Horizon Montessori School Application

Child's Name:_____
First Middle Last

Address:_____ City:_____ Zip:_____

Telephone:_____ Birth Date:_____

Mother's Name:_____ Social Security #:_____
Ms./Mrs./Dr. (circle one)

Business Name and Address:_____ Telephone:_____

_____

_____

Father's Name:_____ Social Security #:_____
Mr./Dr. (circle one)

Business Name and Address:_____ Telephone:_____

_____

_____

Tuition statement to be sent to:_____

Please indicate program desired:

Toddlers_____ 3- to 6-yr.-olds (*Morning*)_____

Enrichment _____

Other nursery schools attended:_____

Interests and talents of child:_____

_____

Special medical care or information:_____

Other pertinent information concerning applicant:_____

_____

_____ _____
Date Signature of parent or guardian

EACH APPLICATION MUST BE ACCOMPANIED BY A $25.00
NON-REFUNDABLE APPLICATION FEE

Please Mail All Applications To: 3175 Mayfield Road/ Cleveland Heights, OH/ 44118

FOR OFFICE USE ONLY

Dates: Parent Observation _____ Child Interview_____ Acceptance_____

Forms Provided: Licensing Statement_____ Enrollment Package_____ Date returned_____