



**Spring's East
Montessori**

9429 Loveland-Maderia Road
Cincinnati, Ohio 45242
(513) 793-7877
[E-Mail:SpringsEastSchool@cinci.rr.com](mailto:SpringsEastSchool@cinci.rr.com)

APPLICATION FORM

(Must be accompanied by a nonrefundable \$35.00 Application Fee)

Child's Full Name: _____ Birth Date: _____

Street Address: _____ Home Phone: _____

City/State: _____ Zip: _____

Family E-Mail Address: _____ Child's Religion: _____

Father's Name: _____ Age: _____

Present Employer: _____ Number of Years: _____

Business Address: _____ Business Phone: _____

Mother's Name: _____ Age: _____

Present Employer: _____ Number of Years: _____

Business Address: _____ Business Phone: _____

Child's Doctor Name: _____ Doctor's Phone Number: _____

Please list names, sex and birth dates of all siblings: _____

What other schools has your child attended? Please give names and dates attended: _____

How did you hear about Springs East Montessori? _____

If accepted, how long do you plan to have your child attend? _____

Class Preference? AM (8:45-11:45) _____ PM (12:30-3:30) _____ All Day _____

If accepted, how long do you plan to have your child attend? _____

Do you wish your child to attend our Extended Care Program? _____

I hereby apply for admission of _____ in the Springs East School, and agree to abide by the rules and regulations thereof.

(Signature of Parent of Legal Guardian)

(Date)