____ Date _____