



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

Child's Information

CHILD'S FIRST NAME (IF KNOWN) & LAST NAME GENDER (IF KNOWN) DUE DATE

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.

Parent / Guardian Information

PARENTAL STATUS Married Domestic Partners Separated Divorced Single Widowed

PARENT / GUARDIAN 1

FIRST NAME MIDDLE LAST NAME

HOME ADDRESS

HOME PHONE

MOBILE PHONE

EMPLOYER NAME

EMPLOYER ADDRESS

OCC UPATION

BUSINESS PHONE

E-MAIL

ALTERNATE E-MAIL

LANGUAGES SPOKEN AT HOME

RACIAL/ETHNIC BACKGROUND

PARENT / GUARDIAN 2

FIRST NAME MIDDLE LAST NAME

HOME ADDRESS

HOME PHONE

MOBILE PHONE

EMPLOYER NAME

EMPLOYER ADDRESS

OCC UPATION

BUSINESS PHONE

E-MAIL

ALTERNATE E-MAIL

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.



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GENDER (IF KNOWN)

DUE DATE

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

Why do you feel the Montessori Academy of Chicago is an appropriate choice for your child as opposed to more traditional care alternatives? Does either parent have a Montessori background?

How would you describe your pregnancy thus far?

What are your goals for your child once he/she is born?

Describe your partner's social style as a child (in terms of relationships to others, i.e., peers, adults, siblings) in new settings and familiar situations.



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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

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

Please indicate when you anticipate to need care: _____

While our largest enrollment period occurs in September, occasionally space in our programs becomes available during the course of the academic year. If a space becomes available prior to your actual need for care, would you want to be considered for early admission to guarantee your enrollment? Yes No

Sibling Information:

SIBLING NAME	AGE	SCHOOL	DATES ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please contact us when your child is born so we can update your file with their full legal name, gender and actual date of birth.

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