Montessori Academy of Cincinnati

Office Use:
Rec'd:_____
App fee: **$100**
Obs student:_____
Deposit:_____

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

2026-2027 MIDDLE SCHOOL 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: ☐ Sixth Grade ☐ Seventh Grade ☐ Eighth Grade

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? _____

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

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? _____

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

Copies of all school records must be received by Montessori Academy of Cincinnati prior to the start of school

MONTESSORI MIDDLE SCHOOL TUITION

	2026/2027 YEARLY TUITION*
School Hours: 8:15 am - 3:00 pm	$16,150.00 ($1615.00 monthly)

PLEASE NOTE:

- The School program listed above requires a 10-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.
- For new applicants to the School, 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 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)

	In building	Extended Care 10 payments of:
☐	8:00 – 6:00 pm	$495.00

*7:00 arrival option is available upon request, please email the office in advance.

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

PLEASE NOTE:

- Extended Care is available for enrolled students and is open during certain school breaks. Extended Care will be closed during Labor Day, Thanksgiving Break (Wed-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 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.

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.
- Middle School students may purchase a school lunch or bring their own lunch. Milk will be available for purchase.

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.