

# Del Mattino Montessori School

2449 W Peterson Ave, Chicago, Illinois 60659

773-559-0936

Email: [singeorzanolivia@yahoo.com](mailto:singeorzanolivia@yahoo.com)

Web: [www.dmmschool.com](http://www.dmmschool.com)

## SUMMER SESSIONS APPLICATION

June 1st to June 30<sup>th</sup> \_\_\_\_\_  
(Signature)

July 1st to July 31<sup>st</sup> \_\_\_\_\_  
(Signature)

August 3rd to August 14<sup>th</sup> \_\_\_\_\_  
(Signature)

## SPECIAL ARRANGEMENT WEEKS

\_\_\_\_\_  
(Signature and Dates)

Main Email: \_\_\_\_\_

## CHILD'S INFORMATION

NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

SIBLINGS & AGES: \_\_\_\_\_

Previous School Experiences: \_\_\_\_\_

(if YES, where) \_\_\_\_\_

**PARENT'S INFORMATION**

PARENT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

How did you hear about Del Mattino Montessori School? \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

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Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Allergies/Medical Problems: \_\_\_\_\_

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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 tennis courts during the academic school year and summer camp sessions.

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.

I/We agree that tuition for each summer session must be between the 1st and the 5th of each session. If you choose special arrangements for the summer camp, the tuition must be paid on the first day of the first week your child is enrolled.

I/We understand that students are admitted to DMMS for the summer and that my agreement to pay the tuition due is not subject to adjustment because of illness or absence.

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Signature of Parent/Guardian

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Date