

Application For Admission

BIRTHDATE: / / AGE: M / F

CHILD'S NAME: Last First

PROGRAM: ALL DAY (Infant-Kindergarten) 5 DAYS, 7:00AM-6:00PM
 HALF DAY (3+ years) 5 DAYS, 8:30AM-1:00PM

PLACEMENT WHEN SPACE AVAILABLE

DESIRED STARTING DATE:

PARENTS NAMES: _____
MOTHER FATHER

E-MAIL ADDRESS: _____
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 www.bgmsweb.net

OFFICE USE ONLY

APPLICATION RECEIVED _____ *APPLICATION FEE PAID _____ ACCEPTED _____

WAITING LIST CALLS

DATE CALLED	INITIAL	