

Montessori Academy of Cincinnati



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

Office Use:
Rec'd: _____
App: _____
Deposit: _____

TRANSITIONAL PRESCHOOL 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 as a: Transitional Preschooler (30 months by Sept 30 of school year)

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) _____
(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: _____

TRANSITIONAL PRESCHOOL (30 mos. by Sept 30)

2022-2023 School Year

10 payments of:

- 7 am – 6:30 pm \$1,796.00
- 7 am – 3:30 pm \$1,396.00

10 payments of:

- 8 am – 6:30 pm \$1,685.00
 - 8 am – 3:30 pm \$1,265.00
-

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 – 5:30 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.

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.