

# Sauganash Montessori School

5750 N. Rogers Avenue • Chicago, IL 60646  
773-545-6295 • www.sauganashmontessori.com

## APPLICATION FOR ADMISSION

Academic Year Applying for: \_\_\_\_\_

### CHILD'S INFORMATION:

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ GENDER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_

SIBLINGS & AGES: \_\_\_\_\_

### PROGRAM OPTIONS:

#### 5 DAYS

#### EARLY ARRIVAL/SPECIFIC DAYS

Half Day (8:30am – 11:30am) \_\_\_\_\_

Half Day + Lunch (8:30am–1:00pm) \_\_\_\_\_

School Day (8:30am – 3:00pm) \_\_\_\_\_

Full Day (7:30am – 6:00pm) \_\_\_\_\_

Option to add early start to 8:30 programs (already included in Full Day) :

\_\_\_\_\_ 7:30 – 8:30 start

\_\_\_\_\_ 8:00 – 8:30 start

**SPECIAL TIME REQUESTS, ACCOMODATIONS, THERAPIES, FOOD SENSITIVITES, ALLERGIES OR MEDICAL CONCERNS:**

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## PARENT'S INFORMATION:

**PARENT'S NAME:** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

Please list previous school/class experiences and the child's reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you familiar with the Montessori curriculum and philosophy? Is Montessori your preferred choice for early childhood education?

\_\_\_\_\_  
\_\_\_\_\_

**To register your child, please return this form with a check for the non-refundable \$100.00 application fee or Zelle [pam@sauganashmontessori.com](mailto:pam@sauganashmontessori.com).**

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No child shall be denied admission to Sauganash Montessori School on the basis of race, color, creed or ethnic origin.

*For office use only:* Date Received \_\_\_\_\_ Payment: \_\_\_\_\_ Check# \_\_\_\_\_