

Spring Hill Montessori School
40 Blakeslee Street
Cambridge, MA 02138 – 3328

Please complete this two-page application and mail it with a non-refundable check for \$50 payable to Spring Hill Montessori School. Thank you.

Student Information

Child's full name _____

Child's preferred name for class use _____

Gender _____

Birth date _____ Place of birth _____

Home address _____

Primary telephone _____

Primary email address _____

Family Information

Parent's full name _____

Parent's year of birth _____

Parent's occupation _____

Parent's workplace _____

Number of hours of work per week _____

Parent's full name _____

Parent's year of birth _____

Parent's occupation _____

Parent's workplace _____

Number of hours of work per week _____

Sibling(s) name(s)	Gender	D.O.B.	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you find out about Spring Hill Montessori School?

Child's current and previous organized activities: - Playgroup, school, daycare, extracurriculars, etc.	Date(s):
_____	_____
_____	_____
_____	_____
_____	_____

Who is responsible for tuition payments?

Signature _____

Additional Information

What would you like us to know about your child? (Attach additional papers if necessary).

Please describe a day in the life of your child. (Attach additional papers 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.