



# KEYSTONE MONTESSORI SCHOOL

*Application for Admission*

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender:  Male  Female

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Names of Siblings \_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

School Child Currently Attends (if applicable) \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Phone \_\_\_\_\_

I am applying for:  Fall, 20\_\_\_\_  January, 20\_\_\_\_  Summer, 20\_\_\_\_

Class level applied for (check one):

P/I\* \_\_\_\_\_ Toddler\*\* \_\_\_\_\_ Primary \_\_\_\_\_ Primary Extended Day \_\_\_\_\_

Jr. Elem \_\_\_\_\_ Sr. Elem \_\_\_\_\_ M.S. \_\_\_\_\_

\* P/I: Time Requested:  8:30am-10:00am  10:15am-11:45am

\*\* Toddler: Days Requested: Mornings: M/W \_\_\_ Tu/Th \_\_\_ M/W/F \_\_\_ M/T/W/Th \_\_\_ M-F \_\_\_

\*\* Toddler: Days Requested: Afternoons: Tu/Th \_\_\_

### Emergency Numbers

Mother's Workplace: \_\_\_\_\_

Mother's Workplace Address: \_\_\_\_\_

Mother's Workplace Phone Number: \_\_\_\_\_

Father's Workplace: \_\_\_\_\_

Father's Workplace Address: \_\_\_\_\_

Father's Workplace Phone Number: \_\_\_\_\_

Keystone Montessori School does not discriminate in admissions or placement on the basis of sex, race, or creed.

7415 W. North Avenue, PO Box 5548, River Forest, IL 60305 Tel: 708.366.1080  
Association Montessori Internationale