

Phone: 513-563-7286
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Mailing Address: PO Box 62953, Cincinnati, OH 45262

2024-25 School Year

Pre-K \$1750/year ★	-	-)ay Kindergarten	
AM PM 8:45- 11:30 AM		F IVI 1 12:30-3:15 PM		\$3350/year ★ 8:45 AM- 3:15 PM	
★ Lowest yearly tuition(s) discounted 10°	% for additional sibling(s) att	ending Park Montessori du	ring the same school ye	ar.	
⊗ Restrictions apply. List all children to be enrolled Name Name		d goes by	Birthdate	Speaks English Yes or No	
Parent/Guardian 1: Name and Rela	tionship	Parent/Guardia	n 2: Name and Rel	ationship	
Address:		Address:			
City:		City:			
State: Zip:			Zip:		
Phone:		Phone:			
Email:		Email:			
Native Language:		Native Language:			
# of Siblings: Prima	ary Language Spoken	in the home:			
Can child take care of toileting ne	eds without adult pro	mpting, help, or supe	ervision? Yes	No	
Does Child receive other services	? If yes, please check	type of services.			
Speech Occupational The	• • •	• •			
Other Information that will help us	work with your child	Please write on the b	ack of this sheet or at	tach additional sheets.	
School Information Email: Please enter the best email address information such as newsletters, cal			I to send you importa	ant	
Person Responsible for Financial	Arrangements:				
Enrollment Fee: \$100.00 per child	non-refundable. Paya	able with enrollment	form.		

Tuition Payments are due the 15th of the month August-April for children starting in September. Otherwise it is due the 15th of each Month starting with the month the child starts school. We accept monthly, quarterly, or yearly payments.