Springs East Montessori School Enrollment Packet 2025 – 2026



Enrollment Procedures:

Thank you for your interest in Springs East Montessori School. We appreciate the opportunity to meet you and your child and for you to visit the school and observe our classes in session.

To complete the enrollment process, please do the following:

- □ Submit the Application Form and the required \$35 Application Fee
- Sign and return the enclosed Enrollment Contract for the program you are choosing
- □ Enclose the 10% Enrollment Deposit
- □ Make your check payable to Springs East Montessori School
- □ Drop off or mail your Application Form, Enrollment Contract, and check to:

Springs East Montessori School

9429 Loveland-Madeira Road

Cincinnati, Ohio 45242

Attention: Ann Griesdorn, Director

Upon receipt of your Enrollment Deposit and Enrollment Contract, a formal Acceptance Letter will be sent to you.

Please review the School Handbook you were given during your visit. If you have any questions, please contact Miss Ann at 513-509-7671.



springseastschool@cinci.rr.com

Contact Information:

Springs East Montessori School 9429 Loveland-Madeira Road Cincinnati, Ohio 45242

Office: 513-793-7877 Fax: 513-271-1684

Email: springseastschool@cinci.rr.com

Website: www.springseast.com

Facebook Page: Springs East School

Tax ID # 46 -1636807

Founder and Director, Miss Ann Griesdorn cell 513-509-7671

Principal, Miss Sally O'Donnell 513-793-7877



springseastschool@cinci.rr.com

APPLICATION FORM

(Must be accompan	ied by a nonrefundat	ole \$35.00 A p	plication Fee.)	Date of Appli	cation	
Child's Name		B	Birth date		Current Age (Y.M)	
Street Address				County		
City	State	Zip	Local Sch	ool District		
Child's Race/Ethnicity		Cultural E	Background		_ Religion	
Father's Name				Age		
Cell Phone #		Email				
Present Emp	oloyer			;	# of Years	
Present Pos	ition					
Business Ad	dress			Bus. Phon	e #	
Mother's Name				 Age		
Cell Phone #			_Email			
Present Employer				#	of Years	
Present Pos	ition					
					e #	
Please list names, s	eex, and birth date of	all siblings: _				
What other schools	has child attended?	Please give n	ame and dates a	attended:		
How did you hear a	bout Springs East Mo	ontessori Sch	ool?			
If accepted, how lor	ig do you plan to hav	e your child a	ttend?			
Class Preference:	3-Day Preschool (Day Preschool (Circle 3 Consecutive Days) Mon, Tue, Wed, Thu, Fri (ages 2.5-3 only				
	5-Day Preschool/F	re-Kindergar	ten (ages 3-5) H	alf Day AM (8:45	<i>–</i> 11:45)	
Would you like your	Full Day (8:30 – 3: child to attend our E	,	Program?		Elementary off time and pick up time.)	
I hereby apply for	admission of		`		to	
Springs East Mont	essori School, and	agree to abi	de by the rules	and regulations	thereof.	
(Signature of Parent or			(Date)			

All information herein will be treated confidentially. Springs East Montessori School admits and works with students without regard to race, religion, national or ethnic origin, or physical abilities. Upon acceptance, the tuition deposit of 10% of the annual tuition must be paid in advance, or space cannot be guaranteed for your child.



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HALF DAY: Montessori Preschool Program

ENROLLMENT CONTRACT

To: Springs East Montessori School	
I wish to enroll my child,	at Springs East
(child's name) Montessori School for the 2025 – 2026 school year. I would l Day Montessori program:	like my child to attend the Half
Morning Session 8:45 am – 11:45 am	
I understand that a non-refundable 10% Enrollment Deposit of advance, (within 7 days of Acceptance, or no later than May of students) in order to guarantee my child's placement.	
I understand that I will be obligated to pay the full year tuition Deposit payment is made at the time of enrollment and guara your child. This is the first of your 10 tuition payments, with th monthly installments. Your second payment (the first of these be due and payable on or before August 10 th and the remaini due and payable on or before the 10 th day of each consecutive year's tuition will be paid in full by April 10 th .	intees that we will hold a space for e balance to be paid in nine equal e nine monthly installments) shall ing monthly installments shall be
Springs East Montessori School is not obligated to refund or i child is absent from school due to illness or days when the sc weather or other conditions beyond Springs East Montessori	chool is closed due to severe
This tuition amount does not include "in-house" field trips, whi Classes are filled on a "first come, first served" basis.	ich are a separate fee.
(Signature of Parent or Guardian)	(Date)



9429 Loveland-Madeira Rd Cincinnati, Ohio 45242 Ph: (513) 793-7877 Fax: (513) 271-1684 Tax ID #46 - 1636807 springseastschool@cinci.rr.com

FULL DAY: Montessori Pre-Kindergarten / Kindergarten / Elementary Programs

ENROLLMENT CONTRACT

To: Springs East Montessori School					
I wish to enroll my child,		at Springs East			
(chil Montessori School for the 2025 – 2026 Montessori program:	ld's name) school year. I would lik	e my child to attend the full day			
Pre-Kindergarten	Kindergarten	Elementary Grade 1, Grade 2, Grade 3			
(Please circle program your child is to attend)					
The hours of the full day program are 8	:30 am – 3:30 pm.				
I understand that a non-refundable 10% advance, (within 7 days of Acceptance, students) in order to guarantee my child	, or no later than May 15				
I understand that I will be obligated to proposit payment is made at the time of your child. This is the first of your 10 tuin monthly installments. Your second paying be due and payable on or before Augustus due and payable on or before the 10 th of year's tuition will be paid in full by April	f enrollment and guarant ition payments, with the ment (the first of these n st 10 th and the remaining day of each consecutive	tees that we will hold a space for balance to be paid in nine equal ine monthly installments) shall g monthly installments shall be			
Springs East Montessori School is not of child is absent from school due to illnes weather or other conditions beyond Springs	ss or days when the scho	ool is closed due to severe			
This tuition amount does not include "in Classes are filled on a "first come, fi	•	n are a separate fee.			
(Signature of Parent or Guardian)		Date)			



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HALF DAY: Montessori Preschool Three - Day Program For children ages 2.5 & 3 only; please choose 3 consecutive days

ENROLLMENT CONTRACT

To: Springs East Montessori School

I wish to enroll my child,	at Springs East
(child's name) Montessori School for the 2025 – 2026 school year. I	would like my child to attend the
Morning Session 8:45 – 11:45 am Mon. Tue. Wed. (Please circle 3 consecutiv	
I understand that a non-refundable 10% Enrollment De advance, (within 7 days of Acceptance, or no later than students) in order to guarantee my child's placement.	
I understand that I will be obligated to pay the full year Deposit payment is made at the time of enrollment and your child. This is the first of your 10 tuition payments, monthly installments. Your second payment (the first of be due and payable on or before August 10 th and the ridue and payable on or before the 10 th day of each conyear's tuition will be paid in full by April 10 th .	d guarantees that we will hold a space for with the balance to be paid in nine equal of these nine monthly installments) shall remaining monthly installments shall be
Springs East Montessori School is not obligated to refu child is absent from school due to illness or days when weather or other conditions beyond Springs East Mont	the school is closed due to severe
This tuition amount does not include "in-house" field tri Classes are filled on a "first come, first served" ba	·
(Signature of Parent or Guardian)	(Date)