

Office Use Only Date/ Time Received:

App Fee: Cash Check



Ideal Start Date: _____

Circle One:

Level: *Infant Toddler Primary*

***McCormick Montessori
Application for Enrollment***

Name of Child (Last) (First) (Date of Birth) (Sex)

Address (Street) (City) (State) (Zip Code)

Is either parent/guardian an employee of any of the following organizations?

- Swedish Hospital Galter Life Center Erie Family Practice
 North Park University NorthShore

Parent One Name

Parent's Date of Birth

Address (City) (Zip Code)

(_____)_____
Phone Number

Email (provide personal as well)

Marital Status: Single Married
 Separated Divorced

Occupation

Place of Employment (if SH, specify department)

Hours Worked

(_____)_____
Phone Number (if SH, specify extension)

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Parent Two Name

Parent's Date of Birth

Address (City) (Zip Code)

(_____)_____
Phone Number

Email (provide personal as well)

Marital Status: Single Married
 Separated Divorced

Occupation

Place of Employment (if SH, specify department)

Hours Worked

(_____)_____
Phone Number (if SH, specify extension)

If parents are separated or divorced, please provide the name of the parent who has legal custody of the child: _____

Please provide the names and the birth dates of all siblings:

1. _____
Name Date of Birth

2. _____
Name Date of Birth

3. _____
Name Date of Birth

Please share your knowledge of Montessori education: _____

Why did you choose Montessori education for your child? _____

Signature of Parent

Date