Horizon Montessori School Application

Child's Name:First	Middle	 Last	
Address:			
Telephone:	Birth Date	<u> </u>	
Mother's Name: Ms./Mrs./Dr. (circle one)		ity #:	
, , ,		anhana:	
Business Name and Address:	1E	ерпопе	
Father's Name: Mr./Dr. (circle one)	Social Secu	rity #:	
Business Name and Address:		Telephone:	
Tuition statement to be sent to:			
Please indicate program desired:			
	2 to Compaldo /Adam	a in al	
Toddlers		ning)	
Enrichment	-		
Other nursery schools attended:			
Interests and talents of child:			
Special medical care or information:			
Other pertinent information concerning appl	licant:		
Date	Signature o	of parent or guardian	
EACH	I APPLICATION MUST BE ACCOMPA	ANIED BY A \$25.00	
	NON-REFUNDABLE APPLICAT		
Please Mail All Applications To: 3175 Mayfid	eld Road/ Cleveland Heights, OH/ 4	4118	
FOR OFFICE USE ONLY	Child lake with a	Assertance	
Dates: Parent Observation			
Forms Provided: Licensing Statement	Enrollment Package	Date returned	