A full member of the American Montessori Society

Montessori Academy of Glen Ellyn

927 N. Main St. Glen Ellyn, IL 60137 630.469.4727 grow@mymage.org www.mymage.org

Enrollment Form 2017 - 2018

Child's Last Name _____ **First Name** _____ **Male/Female** _____
(Use one form for each child)

Nickname_____ **Date of Birth** _____/_____/_____ **Age as of September** _____ Yrs. _____Mos.

Place of Birth_____ **Allergies/Medical Conditions/Medicines** _____

Parent/Guardian Name
Address
City /Zip
Email
Work Phone
Home Phone
Mobile Phone
Occupation
Place of Employment
City/Zip

Parent/Guardian Name
Address (if different)
City /Zip
Email
Work Phone
Home Phone (if different)
Mobile Phone
Occupation
Place of Employment
City/Zip

Program Options

Toddler (Ages 2-3)	Preprimary Including Kindergarten (Ages 3-6)	Elementary Grades 1–6	
____ 5 days M-F 8:30-11:30 ____ 3 days M-T-W 8:30-11:30 ____ 2 days Th-F 8:30-11:30	____ 5 days - School Day M-Th 8:30 - 3:00 Friday 8:30-12:30 ____ 5 days - A.M. M-F 8:30 - 11:30 ____ Add Lunch Hour 11:30-12:30 (Ages 4+) ____ 4 days - P.M. M-Th 12:30 - 3:00 ____ Add Lunch Hour 11:30-12:30 (Ages 4+)	____ 5 days M-F 8:30 – 2:45 **Student Entering Grade**_____ New students are required to provide school records	

Before and After School Care Programs

Before School ____2 ____3 ____4 ____5 Days
After School ____2 ____3 ____4 ____5 Days

A $200.00 annual fee is due with this form to guarantee enrollment.
This fee is non-refundable.
1st and 2nd Child - $200.00 each Add'll child $0

By signing below, I am agreeing to the fee and tuition policies as stated on the *Tuition Rates and Policies 2017-2018* form.

Signature of Parent/Guardian **Date**

OFFICE USE ONLY: **Date Received** _____ **Check No.** _____**Amount $**_____ **Starting Date**_____

Approved for (program)_____**by (authorized signature)**_____ **Email sent (date)**_____

Transcripts recv'd_____