

APPLICATION FORM for School Year (SY) ______ to _____ / Summer _____ 1. Applying for (please select one): OToddler Morning OWith Camps | OToddler Extended OWith Camps | OToddler Full Day OWith Camps OPrimary Morning OWith Camps OPrimary Extended OWith Camps OPrimary Full Day OWith Camps 2. Child Information **Last Name First Name Middle Name Date of Birth** ☐ Male ☐ Female Gender: 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	
Date Attended	
Date Attended	
Please provide any other pertinent information that would help us better serve your child's needs, such as allergies, on-going therapies (if any), and other health issues. You may attach extra pages, if necessary:	
form are true, accurate	

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

Date

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

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.