



Application Form for School Year _____ through _____

1. Applying for (please check one):

- | | |
|---------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Parent Infant (Birth / Infant) | <input type="checkbox"/> Primary Morning (3 - 6 years old) |
| <input type="checkbox"/> Toddler (2 - 3 years old) | <input type="checkbox"/> Primary Extended (3 - 6 years old) |

2. Child Information		
First Name:	Last Name:	
Name Child is Most Commonly Called:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		

3. Parent 1 or Guardian		
First Name:	Last Name:	
Home Address if Different than Child:		
Home Phone:	Cell Phone:	
Name of Business:	Position:	Business Phone:
Email Address:	Marital Status:	

4. Parent 2 or Guardian		
First Name:	Last Name:	
Home Address if Different than Child:		
Home Phone:	Cell Phone:	
Name of Business:	Position:	Business Phone:
Email Address:	Marital Status:	

5. Other Children in Family		
First Name:	Last Name:	Age:
First Name:	Last Name:	Age:
First Name:	Last Name:	Age:
First Name:	Last Name:	Age:

6. Previous School Experience of Child

School Name:	Dates:
Address:	
School Name:	Dates:
Address:	

7. Please indicate any pertinent information that would help us better serve your child (allergies, therapies, other health issues, etc.), using back page if needed.

8. Each family will receive a directory for the school year. Please indicate which information you would like included in it. _____ home address _____ home phone _____ email _____ work phone (check all that apply).

9. Phone Tree: Please indicate how we may best reach you early in the morning, in case of unforeseen school closures (e.g. snow day).

10. I certify that all information provided is accurate and to the best of my knowledge:

Name of parent / guardian - printed

Signature of parent / guardian

Date

Please enclose a \$50 non refundable application fee for admission consideration. An enrollment contract and pertinent forms will be sent to you upon receipt of this form and application fee. Please write checks to MMA. Send application and application fee to Mosaic Montessori Academy, P.O. Box 5620 River Forest. IL 60305-5620.

Thank you for your interest in Mosaic Montessori Academy.

Questions? Contact us at 312.351.0074 or info@mosaicmontessori.org

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Mosaic Montessori Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.