Diamante Montessori
APPLICATION FOR ENROLLMENT

Diamante Montessori School
625 Hillside
Glen Ellyn, IL 60137
630.790.9030
info@diamanteschool.org

Student

First, Middle, Last _____ Nickname _____

Student's Address _____

City _____ State _____ Zip _____ Phone Number _____

Date of Birth _____ Male ☐ Female ☐

Enrollment for School Year _____

Toddler Program **2-Day** ☐ **3-Day** ☐ **5-Day** ☐

Preprimary 3–6 Program **AM (5-Day)** ☐ **PM (4-Day)** ☐ **Kindergarten Enrichment PM Program** ☐

☐ Is your family currently enrolled in Diamante?

☐ Has your family been previously enrolled in Diamante?

Has the child named above been previously enrolled in any Montessori program? If yes, name the program:

_____

Parent/Guardian

Parent/Guardian's Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Name _____

Business Address _____

City, State, Zip _____

Business Phone _____

Email Address _____

Parent/Guardian's Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Name _____

Business Address _____

City, State, Zip _____

Business Phone _____

Email Address _____

Parent/Guardian Signature _____ Date _____

Diamante Montessori School admits students of any race, color, national,or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at this school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

A $100 non-refundable application fee is required to process this application.

FOR OFFICE USE ONLY

Date Received _____

Amount _____