

APPLICATION FORM for School Year (SY) ______ to _____ / Summer _____ 1. Applying for (please select one): OToddler Morning OToddler Full Day OToddler Extended Primary Extended Primary Morning OPrimary 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:	<u> </u>
All the information that I have provided in this apparent to the best of my knowledge:	plication 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.