

Spring Hill Montessori School
40 Blakeslee Street
Cambridge, MA 02138 - 3328
Phone/Fax 617 576-9196
springhillmontessori@gmail.com

Please complete this two-page application and mail it with a non-refundable check for \$40. payable to Spring Hill Montessori School. Thank you.

Child's full name _____

Child's preferred name for class use _____

Gender _____

Birth date _____ Birth place _____

Home address _____

Home telephone _____

Primary email _____

Parent's name _____ Year of birth _____

Occupation _____ Parent's workplace _____
Number of hours per week _____

Parent's name _____ Year of birth _____

Occupation _____ Parent's workplace _____
Number of hours per week _____

Sibling's name(s)	Gender	Birthdate	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you find out about Spring Hill Montessori School?

Child's current and previous organized activities
Playgroup, school, daycare, extracurricular classes, etc

Dates:

_____	_____
_____	_____
_____	_____

Who is responsible for tuition payments? _____

Signature _____

What would you like us to know about your child? (Use another sheet of paper if necessary.)

Please describe a day in the life of your child. (Use another sheet of paper if necessary.)

Please describe any of your child's nutritional requirements (allergies, etc.) and or medical history (surgeries, illnesses, etc).

Spring Hill Montessori School does not discriminate on the basis of race, color, religion, gender, marital status, political beliefs, or national and ethnic origins in any of its admission, administrative, or educational policies.