



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 \_\_\_\_\_

BOY  GIRL  TRANSGENDER  NON-BINARY  OTHER  PREFER NOT TO SAY

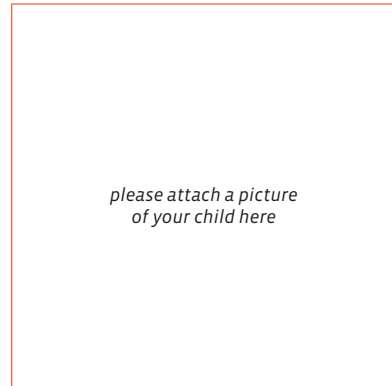
CHILD'S PREFERRED NAME \_\_\_\_\_ GENDER \_\_\_\_\_

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

**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 \_\_\_\_\_



### Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

**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"/> Primary Class (3 to 6 years)	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 \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

Sibling Information:

SIBLING NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

SIBLING NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

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. 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



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## Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

**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.

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What are your immediate goals for your child at MAC?

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What are your long term goals for your child at MAC? Are you interested in enrolling in our elementary program?

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

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## Child's Information

CHILD'S FULL NAME

DATE OF BIRTH

### Parent Narrative - Continued

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

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Does your child have any medical, behavioral, or developmental concerns? Does your child receive any specialized or clinical services?

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Please list any details that may affect your child's experience at school, or their ability to participate and learn a group setting.

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### Child's Information

CHILD'S FULL NAME

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 providing additional information about how the parent heard about the academy.

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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