

**MIDWEST MONTESSORI SCHOOL**  
Demonstration School for the Midwest Montessori Teacher Training Center  
926 Noyes Street \* Evanston, IL 60201 \* 847-328-6630

**Early Childhood**  
**APPLICATION FOR ADMISSION**

**PROGRAMS OFFERED:** All children are required to attend 5 days per week. (Note that children in their kindergarten year must at least attend the School Day Program in order to participate in the extended day program for kindergarten children.) The five days may be configured in various ways depending on the needs of the family. Although the earliest a child may arrive is 7:30 and the latest a child may be picked up is 5:30, other time adjustments may be made to any of the basic programs. The following basic programs are offered.

<u>Basic Program Options</u>	<u>Hours</u>	<u>Check Here for all 5 Days</u>	<u>OR</u>	<u>Indicate Specific Days/Times Required</u>
Half Day	8:30 –11:30	_____		_____
Half Day & Lunch	8:30 - 1:00	_____		_____
School Day	8:30 - 3:00	_____		_____
Full Day	7:30 - 5:30	_____		_____

**CHILD'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_  
**PHONE:** (     ) \_\_\_\_\_

**BIRTH DATE:**            /        /  
**CHILD'S SEX:**        \_\_\_\_\_M        \_\_\_\_\_F  
**STATE:**            \_\_\_\_\_ **ZIP:**        \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_  
**OCCUPATION:** \_\_\_\_\_  
**EMPLOYER/ADDRESS:** \_\_\_\_\_

**HOME PHONE:** (     ) \_\_\_\_\_  
**WORK PHONE:** (     ) \_\_\_\_\_  
**STATE:**            \_\_\_\_\_ **ZIP:**        \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_  
**OCCUPATION:** \_\_\_\_\_  
**EMPLOYER/ADDRESS:** \_\_\_\_\_

**HOME PHONE:** (     ) \_\_\_\_\_  
**WORK PHONE:** (     ) \_\_\_\_\_  
**STATE:**            \_\_\_\_\_ **ZIP:**        \_\_\_\_\_

Desired Enrollment Date: \_\_\_\_\_

Please list any previous school experience and a brief description of your child reaction(s):

How did you learn about Midwest Montessori School?

**Please note:**

1. A one-time, non-refundable application fee of \$150.00 per family must accompany a completed application. Please include a check made payable to MIDWEST MONTESSORI SCHOOL.
2. All children in the preschool program are required to be able to use the toilet independently.
3. All children must have reached their third birthday before beginning any program.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Midwest Montessori School admits students of any race, color, national and ethnic origin, to all the rights, privileges, programs and activities accorded or made available to students at this school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational and admissions policies.**

For office use only:

**Date application rec'd:** \_\_\_\_\_ **Application fee paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Acknowledgement Sent** \_\_\_\_\_