

Del Mattino Montessori School

2449 W Peterson Ave Chicago, Illinois, 60659

773-559-0936

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email: singeorzanolivia@yahoo.com

APPLICATION FOR ADMISSION

FULL DAY PROGRAM 7:30AM to 5:30PM _____

EARLY DROP OFF 7:00AM to 7:30AM _____

Academic Year Applying for: _____

Start Date _____

Main Email _____

CHILD'S INFORMATION:

NAME: _____ BIRTHDAY: ____/____/____

STREET ADDRESS: _____ SEX: M ___ F ___

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ - _____ - _____

SIBLINGS & AGES: _____

How did you hear about Del Mattino Montessori School?

PARENT'S INFORMATION

PARENT NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ WORK PHONE: _____ - _____ - _____

CELL PHONE: _____ - _____ - _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT NAME: _____

STREET ADDRESS: _____ CITY: _____

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

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

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

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

Physician: _____

Address _____ Phone # _____

Allergies/Medical Problems: _____

To register your child, please return this form with a check for the non-refundable \$125.00 application fee (for new enrollments only).

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

It is necessary for all parents whose children are enrolled at Del Mattino Montessori School to fill out this form.

Your signature allows us to take your child on walking excursions around the neighborhood and on all field trips during the academic school year.

I have read the entire application, understand its contents, filled it out honestly and completely, and agree to its conditions. I have in my possession a copy of the Enrollment Information.

Signature of Parent/Guardian

Date