

# Montessori Academy of Cincinnati



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

Office Use:
Obs. Date: _____
Rec'd: _____
Met Student: _____
TS: _____

## PREPRIMARY APPLICATION (Newly Enrolled Student)

Child's Full Name (This name will be used on classroom materials)	Date of Birth	Gender	
Home Address / Street	City	State	Zip
Home Telephone	Home e-mail address		

Please check your child's anticipated placement. Understand that Kindergarten and Pre-Kindergarten placement is based on Teacher recommendation and/or results of Kindergarten screening.

Child will be entering as a:  Preschooler (minimum age: 3 years by 9/30)  Kindergartener

### PARENT INFORMATION

FATHER: (please circle) Mr. Dr. (M.D. Ph.D. Other: \_\_\_\_)

MOTHER: (please circle) Mrs. Ms. Dr. (M.D. Ph.D. Other: \_\_\_\_)

Full Name (First name you go by)

Full Name (First name you go by)

Home Address

Home Address

City / State / Zip

City / State / Zip

Home Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

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

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

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

Office Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

### 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 Kindergarten? \_\_\_\_\_

In 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. \_\_\_\_\_

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: \_\_\_\_\_

How did you learn about Montessori Academy of Cincinnati? (provide specific names, if applicable) \_\_\_\_\_

OVER, Please

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**HALF-DAY MONTESSORI PRESCHOOL AND KINDERGARTEN**

(Please indicate your first and second choice)

<input type="checkbox"/>	Morning 5-day class (8:30 – 11:30 am)	2011/2012 YEARLY TUITION*	\$ 5,860.00
<input type="checkbox"/>	Afternoon 5-day class (12:30 – 3:30 pm)		\$ 5,860.00

**ALL DAY KINDERGARTEN** (½ day in Montessori Classroom; ½ day in Enrichment)

<input type="checkbox"/>	AM Kindergarten Enrichment (8:30 – 12:30)	YEARLY TUITION*	\$ 10,020.00
<input type="checkbox"/>	PM Kindergarten Enrichment (11:30 – 3:30)		\$ 10,020.00

## 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 \$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 regular Montessori tuition.

\*Tuition amount is based on the number of school days required by the State of Ohio as of January 1, 2011. 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>Weekly Extended Care Tuition</u>	<u>All Day Kindergarten</u>
<input type="checkbox"/>	7:00 – 3:30 pm	\$ 163.00	\$ 39.50
<input type="checkbox"/>	7:00 – 6:30 pm	\$ 200.25	\$ 101.00
<input type="checkbox"/>	8:30 – 6:30 pm	\$ 180.25	\$ 87.50
<input type="checkbox"/>	7:00 – 11:30 am	\$ 46.75	
<input type="checkbox"/>	8:30 – 3:30 pm	\$ 124.75	

## PLEASE NOTE:

- **The Before- and After-School Care programs listed above require a full school-year Contract to be signed.** A four-week, non-refundable reservation deposit is required at the time of acceptance into the Program and will apply toward next year's May extended care billing.
  - A limited number of spaces are available for each time slot.
  - If your child is in afternoon Extended Care with Morning Montessori, your child must nap. If your child does not nap successfully (i.e., is disruptive during nap time), we reserve the right to move your child to an Afternoon Montessori classroom, if available.
  - 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.
  - Please consult your Handbook for more detailed information regarding Extended Care policies.
  - Per Diem usage available on space-available basis only. Prices upon request.
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**SUMMER CAMP PROGRAM**

Our Summer Camp is available on a weekly basis (during June, July, August) with an option of Extended Hours (7 am – 6:30 pm). Specific information regarding Summer Camp is made available in early 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:

\_\_\_\_\_  
Father's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Mother's 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.