A full member of the American Montessori Society

Montessori Academy of Glen Ellyn

927 North Main Street Glen Ellyn 630.469.4727 grow@mymage.org www.mymage.org

Enrollment Form 2012-2013

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

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

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

Address_____ **City**_____ **Zip**_____

Home Phone_____ **Email**_____ **Marital Status**_____

Parent/Guardian Name
Address
City /Zip
Cell Phone
Work Phone
Occupation
Place of Employment
Address
City/Zip

Parent/Guardian Name
Address
City /Zip
Cell Phone
Work Phone
Occupation
Place of Employment
Address
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 8:30-11:30	____ 5 days - School Day M-Th / F 8:30 - 3:00 / 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**_____

Before and After School Care Programs

Before School (List Days)_____

After School ____2 Days ____3 Days ____4 Days ____5 Days

A $250.00 annual fee is due with this form to guarantee enrollment.
This fee is non-refundable.
1st Child - $250.00 2nd Child - $200.00 Add'll child $0

By signing below, I am agreeing to the fee and tuition policies as stated on the Tuition Rates 2012-1013 form.

Signature of Parent/Guardian **Date**

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

Observation Date _____ **Starting Date**_____