ELMHURST MONTESSORI PRESCHOOL

# 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 to 11:30 AM)
- ☐ Afternoon Session (12:30 to 3:30 PM)

☐ All Day Preschool Program (8:30 AM to 3:30 PM)

*Must be 3 by September 1*

☐ Extended Day Lunch Program

*For children attending the morning preschool program*
*11:30 AM to 1:20 PM includes lunch*

Days per Week

| 2 | 3 | 4 | 5 |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

Preferred Days

| M | T | W | Th | F |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

## 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: ☐ Cell ☐ Work ☐ Home | Preferred Contact Number: ☐ Cell ☐ Work ☐ 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 application fee is required with the application for all programs. Payment can be made with a personal check or Zelle. For Zelle, please use our email address (elmhurstmontessori@gmail.com) for our contact information.<br>☐ $130 for new students<br>☐ $65 for returning students | |
| Signature: | Date: |

*For Office Use Only*

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

Tour Date: _____ Amount Paid: _____

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? |
| |
| What do you hope your child will gain from their time at Elmhurst Montessori Preschool? |
| |
| Where did you first learn about Elmhurst Montessori Preschool? |
| |
| Who may we thank for referring you to our school? |
| Names and ages of siblings/school they currently attend: |
| Additional information you'd like to share: |
| |
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