Application For Admission

CHILD'S NAME: _____ **BIRTHDATE:** ___/___/___ **AGE:** _____ **M / F**

Last First

PROGRAM: ***PRESCHOOL OPTIONS*** September through May

☐ **MTWRF** ☐ **MWF** ☐ **TR** **Priority acceptance for 5 day enrollment**

☐ 8:30AM - 1:00PM ***DESIRED STARTING DATE:*** _____

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	