

MONTESORI

ACADEMY OF CHICAGO

PRE-NATAL APPLICATION

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

CHILD'S NAME (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 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.

PARENT/GUARDIAN INFORMATION

PARENTAL STATUS: Married Domestic Partners Separated Divorced Single Widowed

PARENT/GUARDIAN 1

FIRST NAME MIDDLE LAST NAME

RELATIONSHIP

HOME ADDRESS (IF DIFFERENT)

HOME PHONE

CELL

EMPLOYER NAME AND ADDRESS

OCCUPATION

BUSINESS PHONE

FAX

E-MAIL

ALTERNATE E-MAIL

PARENT/GUARDIAN 2

FIRST NAME MIDDLE LAST NAME

RELATIONSHIP

HOME ADDRESS (IF DIFFERENT)

HOME PHONE

CELL

EMPLOYER NAME AND ADDRESS

OCCUPATION

BUSINESS PHONE

FAX

E-MAIL

ALTERNATE E-MAIL

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?

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

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

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.

Using two different color ink, please circle 8 words that you feel best describe yourself (and ask your partner, if any, to do the same) add extra words in the margin if your thoughts are not listed here:

- | | | | | | |
|---------------|------------|---------------|---------------|---------------|------------------|
| helpful | trusting | playful | curious | builder | peaceful |
| active | attentive | timid | amusing | talkative | perfect |
| sensitive | needy | lively | logical | worrisome | not smart enough |
| nature loving | calm | reserved | quite | fussy | spoiled |
| cheerful | diligent | confident | free-spirited | individualist | refined |
| tireless | studious | contemplative | headstrong | neat | artistic |
| content | passive | patient | gregarious | orderly | daring |
| responsible | alone | bad | good-hearted | concentrating | dreamer |
| | methodical | enthusiastic | gentle | loving | |

Identify yourselves: Partner 1 used _____ ink • Partner 2 used _____ ink

LAST NAME	DUE DATE:
-----------	-----------

Please indicate 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
<input type="radio"/> Toddler Class (15 to 30 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="radio"/> Pre-Primary Class (24 to 36 months)	7:00 a.m. - 6:30 p.m.	Rolling
<input type="radio"/> Primary Class (3 to 6 years)	7:00 a.m. - 6:30 p.m.	March 1
<input type="radio"/> Lower Elementary (6 to 9 years)	8:30 a.m. - 3:00 p.m.*	January 15
<input type="radio"/> 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.*

Please indicate when you anticipate to need care: _____

Do you wish to enroll in one of our parent infant classes? _____

How did you hear about Montessori Academy of Chicago?

- Website Advertisement
 Friend/Colleague _____
 Other _____

Please contact us when your child is born so we can update your file with the following information:

- Full Legal Name
- Gender
- Actual Date of Birth
- Date you will anticipate needing care

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 _____