



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

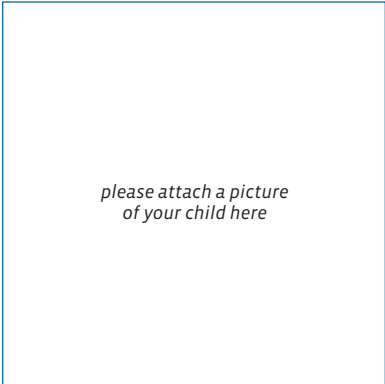
CHILD'S PREFERRED NAME _____ GENDER _____

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"/> Kindergarten (5 years old by September 1st)	7:00am-6:30pm	January 15

Children are placed for the complete academic year based upon their age on September 1. Please note: Our Kindergarteners are members of the Primary (3 to 6 years) community.

Sibling Information:

SIBLING NAME	AGE	SCHOOL	DATES ATTENDED

Other schools attended:

NAME OF SCHOOL	DATES ATTENDED

Please describe your reasons for any transfers.

Recommendations:

Kindergarten applicants having school or daycare experience are required to have our Teacher Recommendation form on file. Please request that your child's current/most recent teacher submit the grade-appropriate Teacher Recommendation form directly to the Montessori Academy of Chicago Admissions Office. Applications will be considered incomplete until the recommendation is received. Provide contact information below for the teacher that is recommending your child for admission:

TEACHERS NAME	SCHOOL /PROGRAM	PHONE NUMBER

Parents: In addition, please sign and include the Records Release form with your completed application. Also include any additional school evaluations, testing results or IEP/504 Plans (if applicable).



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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 alternatives. Does either parent have a Montessori background?

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

Has your child had any exposure to the Montessori curriculum? Does s/he have familiarity with Montessori materials?

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?



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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.

How does your child manage conflict resolution, uncertainty, or stressful situations?

How would you describe your child's work habits in a self-directed setting?

What qualities will aid your child in taking a leadership role as a Kindergartener/one of the oldest in a Primary level classroom?

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



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Parent Narrative - Continued

Please list any dietary restrictions and/or allergies.

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

List any extracurricular programming your child participates in outside of the classroom.

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