

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	