



Please return this form and non-refundable **\$150 application fee** to our Admissions Office

Child's Information

CHILD'S FULL NAME _____

Male Female Prefer Not to Say Other

CHILD'S PREFERRED NAME _____ GENDER _____

DATE OF BIRTH _____

LANGUAGES SPOKEN AT HOME _____

RACIAL/ETHNIC BACKGROUND _____

The Montessori Academy of Chicago is committed to diversity; and upholds a non-discriminatory policy relative to race, color, creed and national origin with respect to student admissions and staff employment. Within the space provided above, please write the race(s) or ethnicity(ies) that the applicant most closely identifies.



Parent / Guardian Information

PARENTAL STATUS Married Domestic Partners Separated Divorced Single Widowed

PARENT / GUARDIAN 1

FIRST / MIDDLE / LAST NAME _____

WHAT DOES/WILL YOUR CHILD CALL THIS PARENT? _____

RELATIONSHIP _____

HOME ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

EMPLOYER NAME & ADDRESS _____

OCC UPATION _____

BUSINESS PHONE _____

E-MAIL _____

ALTERNATE E-MAIL _____

PARENT / GUARDIAN 2

FIRST / MIDDLE / LAST NAME _____

WHAT DOES/WILL YOUR CHILD CALL THIS PARENT? _____

RELATIONSHIP _____

HOME ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

EMPLOYER NAME & ADDRESS _____

OCC UPATION _____

BUSINESS PHONE _____

E-MAIL _____

ALTERNATE E-MAIL _____



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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 encourages mentoring and reinforcing skills. Our goal is to provide an environment rich in diversity for our students.

Please confirm the program for which you are applying:

CLASS	HOURS OF OPERATION	APPLICATION DEADLINE
<input type="radio"/> Infant Class (6 weeks to 15 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="radio"/> Toddler Class (15 to 30 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="radio"/> Pre-Primary Class (24 to 36 months)	7:00 a.m. - 6:30 p.m.	Rolling

Children are placed for the complete academic year based upon their age on September 1.

While our largest enrollment period occurs in September, occasionally space in our programs becomes available during the course of the academic year. Please indicate your preferred alternate start date.

ALTERNATE START DATE

Sibling Information:

SIBLING NAME	AGE	SCHOOL	DATES ATTENDED

SIBLING NAME	AGE	SCHOOL	DATES ATTENDED

Other schools attended:

NAME OF SCHOOL	DATES ATTENDED

NAME OF SCHOOL	DATES ATTENDED

Please describe your reasons for any transfers.



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Parent Narrative - Please answer the following questions as completely as possible. Use additional sheets if necessary.

Please describe your interest in Montessori education as opposed to traditional care alternatives. Does either parent have a Montessori background?

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

What are your expectations of the Academy? Academically? Socially?

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?



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Parent Narrative - Continued

Describe your child's social style with regard to peers, adults, and siblings in both new and familiar situations. Does your child have difficulty separating from you?

Three horizontal lines for writing.

Tell us about your child's eating and sleeping schedules and preferences. Please list any dietary restrictions and/or allergies.

Three horizontal lines for writing.

Does your child have any medical, behavioral or developmental concerns, and/or receive any special services?

Three horizontal lines for writing.

How does your child express joy and anger? Does your child have tantrums?

Three horizontal lines for writing.

Have there been any recent significant changes in your family or home life?

Three horizontal lines for writing.



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Parent Narrative - Continued

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

How did you hear about us?

- Website
- Advertisement
- Friend/Colleague
- Other _____

Additional Responsibilities:

By submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I confirm that I have legal custody of the child who is applying to attend the Montessori Academy of Chicago.

PARENT/GUARDIAN 1 (PRINT NAME) DATE

SIGNATURE

PARENT/GUARDIAN 2 (PRINT NAME) DATE

SIGNATURE