

Montessori Learning Center of Edison Park, INC.
6740 N. Oliphant Ave.
Chicago IL. 60631
(773) 774 -1969 or (773) 532-9276

Application for Admission and Enrollment

A non-refundable application fee of \$50 must accompany this application.

Child's Name _____ Birth Date _____ Gender _____

Parent/Guardian's name: _____ Parent/Guardian's name: _____

Address: _____ Address: _____

City, State Zip: _____ City, State Zip: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Hours: _____ Work Hours: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Marital Status of Parents:

() Married () Single () Divorced () Separated () Domestic Partnership

I wish to enroll my child _____ in the following program:

Full Day 6:30 AM to 6:00 PM _____ 5 Days _____ Monday

_____ 4 Days _____ Tuesday

Kindergarten year extended day 8:30 AM to 3:00 PM _____ 3 Days _____ Wednesday

Three Hours 8:30 AM to 11:30 AM _____ _____ Thursday

Three Hours plus Lunch 8:30 AM to 1:00 PM _____ _____ Friday

Signature _____ Date _____ Signature _____ Date _____

Relationship to Child

Relationship to Child

FOR OFFICE ONLY

Account No. _____ Date Received _____ Application Fee Paid _____

Program _____ Tuition _____ Deposit _____

Starting Date _____ Health Form _____ Supply _____ Discharge Date _____

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Medical Information

Child's Physician _____ Address _____

Phone Number _____

Child's Dentist _____ Phone Number _____

Does your child have any physical (food allergy, allergy to certain medication, asthma) or emotional need?
() Yes or () No?

If yes, please explain _____

The person to contact if parent cannot be reached:

Name _____ Phone Number _____

Driver's License Number _____ Relation to the child _____

Name _____ Phone Number _____

Driver's License Number _____ Relation to the child _____

In case there is an emergency and I cannot be reached I grant permission for my child to be taken to a local hospital and to be treated by a local doctor. If there is an injury the school shall call the paramedics and notify me immediately.

I give permission for my child to be photographed by the school and for these photographs to be used for advertising and decorative purposes only.

I give permission for the school to take my child on field trips and walks to the park.

We are required by DCFS that each and every child submits a health form before attending school. We also ask that this health form is to the most current date (it cannot be over six month old).

With our half day programs and extended day programs as well as part time programs we cannot honor requests to make up days missed due to illness, holidays, family vacations and absence.

Montessori Learning Center of Edison Park is a private non-sectarian, non-denominational school. We respect all religious beliefs of others and we will not discriminate because of those beliefs. We do not discriminate against students because of race, color, national and ethnic origin. All of the rights, privileges, programs and activities are available to all students regardless of race, color, nationality and ethnic origin. We admit students of all races, color, nationality and ethnic origin.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date