


Montessori Academy

of Cincinnati 

8293 Duke Boulevard, Mason, Ohio 45040
513-398-7773

Office Use: Obs. Date: _____ Rec'd: _____ Met Student: _____ TS: _____
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ELEMENTARY APPLICATION (Newly Enrolled Student)

Child's Full Name (This name will be used on classroom materials)		Date of Birth	Gender
Home Address / Street	City	State	Zip
Home Telephone		Home e-mail address	
Child will be entering:	<input type="checkbox"/> First Grade <input type="checkbox"/> Second Grade <input type="checkbox"/> Third Grade <input type="checkbox"/> Fourth Grade <input type="checkbox"/> Fifth Grade <input type="checkbox"/> Sixth Grade		

PARENT INFORMATION

FATHER: (please circle) Mr. Dr. (M.D. Ph.D. Other: ____)	MOTHER: (please circle) Mrs. Ms. Dr. (M.D. Ph.D. Other: ____)
Full Name _____ (First name you go by)	Full Name _____ (First name you go by)
Home Address _____	Home Address _____
City / State / Zip _____	City / State / Zip _____
Home Telephone: _____	Home Telephone: _____
Employed By: _____	Employed By: _____
Occupation/Profession: _____	Occupation/Profession: _____
Office Telephone: _____	Office Telephone: _____

CHILD AND FAMILY INFORMATION

Siblings (for each child, please provide name / date of birth / school attended / grade)

In what School District do you reside? _____

What specific goals do you have for your child in our Montessori Elementary Program:

1. _____
2. _____
3. _____

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

Has your child ever had an IEP, 504, ILSP, or Service Plan? _____ If yes, please submit a copy with this application.

Is English your first language? _____ If no, what language do you speak in your home? _____ Does your child speak English? _____

EDUCATIONAL HISTORY:

Please complete the following information regarding any and all schools your child has attended to date, including Elementary, Kindergarten and Preschool experiences.

Name of School	Grade Level	Dates Attended	Address of School

MONTESSORI ELEMENTARY TUITION

**2010/2011
YEARLY TUITION**

School Hours: 8:15 am - 3:00 pm

\$ 10,020.00

PLEASE NOTE:

- The School program listed above requires a 9-month Contract to be signed.
- The School Year begins in late August and ends in late May/early June, and reflects school holidays and breaks.
- A one-time, non-refundable Application Fee in the amount of \$50.00 must accompany your signed Application.
- Within one calendar week of our contact with you regarding acceptance, the signed Contract together with the first of ten tuition payments must be received by the School to secure your child's space. Tuition payments are non-refundable. Failure to make this first payment within the designated time frame will result in forfeiting the space.
- Field trips, consumables and other programs or fees will be billed in addition to the Montessori tuition.

EXTENDED CARE (BEFORE- AND AFTER-SCHOOL)

Rates reflect only the Extended Care Tuition; they do not include Montessori Tuition.
(Please check desired hours)

	<u>Weekly Extended Care Tuition</u>
<input type="checkbox"/> <u>In building</u> 7:00 – 3:00 pm	\$ 26.50
<input type="checkbox"/> 7:00 – 6:30 pm	\$ 101.00
<input type="checkbox"/> 8:00 – 6:30 pm	\$ 87.50

PLEASE NOTE:

- This service is available for enrolled students and is open during certain school breaks. Extended Care will be closed during Labor Day, Thanksgiving Break (Wed/Thurs/Fri), Winter Break, Martin Luther King Jr. Day, Presidents' Day, Spring Break, Memorial Day.
 - A minimum commitment to the first semester is required for this program. **
 - A limited number of spaces are available for each time slot.
 - Please consult your Handbook for more detailed information regarding Extended Care policies.
 - Per Diem usage available on space-available basis only. Prices upon request.
 - An after-school snack will be provided by the School.
- ** We require four weeks written notice of your withdrawal from this program.

OTHER INFORMATION

- Students are not covered under an accident insurance policy for injuries that may be received while engaged in school activities. Parents will need to have their own medical insurance for any injuries or illnesses that may be sustained while at Montessori Academy of Cincinnati.
- Elementary students may purchase a school lunch or bring their own lunch. Milk will be available for purchase.
- The School closes for one week in August (prior to the school year starting) to get the building ready for the school session.

I have read all the information provided on this application and in the Enrollment Contract and agree to all the terms:

Father's Signature

Date

Mother's Signature

Date