



## APPLICATION

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent's name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone (day, night, cell): \_\_\_\_\_

Email address: \_\_\_\_\_

Please register my child for one of the options below:

\_\_\_\_\_ **Half-day Preschool and Kindergarten Program**

Monday-Friday, 9:00 a.m. to 12:00 noon

Tuition payment of \$410 per month

\_\_\_\_\_ **Extended-Day Program**

Monday-Friday, 9:00 a.m. to 12:00 noon, and Tuesday,

Wednesday, and Thursday from noon to 2:00 p.m.

Tuition payment of \$510 per month

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form by mail to:

**Creative Montessori School**  
3220 Lexington Road  
Nicholasville, KY 40356