

# Garden Montessori School

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# Application for Enrollment

Today's Date \_\_\_\_\_

Applying for 20\_\_\_\_ - 20\_\_\_\_

## Child's Information:

Name			Called Name	
First	Middle	Last		
Address				
Street		City	State	Zip
Home Phone		Birth date		

## Mother's Information:

Name		Email		
Address				
Home Phone		Cell Phone		
Work Phone		Occupation		

## Father's Information:

Name		Email		
Address				
Home Phone		Cell Phone		
Work Phone		Occupation		

## Program Requested: Tuition for the upcoming school year

Montessori Preschool (9:15am - 12:00pm)	3 day-\$495/mo _____	5 day-\$585/mo _____
Montessori Preschool plus lunch (9:15am-1:00pm)	3 day-\$555/mo _____	5 day-\$685/mo _____
Preschool w/ Half Day Daycare (7:00am - 1:00pm or 9:15am - 3:00pm)	3 day-\$695/mo _____	5 day-\$785/mo _____
Preschool w/ Full Day Daycare (7:00am - 6:00pm)	3 day-\$795/mo _____	5 day-\$895/mo _____
Montessori Kindergarten* + Extended Day (9:15am - 3:00pm M-Th 9:15-12:00 F)		5 day-\$850/mo _____
Montessori Kindergarten* + Extended Day w/ Daycare (7:00am - 6:00pm)		5 day-\$950/mo _____

\*Your child must be 5 by your school districts cut-off date to enroll in Kindergarten programs.

**Child and Family Information:**

**Brothers & Sisters:**

Name \_\_\_\_\_ Birthday \_\_\_\_\_ M or F \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ M or F \_\_\_\_\_

In what school district do you reside? \_\_\_\_\_

Will your child attend Garden Montessori Kindergarten? \_\_\_\_\_

In what elementary program do you plan to enroll your child? Public \_\_\_\_\_ Other (please specify) \_\_\_\_\_

What specific goals do you have for your child in our Montessori class?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you aware of your child having any special needs? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Is English your first language? \_\_\_\_\_ If no, what language do you speak in your home? \_\_\_\_\_

Does your child speak English? \_\_\_\_\_

Has your child attended another school or child care facility? \_\_\_\_\_ If yes, please provide dates, names and locations of schools attended: \_\_\_\_\_

How often does your child have interaction with children outside his/her immediate family? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Does your child have any fears and/or strong dislikes? \_\_\_\_\_

Describe what kind of discipline is used: \_\_\_\_\_

Use 5 adjectives to describe your child: \_\_\_\_\_

**Please Note:**

\*The school programs listed require a full school year contract to be signed.

\*Tuition rates are for the upcoming school year. Monthly rates listed are the School Year Tuition divided into nine equal payments. The school year typically begins in late August/early September, ends in late May and includes holidays, winter and spring breaks. (Tuition is not reduced in months with holidays or breaks.)

\*A \$250 Activity Fee is charged each school year to cover special programs, vision, speech and hearing screenings, and classroom supply costs.

\*A non-refundable Registration Fee in the amount of \$300 must accompany your signed Application.

\*The first month's tuition is due June 1st. This is also non-refundable, but IS applied towards your annual tuition for the up

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Garden Montessori School recruits and admits students of any race, color, sex, religion, ancestry, national origin, political belief or disability to all its programs and activities.



coming school year.