

Application for Admission

CHILD INFORMATION

First Name _____ Last Name _____ Middle Name _____
Nickname _____ Date of Birth _____ Gender (M/F) _____

FATHER

Salutation _____ First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____
Title _____ Company _____
Business Phone _____ Business Fax _____

MOTHER

Salutation _____ First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____
Title _____ Company _____
Business Phone _____ Business Fax _____

PLEASE CHECK ALL THAT APPLY

- Parents are married Parents are separated Parents are divorced Single parent
If parents are divorced, who has legal custody? Mother Father

RECORDS RELEASE

(IF TRANSFERRING FROM ANOTHER SCHOOL)

Name of Current/Former School _____ Telephone Number w/Area Code _____

Your signature on this application will authorize the release of information from the above school to MSLF for purposes of admission.

LEVEL APPLYING FOR

- Parent Infant (8 weeks-15 months)
 Toddler (15 months-3 years)
 Primary (3 years-6 years)
 Lower Elementary (6 years-9 years)
 Upper Elementary (9 years-12 years)
 Adolescent (12 years-15 years)

REQUESTED START DATE:

PROGRAM APPLYING FOR

- 1/2 Day (15 months-4 years), 8:45am-noon
 School Day (15 months-12 years), 8:45am-3:15pm
 School Year Full Year *See tuition schedules for program dates*

ADD ONS

- Breakfast Club (15 months-12 years), 7:30am-8:45am
 After School Program (15 months-12 years), 3:15-6pm
 Holiday Care w/Breakfast w/After Program

Application for Admission

HOW DID YOU HEAR ABOUT MSLF?

Word of Mouth Referral
From: _____

Internet Search Website: _____

Current School Member: _____

Print Publication: _____

Other _____

SIBLINGS (If Applicable)

First Name	Last Name	Date of Birth	MSLF Student or Alumnus	Yes	No
------------	-----------	---------------	-------------------------	-----	----

First Name	Last Name	Date of Birth	MSLF Student or Alumnus	Yes	No
------------	-----------	---------------	-------------------------	-----	----

PLEASE PROVIDE A BRIEF STATEMENT ABOUT WHY YOU WOULD LIKE YOUR CHILD TO ATTEND MSLF. (You may attach another sheet of paper if more space is needed)

The Montessori School of Lake Forest requires the following fees and deposits:

- **TUITION DEPOSIT:** A \$600 tuition deposit is due upon enrollment. The deposit will secure placement and will be applied to program tuition.
- **BUILDING AND GROUNDS PRESERVATION FUND:** Upon initial entry to the school, each family is required to make a one-time \$1,000 non-refundable payment to the Building and Grounds Preservation Fund. (Parent Infant is exempt.)

SIGNATURES

The undersigned hereby make formal application for their child to attend the Montessori School of Lake Forest, and understand that the deposits and fees listed above on this form are required upon enrollment of their child.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

IMPORTANT DIRECTIONS TO COMPLETE APPLICATION

Sign and date the application.

Enclose the \$50 non-refundable application fee.

Return the completed application to the Montessori School of Lake Forest, 13700 West Laurel Drive, Lake Forest, Illinois 60045.

The Montessori School of Lake Forest does not discriminate in regard to race, color, and national origin, in the admission of students, or employment. Placement in a class is at the discretion of the educational staff. Each classroom is a community of children balanced to the extent possible with regard to age, sex and previous Montessori experience. Each child will be advanced to the next level at the recommendation of the child's Director.

Enrollment preference is given to: 1) students returning to the same group; 2) students graduating to the next level; 3) the sibling of a returning student; 4) the sibling of a former student; 5) Montessori transfer student; 6) other applicants. Applicants not placed will be put in a waiting pool.

ADMINISTRATIVE USE ONLY

Application Fee _____

Application Acknowledgement _____

Database Entry _____

About Your Child

Child's Name: _____

Describe the kind of person you want your child to be.

How will Montessori education help meet that goal?

Choose five words that describe your child.

Tell us a little bit about your child (daily routine, favorite activities, activities that you enjoy together).

Describe your child's personality/temperament. What do you consider to be your child's strengths and weaknesses?

Has your child had experiences being away from you? How do separations usually go?

How much time does your child spend in the care of others? Who cares for him/her?

Are there aspects of your child's learning that concern you?

Has additional testing, tutoring or counseling been suggested for your child? If so, what steps were taken?

Please feel free to continue on the back if you need more space.

About You

Family Name: _____

Please feel free to write on the back or another piece of paper if you need more room.

How did you become interested in Montessori. What are your hopes/expectations for your child in a Montessori class? Do you have any questions regarding a Montessori education for your child?

Other than family and friends, where do you get child care information?

Tell us a little about your family's culture (e.g. ethnicity, languages, food, celebrations).

What approach to discipline do you take in your family?

How do you see the culture of MSLF and Montessori fitting with your family's values and parenting style? What do you need from us?

Do you have any talents or abilities you would like to share with us?

Grandparent Information

If you would like Grandparents to receive school information and invitations to school events—i.e. Grandparent's Day

Salutation First Name Last Name

Salutation First Name Last Name

Spouse's First Name

Spouse's First Name

Address

Address

City State Zip

City State Zip