



**Queen of Angels Montessori School**  
 4460 Berwick Avenue, Cincinnati, Ohio 45227 (513) 271-4171

**Application for Enrollment**

Applying for school year of \_\_\_\_\_

Are you applying for EdChoice? \_\_\_\_\_

Today's Date: \_\_\_\_\_

Program Desired: \_\_\_\_\_ Middle School 7 8 (circle one)  
 Half-day Preschool \_\_\_\_\_ Full-day Preschool \_\_\_\_\_ Kindergarten \_\_\_\_\_ Elementary Grade 1 2 3 4 5 6  
 (must fill out yellow application also) (Circle One)

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name Child is Called \_\_\_\_\_ Birth Place \_\_\_\_\_ Race \_\_\_\_\_  
 (Optional)

Father (or Guardian): \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother (or Guardian): \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list previous school(s), if any, the child has attended: \_\_\_\_\_  
 Names and Birth Dates of Siblings: \_\_\_\_\_  
 School(s) they attend: \_\_\_\_\_  
 Public School District You Reside In: \_\_\_\_\_ Your Neighborhood Public School: \_\_\_\_\_

Parish or Church: \_\_\_\_\_  
 Church & Date of Baptism: \_\_\_\_\_ First Eucharist \_\_\_\_\_

*We'd like to send the Grandparents our quarterly Newsletter. If we have permission to do so, please list their name(s) and address(es):*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Background Information

Does your child have any special needs (e.g., diet, allergies, vision, hearing, special academic or social needs)?

\_\_\_\_\_

Has your child ever been hospitalized? If so, please describe:

\_\_\_\_\_

Do you now or have ever had concerns about your child's development or behavior?

\_\_\_\_\_

Why would you like your child to attend Queen of Angels Montessori School?

\_\_\_\_\_

How did you hear about Queen of Angels Montessori School?

\_\_\_\_\_

Who has financial responsibility for your child's tuition?

\_\_\_\_\_

**I/we understand that the Montessori pre-primary program is a multi-year program, starting with the child's entrance at the preschool level and continuing through the child's kindergarten year. It is my/our intent to utilize the full scope of this program through the completion of kindergarten.**

**For all new applicants, a non-refundable \$50.00 application fee (\$50 per family if applying for more than one child at the same time) is required with this application. Upon acceptance to the school, a \$300.00 non-refundable deposit and a signed tuition contract will be required to reserve the child's place. This deposit includes a \$100 registration fee and a \$200 tuition deposit, which is applied to the tuition balance due. \*\*\*\*Registration fees and tuition deposits are not refundable.**

***\*\*Please note that submitting an application for enrollment does not guarantee your child's admittance to Queen of Angels Montessori School. Enrollment is complete when the family is formally accepted (in writing) and returns a completed tuition contract to the school.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Queen of Angels Montessori School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

\_\_\_\_\_  
date application & fee rec'd

\_\_\_\_\_  
acceptance ltr sent

\_\_\_\_\_  
date depo rec'd

\_\_\_\_\_