



CREATIVE WORLD
1250 West Goodman Avenue
LaGrange, Illinois 60525
Phone: (708) 354-5255
Fax: (708) 354-5265
info@cwm.school

For Office Use	
Date Received	_____
Fees Paid	\$ _____ # _____
Program/Session	_____
Family Name	_____
Child's Birth Date	_____
Phone Number	_____
Special Notes	_____
Interview	_____
	Teacher _____ Date _____

Application for Admission

Registration Fee: A \$150.00 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 Primary 3-6 Class*** (3-6 yrs-old, incl. Kindergarten) 5 days/wk, 6.5 hr min.
 Hours needed: _____ am to _____ pm. (Available: 7 am to 6 pm)
- _____ **Half-Day Primary 3-6 Class*** (3-6 yrs-old, includes Kindergarten) 5 days/week
 Mornings ____ (8:30-11:30 am **or** 8:45-11:45 am) **OR** Afternoons ____ (12:30-3:30 pm)
- _____ **3-Day PM Primary 3-6 Class (MTW) Only** 3 year-olds (same classroom as 5-day)
 Can you be flexible about your choice? _____ Explain _____
- _____ **Kindergarten Enrichment;** 5 yrs-old by September 1st in addition to a Primary 3-6 class.
- _____ **All Day Toddler** 2 yrs-old by September 1st; minimum 6.5 hours per day
2 days: MT _____ **3 days:** WThF _____ **5 days:** M-F _____
 Hours needed: _____ am to _____ pm. (Available: 7 am to 6 pm)
- _____ **Morning Toddler** 2 yrs-old by September 1st. **8:45–11:15 am** **OR** **8:30–12:30 pm**
2 days: MT _____ **3 days:** WThF _____ **5 days:** M-F _____
 Hours needed: _____ am to _____ pm.
 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 Primary 3-6 program must be at least 3 years old by September 1st and toilet trained. Applicants for the Toddler program must be 2 years old by September 1st or date of entrance. Exceptions to this requirement will be made only if all the following conditions are met: (1) all age-qualified applicants have been enrolled, (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 _____ Best Ph _____
 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.”

 Parent or Guardian's Signature Date
 email address _____

Please print clearly.

Return of this *Application for Admission* along with the registration fee will place your child's name next on the list. Parents will be contacted and visits conducted in March and April for Primary 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.