



**Alexander Graham Bell Montessori School**  
**9300 Capitol Drive**  
**Wheeling, IL 60090**  
**847/850-5490**

**Enrollment Information:**

Each child needs to spend some time in the classroom before enrollment. The staff wants to meet the child/children and determine if this is an appropriate placement. This also will give the parents a second chance to visit the school and ask questions. Please call the office to set up an appointment.

After placement has been determined, please fill out the information below, along with your **\$100.00 non-refundable** application fee. *Only one application fee is required per family.* Also, a **\$500.00 deposit** needs to be paid in order to secure a place in the appropriate classroom for your child/children. *This \$500.00 deposit is applied to your last month's tuition payment.*

Also, please note the Entrance and Exit Policies in your Parent Handbook.

**Family Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

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

Street Address, City, State, ZIP

**Tele. #'s Hm:** \_\_\_\_\_ **Wk:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Name (Child 1) \_\_\_\_\_ Birth date: \_\_\_\_\_

Name (Child 2) \_\_\_\_\_ Birth date: \_\_\_\_\_

<b>Child 1</b>	<b>Child 2</b>	
_____	_____	Elementary Program
_____	_____	Children's House Full Day Program
_____	_____	Children's House 3 Full Day Program
_____	_____	Children's House Half Day Program (circle A.M. or P.M.)
_____	_____	Children's House Introductory Program
_____	_____	Our Nest Full Day Program
_____	_____	Our Nest Half Day Program
_____	_____	Our Nest 3 Full Day Program
_____	_____	Our Nest 3 Half Day Program
_____	_____	Our Nest Introductory Program
_____	_____	Parent/Child 8 week Program
_____	_____	Parent/Child per/day Program
_____	_____	AM CARE
_____	_____	PM CARE
_____	_____	Hot Lunch Program

**Signature:** \_\_\_\_\_

Parent/Guardian

To complete the registration process, the following forms also need to be submitted:

- \_\_\_\_\_ Parent Contract
- \_\_\_\_\_ Child Medical Form
- \_\_\_\_\_ Health and Wellness Form
- \_\_\_\_\_ Enrollment Card with Emergency Phone Numbers