



# Alexander Graham Bell Montessori School & AEHI

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

### 2019/2020 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 – 12 / Elementary Program

12 – 14 / Middle School Program

Hot Lunch Program (optional for 3 years and older)

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