



DUE DATE

You may return this form in-person or via e-mail. You may pay the non-refundable \$165 application fee via check or electronically using the QR code above.

Child's Information

CHILD'S FIRST NAME (IF KNOWN) & LAST NAME

About the Academy - The Academy offers programming for children 6-weeks-old through 8th grade, and has been serving families in the West Loop neighborhood in Chicago since 2007. The Academy is committed to excellence in all its curricular and extra-curricular offerings, and takes pride in the dynamic parent community we've cultivated over the years.

SEX (IF KNOWN)

Parent / Guardian Information

HOUSEHOLD STATUS	O DUAL-PARENT,	/GUARDIAN HOUSEHOLD	O SINGLE-PARENT/C	GUARDIAN HOUSEHOLD	O CUSTODIAL PARENT/GUA	RDIAN OUTSIDE THE HOUSEHOLD	
PARENT/GUARDIAN 1				PARENT / GUARDIAN 2			
FIRST NAME	MIDDLE	LAST NAME		FIRST NAME	MIDDLE	LAST NAME	
HOME ADDRESS				HOME ADDRESS			
HOME PHONE				HOME PHONE			
MOBILE PHONE				MOBILE PHONE			
EMPLOYER NAME				EMPLOYER NAME			
EMPLOYER ADDRESS				EMPLOYER ADDRESS			
OCC UPATION				OCC UPATION			
BUSINESS PHONE				BUSINESS PHONE			
E-MAIL				E-MAIL			
ALTERNATE E-MAIL				ALTERNATE E-MAIL			
LANGUAGES SPOKEN AT HOME				LANGUAGES SPOKEN A	IT HOME		
RACIAL/ETHNIC BACKGROUND				RACIAL/ETHNIC BACKG	ROUND		

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.

p. 312.243.0977



Child's Information

CUII D'C EIDCT	NAME (IF KNOWN) & LAST NAME	
CHILD 3 FIRST	NAME (IF KNOWN) & LAST NAME	

SEX (IF KNOWN)

DUE DATE

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

Why have you chosen MAC as a destination for your child? Please describe your interest in Montessori education as well.

How would you describe your pregnancy thus far?

What are your goals for your child once they are born?

Please list any family or home life details that may affect your family's experience at school, or ability to participate in a group-care setting.



Child's Information

CHILD'S FIRST NAME (IF KNOWN) & LAST N		SEX (IF KNOWN)			DUE DATE		
Please confirm the progra	am for which yo	u are applying:					
class			hours of o	peration	appli	application deadline	
O Infant Class (6 weeks to	o 15 months)		7:30 a.m	6:00 p.m.		Rolling	
Children are placed for the complete	academic year based u	ipon their age on Septe	mber 1.				
Please indicate when you	ı anticipate nee	ding care:					
Sibling Information:							
SIBLING NAME AGE		SC	SCHOOL			DATES ATTENDED	
SIBLING NAME	AGE	SC	SCHOOL			DATES ATTENDED	
SIBLING NAME	AGE	SC	HOOL			DATES ATTENDED	
How did you hear about us?			Additional Responsibilities:				
O Internet Search			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.				
O Social Media			the ennu	who is applying to attend to	ie montesson readenty of e	incago.	
OAdvertisement			PARENT/G	UARDIAN 1 (PRINT NAME)		DATE	
OFriend/Colleague (Please let us know who told you about us!)							
			SIGNATUR	E			
			PARENT/G	UARDIAN 2 (PRINT NAME)		DATE	
				E			
				You may pay the non-refu	form in-person or via e-mail. ndable \$165 application fee onically using this QR code.		
1335 West Randolph Street Chicago, Illino		Chicago, Illinoi	s 60607	p. 312.243.0977	f. 312.243.0997		