

**Spring Hill Montessori School**  
**40 Blakeslee Street**  
**Cambridge, MA 02138 - 3328**  
**Phone/Fax 617 576-9196**  
**springhillmontessori@comcast.net**  
**OCCS# 190117**

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 \_\_\_\_\_

Father's Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Father's Workplace \_\_\_\_\_  
Number of hours per week \_\_\_\_\_

Mother's Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Mother'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.*