



**Concord Campus Application**  
**Parent-Infant | Young Child Community**  
**Children's House | Elementary**

School Year Applying for: 20 \_\_\_\_ - 20 \_\_\_\_

Start Date: \_\_\_\_\_

Applying for Financial Aid: Yes  No

**Student Information:** Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Male:  Female:  DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_

**Program Requests:**

**Parent Infant Community** (please circle)

Tuesday	4:00-6:00	
Wednesday	9:00-11:00	
Saturday (Jul 9 – Aug 27)	9:00-10:30	

**Young Child Community** (please circle)

5 Morning	8:30-11:45	
4 School Day 8:30-3:20	M-TH	T-F
5 School Day 8:30-3:20	8:30-3:20	

**Children's House Community** (please circle)

3 – 4 Year Olds	8:30-11:45	8:30-3:20
5 – 6 Year Olds	8:30-3:20	

**Elementary Community** (please circle)

Early Elementary	8:30-3:20	
Upper Elementary	8:30-3:20	

**Additional Care Requests:**

**Young Child Community**

Early Start (7:30-8:30 a.m.)	
4 days/week	
5 days/week	

Late Dismissal YCC (3:20 - 4:40 p.m.)	
4 days/week	
5 days/week	

Late Dismissal YCC (4:40 - 6:00 p.m.)	
4 days/week	
5 days/week	

**Children's House/Elementary**

Morning Care (7:30-8:30 a.m.)	
3 days/week	
5 days/week	

School Day Add-on (11:45-3:20 p.m.)	
3 days/week	

After Care Block I (3:20-4:40 p.m.)	
3 days/week	
5 days/week	

After Care Block II (4:40 - 6:00 p.m.)	
3 days/week	
5 days/week	

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Siblings:

_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade

## Additional Information:

Has your child ever been tested, either by current or past school, or private institution, for any type of learning or behavior issue? \_\_\_\_\_

If so, please indicate what year testing was complete: \_\_\_\_\_

Does your child have a current IEP?  Yes  No

Please provide copies of testing results

## Application Terms:

- ◆ A non-refundable \$50 application fee is required at the time of submission.
- ◆ Make checks payable to Hershey Montessori School and remit to the Admissions office at 10229 Prouty Road, Concord Twp., OH 44077.
- ◆ Please complete one application for each child.
- ◆ With this application, this child will be placed in the Waiting Pool, awaiting placement once a space becomes available.
- ◆ The child's placement in a class will be at the sole discretion of the school based on the pedagogical criterion.
- ◆ Hershey Montessori School does not discriminate on the basis of gender, race, creed, ethnic or national, origin, religion, disability, age, or sexual orientation in its admission policy, financial aid program, or other educational policies.

\_\_\_\_\_  
*Mother/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father/Guardian Signature*

\_\_\_\_\_  
*Date*

## For Office Use Only

Application Fee Received: \$ \_\_\_\_\_

Observation: \_\_\_\_\_

Date Received: \_\_\_\_\_

Parent Interview: \_\_\_\_\_

Check Number: \_\_\_\_\_

Child Visit: \_\_\_\_\_