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**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*

*Infant Program \_\_\_\_\_\_\_\_\_ days requested*

*15 mos. – 3 years old / 5 Full day Program*

*15 mos. – 3 years old / 3 or 4 Full day Program*

*15 mos. – 3 years old / 5 Half day Program*

*3 – 6 / 3 Full Day Program*

*3 – 6 / 4 Full Day Program*

*3 – 6 / 5 Full Day Program*

*3 – 6 / 5 Half Day Program*

*6 – 15 / Elementary Program & Middle School*

*Hot Lunch Program (optional for 3-6, Elem/Middle)*

*AM CARE*

*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