



CREATIVE WORLD

1250 West Goodman Avenue
LaGrange, Illinois 60525

Phone: (708) 354-5255

Fax: (708) 354-5265

Application for Admission

For Office Use

Date Received _____

Fees Paid _____

Program/Session _____

Family Name _____

Child's Birth Date/Age _____

Phone Number _____

Special Notes _____

Interview _____

Teacher

Date

Registration Fee: A \$100.00 registration fee per family is required with this application. (Make check payable to C.W.M.S.). \$25.00 is refundable if Creative World Montessori denies acceptance. At your request we will hold your fee and application on file for next year.

Application is hereby made for admission of _____
as a student in Creative World Montessori School beginning _____.

Program being applied for:

_____ **All Day Preschool Class** (3-6 year-olds, incl. Kindergarten) 5 days/wk, 8 hr min.
Hours needed: _____ am to _____ pm. (Available: 7:00 am to 6:00 pm)

_____ **Half-Day Preschool Class*** (3-6 year-olds, includes Kindergarten) 5 days/week
Mornings ____ (8:30-11:30 or 8:45-11:45 am) or Afternoons ____ (12:30-3:30 or 12:45-3:45 pm)

_____ **3-Day PM Preschool Class (MTW) Only** 3 yr-olds (same classroom as 5-day PM)
Can you be flexible about your choice? _____ Explain _____

_____ **Kindergarten Enrichment Class** (for 5 yr-olds by September 1 in addition to Preschool class)

_____ **All Day Toddler** (2 year-olds; 6 hour minimum)
2 days: MT _____ **3 days:** WThF _____ **5 days:** M-F _____
Hours needed: _____ am to _____ pm. (Available: 7 am to 6 pm)

_____ **Morning Toddler*** 2 year-olds; 8:45 – 11:15 am
2 days: MT _____ or WTh _____ **3 days:** WThF _____ **5 days:** M-F _____
Can you be flexible about your choice? _____ Explain _____

* You may request a particular session, but **Creative World Montessori School, Inc.** cannot guarantee to accommodate your request. Flexibility enhances the possibility and probability of placement.

Applicants for the Preschool program must be 3 years old by September 1st or shortly thereafter. Applicants for the Toddler program must be 2 years old by September or date of entrance. Exceptions to this requirement will be made only if all of the following conditions are met: (1) all age-qualified applicants have been admitted to the school, (2) the child is ready for the particular Montessori program, and (3) admission is in accordance with current state and federal child-care age requirements.

Applications are processed on a first-come, first-serve basis. However, priority is given to siblings of alumni and current students who apply by February 1st. Also, consideration is given to classroom balance according to age, sex, and previous Montessori experience, if any.

Child's Full Name _____

Date of Birth _____ Gender _____ Nickname _____

Address _____

City _____ Zip _____ Phone _____

Father _____ Profession _____

Firm _____ Business Phone _____

Mother _____ Profession _____

Firm _____ Business Phone _____

Guardian(s) _____ Marital Status _____

If divorced or separated, with whom does the child reside? _____

Has the child attended school? _____ Where/when? _____

Has the child a specific physical or emotional problem? _____

Explain _____

Does the child receive treatment or medication regularly? _____ Allergies? _____

Explain _____

Does the child nap? _____ When? _____

Names and ages of siblings _____

Do you presently have a child attending CWMS? _____ Year and class _____

If so, will this child be returning next year? _____

Have any other siblings graduated from Creative World Montessori School? _____

Explain _____

How did you first become acquainted with CWMS? _____

Have you ever observed a Montessori classroom? _____ Where? _____

Interested parents are encouraged to come to the school and observe a Montessori class in session. Please call the school office (708/354-5255) for an appointment and plan to observe without your child. Tours of the school with your child are available at any time.

I understand that the Montessori education method allows a child to proceed at his/her own pace. The 3-6 Class is designed as a three-year program, and it is the third (Kindergarten) year that brings the learning and development of the previous years to fruition. It is, therefore, most advantageous to the child to continue in the school through the Kindergarten year. I understand that this curriculum goal may be part of the admissions criteria and could affect eligibility.

Parent or Guardian's Signature _____ Date _____

email address _____

Return of this *Application for Admission* along with the registration fee will place your child's name on the waiting list. Parents will be contacted and interviews conducted in March and April for Preschool and Toddler classes for admission to the fall programs. An Advanced Tuition Deposit (approximately 10% of the annual tuition) will be required upon acceptance of your child into the appropriate program. This deposit is deducted from the annual tuition, and is not the first month's tuition payment.

A trial period of six weeks in the classroom follows admission. During this trial period, either the school or the parents may decide that the situation is not beneficial to the student, whether new or previously enrolled, and the student may be withdrawn or dismissed from the school with no penalty to the parents or the School.