


# Montessori Academy

of Cincinnati 

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

Office Use:
Rec'd: _____
App fee: _____
Obs student: _____
Deposit: _____

## ELEMENTARY APPLICATION (Newly Enrolled Student)

Child's Full Name \_\_\_\_\_ (Name to be used on classroom materials) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address / Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child will be entering:  First Grade  Second Grade  Third Grade  Fourth Grade  Fifth Grade

### PARENT INFORMATION

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) \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Office) \_\_\_\_\_

(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? \_\_\_\_\_

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

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**MONTESSORI ELEMENTARY TUITION**

**2022/2023  
YEARLY TUITION\***

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

\$13,960.00

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.

*\*Tuition amount is based on the number of school days required by the State of Ohio as of January 1, 2022. Should the number of school days be increased by the State of Ohio, tuition will be increased to cover any additional days (at a prorated amount).*

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**EXTENDED CARE (BEFORE- AND AFTER-SCHOOL)**

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

<u>In building</u>	<u>Extended Care</u> 10 payments of:
<input type="checkbox"/> 8:00 – 6:30 pm	\$412.00

\*7:00 arrival option is available upon request

PLEASE NOTE:

- Payments will be due the 15<sup>th</sup> of the month (August to May).
- Extended Care is available for enrolled students and is open during certain school breaks. Extended Care will be closed during Labor Day, Thanksgiving Break (Thurs/Fri), a portion of Winter Break, Martin Luther King Jr. Day, Presidents' Day, Memorial Day.
- Extended Care may be offered (and billed separately) for portions of Thanksgiving Break (Wed), Winter Break, and Spring Break. A minimum number of participants must sign up for Extended Care to be offered during these breaks.
- 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.

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**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.
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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.*