

APPLICATION FORM for School Year (S	Y) to / Summer	
1. Applying for (please select one):		
○ Toddler 4D ○ Toddler 5D ○ Toddler Extended ○ Toddler Full Day ○ Primary Morning ○ Primary Extended ○ Primary Full Day		
2. Child Information		
First Name	Last Name	
Middle Name	Date of Birth	
Gender: ☐ Male ☐ Female	Previous Montessori Experience:Years	
Home Address (Street Name & Number)	City / State / Zip Code	
3. Parent or Guardian 1		
First Name	Last Name	
Home Phone	Mobile	
Profession	Email Address	
Home Address (Street Name & Number)	City / State / Zip Code	
3. Parent or Guardian 2		
First Name	Last Name	
Home Phone	Mobile	
Profession	Email Address	
Home Address (Street Number & Name)	City / State / Zip Code	
Siblings of Child (First Names & Age)		

4. Previous School Experience of Child	
School Name & Address	Date Attended
School Name & Address	Date Attended
Please provide any other pertinent information that child's needs, such as allergies, on going therapies You may attach extra pages, if necessary:	
All the information that I have provided in this ap and to the best of my knowledge:	oplication form are true, accurate
Printed Name of Parent or Guardian	

A NON REFUNDABLE APPLICATION FEE OF FIFTY DOLLARS (\$50.00) IS REQUIRED FOR ADMISSION CONSIDERATION.

Please make your checks payable to Mosaic Montessori Academy.

Signature of Parent or Guardian

For questions, please call 708.834.3099 / 312.351.0074 or email us at info@mosaicmontessori.org

Date

Thank you for your interest in Mosaic Montessori Academy.

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

Mosaic Montessori Academy (MMA) admits students of any race, color, religion, nationality, & ethnic origin, and accords them all the rights, privileges, programs, and activities generally made available to all students enrolled at MMA. It does not discriminate on the basis of race, color, religion, nationality, & ethnic origin, in the administration of its admission & educational policies.