



Montessori Learning Center of Edison Park  
 6740 N. Oliphant Ave.  
 Chicago, IL 60631  
 (773)774-1969  
 mlcep@aol.com

### Application for Admission and Enrollment

A non-refundable application fee of \$50 must accompany this application

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Parent/Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Please Print

Please Print

Marital Status of Parents:

Married

Single

Divorced

Separated

I wish to enroll my child \_\_\_\_\_ in the following program:

Full Day 6:30am-6:00pm \_\_\_\_\_ 5 Days \_\_\_\_\_ Monday

Extended Day 8:30am-3:00pm \_\_\_\_\_ 4 Days \_\_\_\_\_ Tuesday

Half Day with Lunch 8:00am-1:00pm \_\_\_\_\_ 3 Days \_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

Signature

Date

Signature

Date

Relationship to Child

Relationship to Child

FOR OFFICE ONLY

Account No. \_\_\_\_\_ Date Received \_\_\_\_\_ Application Fee Paid \_\_\_\_\_

Program \_\_\_\_\_ Tuition \_\_\_\_\_ Deposit \_\_\_\_\_

Starting Date \_\_\_\_\_ Health Form \_\_\_\_\_ Supply \_\_\_\_\_ Discharge Date \_\_\_\_\_



Montessori Learning Center of Edison Park  
 6740 N. Oliphant Ave.  
 Chicago, IL 60631  
 (773)774-1969  
 mlcep@aol.com

**Medical Information**

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have any physical (food allergy, allergy to certain medication, asthma) or emotional need?  
 ( ) Yes or ( ) No?

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

The person to contact if parent cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Relation to child \_\_\_\_\_

In case there is an emergency and I cannot be reached I grant permission for my child to be taken to a local hospital and to be treated by a local doctor. If there is an injury the school shall call the paramedics and notify me immediately.

I give permission for my child to be photographed by the school and for these photographs to be used for advertising and decorative purposes only.

I give permission for the school to take my child on field trips and walks to the park.

We are required by DCFS that every child submits a health form before attending school. We also ask that this health form is to the most current date (it cannot be over six months old).

With our half day programs and extended day programs as well as part time programs we cannot honor requests to make up days missed due to illness, holidays, family vacations and absence.

Montessori Learning Center of Edison Park is a private non-sectarian, non-denominational school. We respect all religious beliefs of others and we will not discriminate because of those beliefs. We do not discriminate against students because of race, color, national and ethnic origin. All of the rights, privileges, programs and activities are available to all students regardless of race, color, nationality, and ethnic origin. We admit students of all races, color, nationality and ethnic origin.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date