



## CHI Montessori Academy Application Form

Thank you for your interest in CHI Montessori Academy. Please take a moment to complete the information below if you would like to apply for enrollment. A \$100 application fee is required with this form. We look forward to welcoming you to our school!

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Indicate Enrollment Level: **Infant** (6wk.-18 mos) **Toddler** (18mos.- 36 mos)

**Primary** (3-6 yrs.) **Lower elementary** : (6-9 years)

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current School: \_\_\_\_\_

**Please circle** the appropriate response: We are considering enrollment for.....

Fall 2026

Winter/Spring 2027

Please answer the following questions:

1. Why are you interested in CHI Montessori for your child?

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2. What are your child's strengths and weaknesses as a learner?

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3. Please describe your child's social strengths and weaknesses.

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4. How did you hear about CHI Montessori Academy? Who may we thank for referring you?

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Payment Methods: Zelle- [sharon@chimontessori.org](mailto:sharon@chimontessori.org) or by check

Address: 2295 Benjamin E. Mays Dr. SW Atlanta, Georgia 30311 Phone: 678-515-8368