Office Use

Rec'd: _____

App Fee: $100

Deposit: _____

Montessori Academy of Cincinnati

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

2026-2027 KINDERGARTEN 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: ☐ **Kindergartener (minimum age: 5 years by August 1st)**

PARENT INFORMATION

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

_____
Relationship to Applicant

_____
Full Name (First name you go by)

_____
Home Address

_____
City / State / Zip

Email: _____

Telephone: (Home) _____

(Cell) _____

Employed By: _____

Occupation/Profession: _____

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

_____
Relationship to Applicant

_____
Full Name (First name you go by)

_____
Home Address

_____
City / State / Zip

Email: _____

Telephone: (Home) _____

(Cell) _____

Employed By: _____

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 Montessori Academy for Elementary? _____

If not, what elementary program do you plan to enroll your child: Public School? _____ Other? (please specify) _____

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

1. _____
2. _____
3. _____

Does your child need any modifications to our school's programs and services in order to access our programs and services? _____Yes _____ No

If the answer to the foregoing question is "Yes", please provide documentation from a medical or assessment professional of your child's diagnoses and any medical treatment plans, IEPs, IFSPs or other documents setting forth the modifications deemed necessary to assist your child in our school. We will promptly consider the modifications requested and determine if they are reasonable in our school. Please note that Montessori Academy of Cincinnati is not subject to the IDEA and is a general education program which strives to include all children based upon our ability to help them learn and thrive.

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: _____

_____

ALL DAY KINDERGARTEN (1/2 day in Montessori Classroom; 1/2 day in Kindergarten Enrichment)

		2026/2027 YEARLY TUITION*
☐	Kindergarten (8:30-3:30)	$1725.00 ($1725 monthly)

HALF-DAY KINDERGARTEN

		2026/2027 YEARLY TUITION*
☐	Morning 5-day class (8:30 – 11:30 am)	$10,650.00 ($1065 monthly)
☐	Afternoon 5-day class (12:30 – 3:30 pm)	$10,650.00 ($1065 monthly)

KINDERGARTEN EXTENDED CARE (Before-and-After-School)
(Rates reflect only Extended Care; they do not include Montessori Tuition)

(please check desired hours)

	Time in building	10 payments of:
☐	7-3:30	$150.00
☐	8:30-6:00	$460.00
☐	7-6:00	$630.00

*****Tuition is due the 1st of each month, ExCare is due the 15th of each month. Bi-monthly invoices provided. *****

PLEASE NOTE:

- ***The School programs listed above require a full school-year Contract to be signed.***
- The School Year typically begins in late August/early September and ends in late May/early June and reflects school holidays and breaks.
- A one-time, non-refundable Application Fee in the amount of $100.00 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 regular Montessori tuition.

OTHER INFORMATION

- All children must be toilet trained and independent with their toileting needs.
- 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.