

THE MONTESSORI SCHOOL OF CHAMPAIGN-URBANA  
1403 Regency Drive East • Savoy, IL 61874 • 217-356-1818

**APPLICATION INFORMATION**

*Please print information below*

Child's Name (Last, First, Middle Initial) \_\_\_\_\_ Sex \_\_\_\_\_

Child's Birth date (Month, Day, Year) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

**Program Preferred**

Pre-Primary 8:30-11:30 \_\_\_\_\_ or 1:00-4:00 \_\_\_\_\_

Kindergarten 8:30-2:30] \_\_\_\_\_

All Ages 7:30-5:30 \_\_\_\_\_ (Includes Montessori class)

**Interested in space beginning:**

Month \_\_\_\_\_

Year \_\_\_\_\_

Does your child require special needs: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**Father's (or guardian's) Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's (or guardian's) Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Sibling's Name(s)** \_\_\_\_\_ Birth Date(s) \_\_\_\_\_

**Prior Pre-school attendance: Yes \_\_\_\_\_ No \_\_\_\_\_**

Previous School(s) and Location(s) \_\_\_\_\_

Have you or any of your children been previously enrolled in Montessori School of Champaign-Urbana?

Yes \_\_\_\_\_ No \_\_\_\_\_ Montessori Teacher's Name \_\_\_\_\_ Approx. Yr: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Application Date** \_\_\_\_\_

FOR OFFICE USE ONLY:

Application received by \_\_\_\_\_ Date \_\_\_\_\_ Fees \_\_\_\_\_

Date of Interview \_\_\_\_\_ Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_