

Have there been any recent significant changes in your family or home life that you feel have affected your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special education needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What expectations do you have for this program with regard to your child's education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your immediate goals for your child in the Academy setting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your long-term goals for your child in the Academy setting? Do you intend on enrolling in our elementary program, if applicable? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information which might enable us to more fully understand your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about Montessori Academy of Chicago?**

Website  Advertisement  Friend/Colleague \_\_\_\_\_  Other \_\_\_\_\_

**Additional Responsibilities:**

The continuing success of our programs depends on family participation and support. The Academy offers regular communications and parent education sessions to meet these goals. Academy parents are expected to attend semi-annual parent-teacher conferences, volunteer ten hours of service per academic year and support the school's fundraising activities. Do you accept these responsibilities?

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

# MONTESORI

## ACADEMY OF CHICAGO

**— APPLICATION FOR ADMISSION —**  
*Please return this form and non-refundable \$150 application fee to our Admissions Office.*

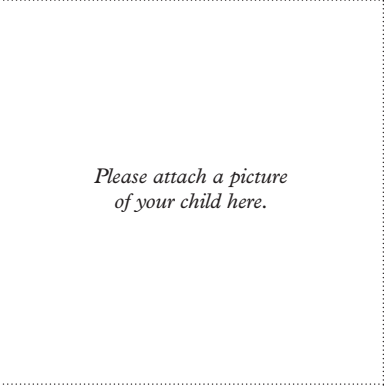
Child's Full Name \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  M  F Present Age \_\_\_\_\_  
Yrs. Mos.

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_



**PARENT/GUARDIAN INFORMATION**

**Parental Status**  Married  Domestic Partners  Separated  Divorced  Single  Widowed

**Parent/Guardian #1**

Name \_\_\_\_\_  
First Middle Last

What does your child call this parent? \_\_\_\_\_

Relationship \_\_\_\_\_

Home Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Employer Name and Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Alternate E-Mail \_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_  
First Middle Last

What does your child call this parent? \_\_\_\_\_

Relationship \_\_\_\_\_

Home Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Employer Name and Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Alternate E-Mail \_\_\_\_\_

## ABOUT THE ACADEMY

*The Montessori Academy of Chicago embraces the principles of observation and individual liberty to develop the full potential of every child in our care. The Montessori educational method structures its classrooms on a three-year age cycle to encourage mentoring and reinforce skills. Our goal is to provide an environment rich in diversity for our students. The Montessori Academy of Chicago has a non-discriminatory policy relative to race, color, creed and national origin with respect to the admission of students and the employment of faculty and administrative staff.*

### Please indicate the program for which you are applying:

<b>Class</b>	<b>Hours of Operation</b>	<b>Application Deadline</b>
<input type="checkbox"/> Infant Class (6 weeks to 15 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="checkbox"/> Toddler Class (15 to 30 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="checkbox"/> Pre-Primary Class (24 to 36 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="checkbox"/> Primary Class (3 to 6 years)	7:00 a.m. - 6:30 p.m.	March 1
<input type="checkbox"/> Lower Elementary (6 to 9 years)	8:30 a.m. - 3:00 p.m.*	January 15
<input type="checkbox"/> Upper Elementary (9 to 12 years)	8:30 a.m. - 3:00 p.m.*	January 15

*\*Extended care hours & summer programming are available at an additional charge. Children are placed for the complete academic year based upon their age on September 1.*

Occasionally, space in our programs becomes available during the course of the year. Please indicate your preferred alternate start date. We will make every effort to accommodate your needs. \_\_\_\_\_

### Other schools attended:

Name of school \_\_\_\_\_ Dates attended \_\_\_\_\_

Name of school \_\_\_\_\_ Dates attended \_\_\_\_\_

Name of school \_\_\_\_\_ Dates attended \_\_\_\_\_

Please describe your reasons for any transfers. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Sibling Information:

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Dates Attended \_\_\_\_\_

### Languages spoken at home:

\_\_\_\_\_

## PARENT NARRATIVE

***Please answer the following questions as completely as possible. Use additional sheets if necessary.***

Please describe your interest in Montessori education. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you feel the Montessori Academy of Chicago is an appropriate choice for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child's social style with regard to peers, adults, and siblings in both new and familiar situations. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about your child's sleeping schedule, preferences and bedtime routines. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about your child's eating schedule, preferences and any dietary restrictions, including allergies. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child express his or her emotions? Specifically anger and joy. Does your child have tantrums? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have a history of behavioral issues or hyperactivity? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_