



Lincoln Square Montessori School

2953W Lawrence Avenue

Chicago, IL 60625

773-478-4888

Name of Child _____ F ___ M ___

Nickname, if any _____ Date of Birth _____

Names and ages of siblings

Program selected :

Full Day _____ School Day _____ Half Day _____

Starting day _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____

Work Address _____

Work Phone _____

Married ___ Domestic Partners ___ Single ___ Separated ___ Divorced ___ Widowed ___

Please explain the family pattern and legal guardianship if the student does not live with both biological parents in one household:

With whom does the applicant live?

Who will be responsible for tuition payments?

To whom should correspondence be sent?

A custody agreement or court order must be presented in regard to any restrictions on access to school records or contact by a non-custodial parent.

Does your child have any allergies, food intolerances ?

Is your child toilet trained? ___No ___ Partially ___Completely

Does your child nap? ___ No ___ Yes

If "yes," Daily ___ Rarely? _____ For how long _____

Languages spoken at home

Please list any special circumstances you feel might assist us in knowing your child better (e.g. illnesses, allergies, family changes, fears, etc.)

How would you rate your child's activity level?

___ Constantly on the go

___ Periods of activity and repose

___ Likes to engage in quiet activities most of the time

LSMS Mission Statement

We work to guide each child to knowledge, empowerment and a lifelong love of learning while preparing them to be active members of a peaceful, global community. We strive to nurture each child intellectually, physically and emotionally through authentic Montessori practices as well as through our own examples of behavior and habit and to provide a true Montessori experience for students, families, faculty and the community.

Signature _____ Date _____

\$150.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED WITH THIS FORM

For office only: Date _____ Check number _____