

Garden Montessori School

1318 Nagel Road
Cincinnati, Ohio 45255
(513) 474-4933
Jackie Wofford, Director
gms@cinci.rr.com

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-\$520/mo_____	5 day-\$610/mo_____
Montessori Preschool plus lunch (9:15am-1:00pm)	3 day-\$580/mo_____	5 day-\$710/mo_____
Preschool w/ Half Day Daycare (7:00am - 1:00pm or 9:15am - 3:00pm)	3 day-\$720/mo_____	5 day-\$810/mo_____
Preschool w/ Full Day Daycare (7:00am - 6:00pm)	3 day-\$820/mo_____	5 day-\$920/mo_____
Montessori Kindergarten* + Extended Day (9:15am - 3:00pm M-Th 9:15-12:00 F)		5 day-\$875/mo_____
Montessori Kindergarten* + Extended Day w/ Daycare (7:00am - 6:00pm)		5 day-\$975/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 \$300 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 upcoming school year.

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.