



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 \$430 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 \$530 per month

Signed _____ Date _____

Please return completed form by mail to:

Creative Montessori School
3220 Lexington Road
Nicholasville, KY 40356