



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 FULL NAME

Male Female Prefer Not to Say Other

CHILD'S PREFERRED NAME

SEX

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

HOUSEHOLD STATUS DUAL-PARENT/GUARDIAN HOUSEHOLD SINGLE-PARENT/GUARDIAN HOUSEHOLD CUSTODIAL PARENT/GUARDIAN OUTSIDE THE HOUSEHOLD

PARENT / GUARDIAN 1

FIRST / MIDDLE / LAST NAME

WHAT DOES/WILL YOUR CHILD CALL THIS PERSON?

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 PERSON?

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 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.

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)	7:30 a.m. - 6:00 p.m.	Rolling
<input type="radio"/> Toddler Class (15 to 30 months)	7:30 a.m. - 6:00 p.m.	Rolling
<input type="radio"/> Pre-Primary Class (24 to 36 months)	7:30 a.m. - 6:00 p.m.	Rolling

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

Please indicate your preferred start date at MAC. _____

Other schools attended:

NAME OF SCHOOL	DATES ATTENDED
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NAME OF SCHOOL	DATES ATTENDED
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Sibling Information:

SIBLING NAME	AGE	SCHOOL	DATES ATTENDED
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SIBLING NAME	AGE	SCHOOL	DATES ATTENDED
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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.

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

What are your immediate goals for your child at MAC?

What are your long term goals for your child at MAC?

Describe your child's social style with regard to peers, adults, and siblings in both new and familiar situations.



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Parent Narrative - Continued

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? Does your child receive any specialized or clinical services?

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



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DATE OF BIRTH

Parent Narrative - Continued

Is there anything else you'd like us to know?

Multiple horizontal lines for writing the parent narrative.

How did you hear about us?

- Internet Search
- Social Media
- Advertisement
- Friend/Colleague *(Please let us know who told you about us!)*

Two horizontal lines for additional information.

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

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