

Rogers Park Montessori School
1800 W. Balmoral
Chicago, Illinois 60640

Date Received _____
Application Fee paid _____
Start date _____
Discharge date _____

A non-refundable application fee of \$100 must accompany this application.

Early Childhood & Elementary
APPLICATION FOR ENROLLMENT

Child's Name _____ Birthdate _____ Gender _____

Past Schools Attended; if applicable, please list schools and dates attended. _____

Parent's Name _____ Parent's Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Employer _____ Employer _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
E-mail _____ E-mail _____

Marital Status of Parents: Married Remarried Divorced Domestic Partnership
(please circle as applicable) Single Separated Widowed

*If Domestic Partnership, who has legal status for the child: _____

Please list names and ages of other children in the family:

Name	Age	Birthdate	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Complete Child History on Pages Following

This Section For TODDLER & PREPRIMARY Applicants ONLY

Were there any special conditions or difficulties at birth? If yes, what were they? _____

Motor Skills:

At what age did your child sit? _____
Crawl? _____ Stand? _____
At what age did your child speak in words? _____
sentences? _____

Toilet Training:

Is the child toilet trained? _____
Words used for toileting? _____
Did the child experience difficulty when becoming toilet
trained? If yes please explain: _____

Behavioral:

Does the child dress him/herself? _____
What are the child's eating habits? _____

Does the child have tantrums? _____ Frequency? _____
How does the child express anger? _____

Social: With what age children does your child play? _____

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CHILD HISTORY

All Applicants, Please Answer All Questions Below

Motor Skills:

Does your child show hand dominance? _____ Left? _____ Right? _____

Communication Skills:

What is your child's primary language? _____ secondary language? _____

Is the child exposed to any foreign languages? If yes, which language(s), and, where does the child experience it and how often? _____

Can your child verbalize needs in English? _____

Have you noticed any speech deviations? If yes, what are they? _____

Medical History:

Does the child have a history of: (*Check box if "yes"*).

- High Temperature? Ear Infections? Fractures? Hospitalizations?
 Allergies? Hearing Difficulties? Vision Abnormalities? Other _____

If yes to any of the above, please provide FULL and COMPLETE details: _____

Does the child have any special difficulties (e.g. physical, emotional, or learning)? Please explain. _____

Behavioral:

Does the child have a history of:

Thumb/finger sucking? And if yes, when? _____

Hyperactivity? If yes, what treatment and/or medication is/was used? _____

Does the child have any special fears? If so, please explain. _____

Does the child accept new people easily? _____

Does the child have regularly scheduled times for meals and bedtime? _____

Social:

Does the child separate from you easily or with difficulty? _____

TODDLER & PREPRIMARY APPLICANTS ONLY

Has the child previously experienced (check below and give details as applicable):

Neighborhood Play? _____ Nursery School? _____

Daycare? _____ Home Daycare? _____

CHILD HISTORY (Continued)

Family Information:

Is the child adopted? _____ If yes, does the child know? _____

At what age was the child adopted? _____

How does the child get along with siblings? _____

For Statistical Purposes Only:

What is the child's religious affiliation? _____ What is the child's race? _____
For Statistical Purposes Only *For Statistical Purposes Only*

Is either parent absent for long periods of time? If yes, please explain. _____

If the child is cared for by anyone other than the parents, what is the name and relationship of the caregiver? _____

Other than the parents and siblings, are there any other people living in the home? _____

Who are they and what is their relationship to the child? _____

Does the child have specific responsibilities at home? If yes, please explain. _____

How do you handle discipline with your child?

What do you expect your child to gain from this school experience?

What do you expect to gain from your child's school experience?

APPLICANT'S SIGNATURE(S)

_____	_____	_____	_____
Signature	Date	Signature	Date

_____	_____
Relationship to Child	Relationship to Child

Please be sure to complete the following page, selecting in as much detail as possible your desired Program(s).

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I wish to enroll my child in the following program(s):

Child's Name _____ Birthdate _____ Gender _____

TODDLER PROGRAM

(Two years old by September 1, to age three)

____ Toddler AM 4 days Tuesday - Friday 8:45 - 11:15 am
 ____ Toddler PM 4 days Tuesday-Friday 12:30 - 3:00 pm

PREPRIMARY

(Three years old by September 1, to age six)

____ Half-Day Preschool 5 days Monday - Friday 8:30 - 11:30 am
 ____ Extended Day/Kindergarten Year Monday - Friday 8:30 - 3:00 pm
 (age 5 by Sept. 1)

PREPRIMARY WITH DAYCARE PROGRAM

____ Half-Day Preschool with Daycare (Check days and times *below* when Daycare is needed)
 ____ Extended Day Kindergarten with Daycare (Check days and times *below* when Daycare is needed)

Children registering for the Daycare Program must enroll a minimum of two days per week.

	Early Arrival 7:30-8:30am	Afternoon Pick-up Times		
		1:00	3:00	6:00
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____

ELEMENTARY PROGRAM

____ Elementary 6-9 class **ONLY** 5 days Monday - Friday 8:30 - 3:00 pm
 ____ Elementary 9-12 class **ONLY** 5 days Monday - Friday 8:30 - 3:00 pm
 ____ Elementary 12-14 class **ONLY** 5 days Monday - Friday 8:30 - 3:00 pm

ELEMENTARY WITH EARLY ARRIVAL or AFTER SCHOOL PROGRAM

____ Elementary 6-9 with before and/or after school care (check days and times as needed)
 ____ Elementary 9-14 with before and/or after school care (check days and times as needed)

Children registering for the after school program must enroll a minimum of two days per week.

	Early Arrival 7:30 - 8:30 am	After School Explorers 3:00 - 6:00 pm
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____