



# Alexander Graham Bell Montessori School & AEHI

9300 Capitol Drive Wheeling, IL 60090 847/850-5490

### 2018/2019 Enrollment Information:

Each child needs to be introduced to the teacher and 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 and submit. New families with your \$100.00 non-refundable application fee. *Only one application fee is required per family.*

New student(s)  Returning student(s)  Today's Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
Last Fathers First Mothers First

Address: \_\_\_\_\_  
Street Address City State ZIP

Fathers # Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Mothers# Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

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

#### Fathers

#### Mothers

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

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

Name (Child 3) \_\_\_\_\_ M F Birth date: \_\_\_\_\_

Child 1 Child 2 Child 3

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant Program _____ days requested               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 mos. – 3 years old / 5 Full day Program        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 mos. – 3 years old / 3 or 4 Full day Program   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 mos. – 3 years old / 5 Half day Program        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 – 6 / 3 Full Day Program                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 – 6 / 4 Full Day Program                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 – 6 / 5 Full Day Program                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 – 6 / 5 Half Day Program                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 – 15 / Elementary Program & Middle School       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot Lunch Program (optional for 3-6, Elem/Middle) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AM CARE   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PM CARE   |

Ethnicity: White Hispanic Black/AA Native American Asian/Pacific Islander Other

Combined Household Income:  <\$50,000  \$50-75,000  \$75-100,000  \$100,000 or more

Signature: \_\_\_\_\_  
Parent/Guardian

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

- |       |  |       |                          |
|-------|--|-------|--------------------------|
| _____ | Parent Contract                              | _____ | Health and Wellness Form |
| _____ | Child Medical Form                           | _____ | Birth Certificate        |
| _____ | Enrollment Card with Emergency Phone Numbers |       |                          |