

# Montessori Academy of Cincinnati



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

Office Use: Rec'd: _____ App: _____ Deposit: _____
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## TODDLER APPLICATION (Newly Enrolled Student)

Child's Full Name	(Child's Name to used on classroom materials)	Date of Birth	Gender
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Home Address / Street	City	State	Zip
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Child will be entering as a:  Toddler (18-30 months)

Parent / Guardian:  
(please circle) Mr. Mrs. Ms. Dr. (M.D. Ph.D. Other: \_\_\_\_\_)

Parent / Guardian:  
(please circle) Mr. Mrs. Ms. Dr. (M.D. Ph.D. Other: \_\_\_\_\_)

Relationship to Applicant

Relationship to Applicant

Full Name (First name you go by)

Full Name (First name you go by)

Home Address

Home Address

City / State / Zip

City / State / Zip

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
(Office) \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
(Office) \_\_\_\_\_

Employed By: \_\_\_\_\_

Employed By: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

### CHILD AND FAMILY INFORMATION

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what School District do you reside? \_\_\_\_\_ Will your child attend MAC for the Preprimary program? \_\_\_\_\_

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? \_\_\_\_\_

Please describe your child's personality (or use ten descriptive adjectives): \_\_\_\_\_

Describe your method and / or philosophy concerning discipline: \_\_\_\_\_  
\_\_\_\_\_

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**TODDLER (18-30 mos.)**

2019-2020 School Year

10 payments of:

- 7 am – 6:30 pm      \$ 1,474.00
- 7 am – 3:30 pm      \$ 1,133.00

10 payments of:

- 8 am – 6:30 pm      \$ 1,375.00
- 8 am – 3:30 pm      \$ 1,007.00
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PLEASE NOTE:

- **The School programs listed above require a full school-year Contract to be signed.** The first payment is required at the time of acceptance into the Program. Subsequent payments will be due the first of the month (August – April).
  - The School Year typically begins in late August/ early September and ends in late May and reflects school holidays and breaks.
  - A one-time, non-refundable Application Fee in the amount of \$50.00 must accompany your signed Application (for newly enrolled students).
  - To secure your child's space, within one calendar week of our contact with you regarding acceptance, the signed Contract together with first tuition payment (first of ten payments) must be submitted. This payment is non-refundable. Failure to make this first payment within the designated time frame will result in forfeiting the space.
  - Consumables and other programs or fees, if applicable, will be billed in addition to the regular program tuition.
  - A limited number of spaces are available for each time slot.
  - All programs will be closed during Labor Day, Thanksgiving Break (Thurs/Fri), a portion of Winter Break, Martin Luther King Jr. Day, Presidents' Day, Memorial Day.
  - Toddler/Transitional programs may be open (and billed separately) for portions of Thanksgiving Break (Wed), Winter Break, and Spring Break. A minimum number of participants must sign up for care to be offered during these breaks.
  - Per Diem usage available on space-available basis only. Prices upon request.
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**SUMMER PROGRAM**

Our Summer Program is available on a weekly basis (during June, July, August) with an option of Extended Hours (8 am – 6:30 pm). Specific information regarding Summer Camp is made available in spring. The School closes for one week in August (prior to the school year starting) to get the building ready for the school session.

**OTHER INFORMATION**

Children 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.

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

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Montessori Academy of Cincinnati recruits and admits students of any race, color, ethnic origin, national origin, or religion to all its rights, privileges, programs and activities. In addition the School will not discriminate on the basis of race, color, ethnic origin, national origin, or religion in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.