

Sauganash Montessori School

5750 N. Rogers Avenue • Chicago, IL 60646
773-545-6295 • www.sauganashmontessori.com

APPLICATION FOR ADMISSION

Academic Year Applying for: _____

CHILD'S INFORMATION:

NAME: _____ BIRTHDATE: ____/____/____

STREET ADDRESS: _____ GENDER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE NUMBER: _____ - _____ - _____

PRIMARY EMAIL: _____

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) _____

Option to add early start to 8:30 programs:

_____ 7:30 – 8:30 start = \$ 1,670.00 ANNUAL/\$167.00 installment

_____ 8:00 – 8:30 start = \$ 1,120.00 ANNUAL/ \$112.00 installment

- SPECIAL TIME REQUESTS, ACCOMODATIONS, FOOD SENSITIVITES,ALLERGIES OR MEDICAL CONCERNS:

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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#* _____