

Sauganash Montessori School

5750 N. Rogers Avenue Chicago, IL 60646

773-545-6295

www.sauganashmontessori.com

APPLICATION FOR ADMISSION

Academic Year Applying for: _____ Main Email: _____

CHILD'S INFORMATION:

NAME: _____ BIRTHDATE: ____/____/____

STREET ADDRESS: _____ SEX: M _____ F _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ - _____ - _____

SIBLINGS & AGES: _____

PROGRAM OPTIONS: 5 DAYS EARLY ARRIVAL/SPECIFIC DAYS

Half Day (8:30am – 11:30am) _____ _____

Half Day +Lunch (8:30am–1:00pm) _____ _____

School Day (8:30am – 3:00pm) _____ _____

Full Day (7:30am – 6:00pm) _____ _____

SPECIAL TIME REQUESTS OR
ACCOMODATIONS: _____

OVER

PARENT'S INFORMATION:

PARENT'S NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ HOME PHONE: _____ - _____ - _____

WORK PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PARENT'S NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ HOME PHONE: _____ - _____ - _____

WORK PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

Please list previous school/class experiences and the child's reaction: _____

Are you familiar with the Montessori curriculum and philosophy? Is Montessori your preferred choice for early childhood education? _____

To register your child, please return this form with a check for the non-refundable \$100.00 application fee.

No child shall be denied admission to Sauganash Montessori School on the basis of race, color, creed or ethnic origin.

For office use only: Date Received _____ Payment: _____ Check# _____