



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"/> Primary Class (3 to 6 years)	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
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SIBLING NAME	AGE	SCHOOL	DATES ATTENDED
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Other schools attended:

NAME OF SCHOOL	DATES ATTENDED
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NAME OF SCHOOL	DATES ATTENDED
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Please describe your reasons for any transfers.

Recommendations:

We request that Primary applicants having school or daycare experience, submit a letter of recommendation from a current/most recent teacher on school/program letterhead along with their application. Recommendation letters, on school/program letterhead, should be included with your application and will be considered incomplete for review until the letter is received. Please provide the following contact information of the person who has written the recommendation letter on behalf of your child:

TEACHERS NAME

SCHOOL/PROGRAM

PHONE NUMBER

Parents: In addition, please sign and include the Records Release form with your completed application.



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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?

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?

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

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

How does your child express joy and anger?

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



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Parent Narrative - Continued

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

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