

PLEASE RETURN APPLICATION AND PAYMENT TO:

Cherry Hill Montessori 1825 Garden Avenue • Cherry Hill, NJ 08003



2026-2027 APPLICATION

CHILD'S INFORMATION

Date Of Application:	Date Of Birth:						
Student's Name:						М	F
	FIRST	MIDDLE	LAST				
Address:							
	STREET						
	CITY			TATE			
Home Telephone No.:							
Allergy/Special Medical Info	ormation:						
	PARENTS'	/ GUARDIANS' II	NFORMATIO	N			
Name:							
Relationship:							
Cell #1:		Email #1:					
Name:							
Relationship:							
Cell #2:		Email #2:					

SELECT YOUR SCHEDULE

CHM offers flexible scheduling. All full/all day schedules are offered either 3, 4 or 5 days a week, and half day schedules are offered 4 or 5 days a week.

Please select your child's preferred days:

Mon Tue Wed Thu Fri

Please select a program:

All Day Program (7:30am-6:00pm)

Full Day Program (8:00am-4:00pm)

Half Day Program (8:30am-12:30pm)

Extended Day Program - AM (7:30am-8:00am)

Extended Day Program - PM (4:00pm-6:00pm)

Please indicate any other scheduling requests:

OTHER NOTES

- CHM's tuition includes all learning materials, activity fees, and special on-site events.
- Please submit a deposit of \$200 (to be credited against your child's tuition) and a \$100 one-time Registration Fee with this Application to reserve your child's spot. These fees are non-refundable.
- Tuition is due in 10 equal payments on the first of each month from August 1, 2026 to May 1, 2027.
- All tuition payments will be processed by Cherry Hill Montessori via Tuition Express.
- Spaces are limited and are filled on a first-come first-serve basis.
- If your child is not potty-trained before the start of the School Year, a space may be reserved at the discretion of the management upon payment of the tuition due on August 1st.
- CHM's Financial Policy and Parent Handbook contain the agreements between you and CHM. All forms must be signed and submitted prior to your child's first day of attendance.

CHERRY HILL MONTESSORI