

1825 Garden Avenue • Cherry Hill, NJ 08003



2019-2020 APPLICATION

CHILD'S INFORMATION

Date Of Application	Date Of Birth													
Co. L. J. NI													□М	
Student's Name	FIRS	T				MIC	DLE		LAST				□M	U F
Address														
Address		S	TREE	ΞT										
	CIT	Y								STA	TE	ZIP		
Home Telephone No														
Allergy/Special Medical Informatic	on													
G/ 1														
P	AR	ΕN	IT S	5'/	GU	AR	DIANS'	INFO	RMAT	ION				
Name														
Relationship														
Cell #1							Email #1							
Name														
Relationship														
Cell #2														
CHOOSE YOUR SCHEDULE						OTHER NOTES								
CHM offers flexible scheduling to accommodate our busy families. Please select your child's schedule:						CHM's tuition includes all learning materials, activity fees, special onevents, and 2 snacks daily in the classroom.								
☐ Five Full Days							Please submit	•						
☐ Four Full Days (circle days):	M	Т	W	Th	F		uition) and a s eserve your o		_					on to
☐ Three Full Days (circle days):	M	Т	W	Th	F		uition is due							om
☐ Five Mornings							August 1, 2019							
☐ Five Mornings with Lunch							All tuition shal			tionexp	ress.co	m, our		
☐ Four Mornings (circle days):	M	Т	W	Th	F		Online Tuition paces are lim	-	-	on a firs	t-come			
☐ Four Mornings with Lunch					_		irst-serve bas							
(circle days):	M	Т	W	Th	F		f your child is		•					ear,
☐ Five Afternoons							space may be payment of t						t upon	
☐ Four Afternoons (circle days):		Т	W	Th		-	CHM's Financi			_			e agreem	ents
☐ 7:30 AM drop-off (circle days)	: M	Т	W	Th	F		etween you a	,					_	

CHERRY HILL MONTESSORI

Financial forms must be submitted with your application.