

MONTESSORI

ACADEMY OF CHICAGO

— APPLICATION FOR ADMISSION —

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

Child's Full Name _____

Child's Preferred Name _____

Date of Birth _____ Gender M F Present Age _____
Yrs. Mos.

Home Address _____

Home Phone _____

*Please attach a picture
of your child here.*

PARENT/GUARDIAN INFORMATION

Parental Status Married Domestic Partners Separated Divorced Single Widowed

Parent/Guardian #1

Name _____
First Middle Last

What does your child call this parent? _____

Relationship _____

Home Address (if different) _____

Home Phone _____

Cell _____

Employer Name and Address _____

Occupation _____

Business Phone _____

Fax _____

E-mail _____

Alternate E-Mail _____

Parent/Guardian #2

Name _____
First Middle Last

What does your child call this parent? _____

Relationship _____

Home Address (if different) _____

Home Phone _____

Cell _____

Employer Name and Address _____

Occupation _____

Business Phone _____

Fax _____

E-mail _____

Alternate E-Mail _____

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 structures its classrooms on a three-year age cycle to encourage mentoring and reinforce skills. Our goal is to provide an environment rich in diversity for our students. The Montessori Academy of Chicago has a non-discriminatory policy relative to race, color, creed and national origin with respect to the admission of students and the employment of faculty and administrative staff.

Please indicate the program for which you are applying:

Class	Hours of Operation	Application Deadline
<input type="checkbox"/> Infant Class (6 weeks to 15 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="checkbox"/> Toddler Class (15 to 30 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="checkbox"/> Pre-Primary Class (24 to 36 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="checkbox"/> Primary Class (3 to 6 years)	7:00 a.m. - 6:30 p.m.	March 1
<input type="checkbox"/> Lower Elementary (6 to 9 years)	8:30 a.m. - 3:00 p.m.*	January 15
<input type="checkbox"/> Upper Elementary (9 to 12 years)	8:30 a.m. - 3:00 p.m.*	January 15

**Extended care hours & summer programming are available at an additional charge.
Children are placed for the complete academic year based upon their age on September 1.*

Occasionally, space in our programs becomes available during the course of the year.

Please indicate your preferred alternate start date. We will make every effort to accommodate your needs. _____

Other schools attended:

Name of school _____ Dates attended _____

Name of school _____ Dates attended _____

Name of school _____ Dates attended _____

Please describe your reasons for any transfers. _____

Sibling Information:

Sibling Name _____ Age _____ School _____ Dates Attended _____

Sibling Name _____ Age _____ School _____ Dates Attended _____

Sibling Name _____ Age _____ School _____ Dates Attended _____

Languages spoken at home:

PARENT NARRATIVE

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

Please describe your interest in Montessori education. _____

Why do you feel the Montessori Academy of Chicago is an appropriate choice for your child? _____

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

Tell us about your child's sleeping schedule, preferences and bedtime routines. _____

Tell us about your child's eating schedule, preferences and any dietary restrictions, including allergies. _____

How does your child express his or her emotions? Specifically anger and joy. Does your child have tantrums? _____

Does your child have a history of behavioral issues or hyperactivity? Please explain. _____

Have there been any recent significant changes in your family or home life that you feel have affected your child? _____

Does your child have any special education needs? _____

What expectations do you have for this program with regard to your child's education? _____

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, if applicable? _____

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

How did you hear about Montessori Academy of Chicago?

Website Advertisement Friend/Colleague _____ Other _____

Additional Responsibilities:

The continuing success of our programs depends on family participation and support. The Academy offers regular communications and parent education sessions to meet these goals. Academy parents are expected to attend semi-annual parent-teacher conferences, volunteer ten hours of service per academic year and support the school's fundraising activities. Do you accept these responsibilities?

Print Name _____ Date _____

Signature _____