



Application for Admission

Student Information

First Name:	Last Name:	Nickname:	
Birthdate:	Gender:		
Address:	City:	State:	Zip:

Select Desired Program

Toddler Program (8:30 – 11:30 AM)
Must be 2 by September 1

Preschool Program
Must be 3 by September 1
 Choose One:
 Morning Session (8:30 AM to 11:30 AM)
 Afternoon Session (12:30 PM to 3:30 PM)

<input type="checkbox"/> Extended Day Program	Number of Days (2 day minimum)	Preferred Days
<i>For children attending the morning preschool program</i>	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<i>11:30 AM to 1:20 PM includes lunch</i>		

Parent/Guardian Information

Name:	Name:
Relation to Child:	Relation to Child:
Email:	Email:
Home Address: (if different)	Home Address: (if different)
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Occupation/Title:	Occupation/Title:
Employer/Work Hours:	Employer/Work Hours:
Work Address:	Work Address:
Work Phone:	Work Phone:
Preferred Contact Number: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Preferred Contact Number: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home

Child's Name: _____

Medical Information

Medical Conditions:

Current Medications:

Allergies:

Health/Dietary Restrictions:

Physician Contact Information

Name:

Phone:

Address:

Hospital or Clinic:

Parent/Guardian Signature

A non-refundable registration fee is required with this application for all programs.

\$125 for new students

\$60 for returning students

Signature:

Date:

For Office Use Only

Date Application Received: _____

Application Fee (Check No./Zelle/Cash): _____

Child's Name: _____

Child Information

Is your child toilet trained? Yes No

Does your child need help getting dressed? Yes No

Please tell us about your child (likes/dislikes/interests/special needs):

Does your child have any physical or developmental needs that you would like to share:

Please list previous school/separation experiences and your child's reactions to these:

What attracted you to the Montessori philosophy?

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What do you hope your child will gain from their time at Elmhurst Montessori Preschool?

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Where did you first learn about Elmhurst Montessori Preschool?

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Who may we thank for referring you to our school?

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Names and ages of siblings:

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Additional information you'd like to share:
