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

mapleknoll
CHILD CENTER

11100 Springfield Pike, Cincinnati, OH 45246
513.782.2450

# PREPRIMARY APPLICATION

Child's Full Name (Nickname) Date of Birth Gender

Home Address / Street City State Zip

Home Telephone Home e-mail address

Child will be entering as a ☐Preschooler ☐Kindergartener

## PARENT INFORMATION

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

Full Name (First name you go by)

Home Address

City / State / Zip

Home Telephone: _____

Employed By: _____

Occupation/Profession: _____

Office Telephone: _____

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

Full Name (First name you go by)

Home Address

City / State / Zip

Home Telephone: _____

Employed By: _____

Occupation/Profession: _____

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 Maple Knoll 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 Maple Knoll Child Center? (provide specific names, if applicable) _____

OVER, Please

**HALF-DAY MONTESSORI PRESCHOOL AND KINDERGARTEN** **2011/2012**

(Please indicate your first and second choice)

| | | |
|---|---|---|
| ☐ | Morning 5-day class (8:30 – 11:30 am) | $4300.00 |
| ☐ | Afternoon 5-day class (12:30 – 3:30 pm) | $4300.00 |

**FULL-DAY PROGRAM**

| | | |
|---|---|---|
| ☐ | Full Day Class (8:30 – 3:30) | $8100.00 |

**Partial Full Day programs:**

| | | |
|---|---|---|
| ☐ | 3 full days (M W F) and 2 half days (T/Th) | $ 6580.00 |
| ☐ | 2 full days (T/Th) and 3 half days (M W F) | $ 5820.00 |

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 May/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 two calendar weeks of our contact with you regarding acceptance, the signed Contract together must be received by the School to secure your child's space. Tuition payments are non-refundable. Failure to return the contract within the designated time frame will result in forfeiting the space.

**SUMMER CAMP PROGRAM**

Our Summer Camp is available on a weekly basis during June.

Specific information regarding Summer Camp is made available in early Spring.

Father's Signature Date Mother's Signature Date

Maple Knoll Child Center recruits and admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition the School will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletics/extracurricular activities.