Application For Admission

BIRTHDATE: / / **AGE:** **M / F**

CHILD'S NAME: Last First

PROGRAM: ☐ ***ALL DAY (JUNE-MAY)*** ***DESIRED STARTING DATE:*** _____

5 DAYS, 7:00AM-6:00PM

PLACEMENT WHEN SPACE AVAILABLE

PARENTS NAMES: _____

MOTHER *FATHER*

E-MAIL ADDRESSES: _____

MOTHER *FATHER*

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: (____) _____

MOTHER / FATHER CAN BEST BE REACHED AT: _____

PARENT SIGNATURE DATE

**** $25 NON REFUNDABLE APPLICATION FEE REQUIRED TO PROCESS APPLICATION.***

Please Complete and Return To: ***BUFFALO GROVE MONTESSORI SCHOOL*** ***950 Ellen Drive, Buffalo Grove, IL 60089***

Phone (847) 541-8111 Fax (847) 541-8169

OFFICE USE ONLY

APPLICATION RECEIVED _____ ***APPLICATION FEE PAID** _____ **ACCEPTED** _____

WAITING LIST CALLS

DATE CALLED	INITIAL	

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