



Park View Montessori School 3

640 West Irving Park Road • Chicago, Illinois 60613

ADMINISTRATORS
RONALD J. GOLDSTEIN • GEORGE N. PETKOVICH

ENROLLMENT INFORMATION

REGISTRATION (all students) – To enroll for each program you must submit:

A completed APPLICATION FORM (see attached) signed and dated by a legal guardian for each child enrolled in the school.

NEW STUDENTS ONLY

\$100.00 REGISTRATION FEE and FIRST MONTH TUITION	Due with application/non-refundable
HEALTH FORM	Due on or before start date/current within 6 months of enrollment

RETURNING STUDENTS

SEPTEMBER TUITION DUE WITH APPLICATION	Non-refundable for any reason
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SCHOOL YEAR PROGRAM 2008 – 2009 AND PAYMENT SCHEDULE

DATES: 2-3 Year: June 1, 2008 - May 31, 2009
 3-6 Year Preschool: September 1, 2008 - May 31, 2009
 The summer schedule is a separate application.

Failure to attend within the dates specified on this application according to space availability will result in forfeiture of the registration fee and first month tuition.

Class preference will be given to children enrolled in five (5) full day programs. Each payment must be made by the 5th day of each month. Payments will be prorated for new children beginning after the first of a month. Payment begins on the start date indicated on the application.

HOURS: Full Day: 7:00 A.M. – 6:00 P.M.
 Half Day: 2-3 Year Old: 8:00 A.M. – 12:30 P.M.
 3-6 Year Preschool: 8:00 A.M. – 1:00 P.M.

PROGRAMS: (Tuition rates indicated are monthly)

3-6 YEAR OLD - PRESCHOOL
 5 Full Day \$875.00
 5 Half Day 775.00

2-3 YEAR OLD
 5 Full Day \$1000.00
 5 Half Day 825.00
 3 Full Day 825.00
 3 Half Day 725.00

NOTE: TUITION IS DUE BY THE 5th DAY OF EACH MONTH.

Parents enrolling in less than 5 day programs may not change or substitute scheduled days.

Tuition includes lunch, morning and/or afternoon snack.

Sporadic P.M. Service for half-day children: \$25.00

Tuition rates are subject to change resulting from unexpected occurrences. You would be notified in advance.

SIBLING DISCOUNT: 15% on lowest tuition(s) only when all siblings are enrolled in five (5) full days, year-round programs. Applicable only on full payments and payments made on time. Discounts must be claimed on each payment. Sibling with highest tuition is not discounted.

PENALTIES: 5% outstanding balance past 5 days from the first of the month.

LATE CHARGES:

HALF-DAY PARENTS -- 1 TO 5 minutes late \$5.00
6 to 15 minutes late \$10.00
beyond 15 minutes \$25.00 or sporadic sitting fee

Payment will be made directly to the school.

FULL DAY PARENTS -- \$1.00 per minute past 6:00 p.m.
Payment will be made directly to the staff member(s) inconvenienced for staying beyond their work hours. Cash payment is preferred.
Checks must be written directly to the specific staff member.

Time before or after designated drop off or pick up times - \$1.00 per minute.

NSF CHECKS: \$30.00 per check plus late fees.

REMOVAL POLICY:

Parents may not deduct any part of a month's tuition for illnesses, legal holidays, professional days, personal vacations, school calendar vacations, school closing emergencies or any other reason.

Parents wishing to remove their child(ren) for one entire month or more during the school year (for preschool children refer to the summer application for months of June, July, August) must notify the office and may:

pay the monthly tuition to hold their child's space in that classroom
or
may reenter the school by paying a reinstatement fee of \$250.00 subject to space availability and the possibility of being placed in a new classroom

Parents permanently terminating enrollment or leaving for a month or more and wishing to be prorated for a portion of the month not attended must give thirty days notice in writing on the first of the month prior to leaving. Otherwise, tuition for the entire month must be paid. If classroom space is needed, the school exercises the option of ending enrollment on the last day of the month of full attendance.

Parents whose children do not appear on their scheduled starting date must notify the office within 3 working days the cause of the child's absence or that classroom space will be terminated and the registration fee forfeited. Once attending, children who are absent 3 consecutive days without notifying the office will automatically be terminated from enrollment.

A private, racially non-discriminatory school

PLEASE TEAR OFF THIS PAGE AND RETAIN FOR YOUR RECORDS.

773/477-6122 • fax: 773/477-3725 • e-mail: admission@chicagomontessori.com • www.chicagomontessori.com

PARK VIEW MONTESSORI SCHOOL 3 APPLICATION 2008– 2009

Initial Program desired:

Requested Start Date: _____

Preschool Full Day _____ 2-3 Yr 5 Full Day _____ 2-3 Yr 3 Full Day _____

**Circle days chosen if not 5 days:
M T W Th F**

Preschool Half Day _____ 2-3 Yr 5 Half Day _____ 2-3 Yr 3 Half Day _____

Child's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City, State, Zip: _____

Father's/Guardian Name: _____

Address: _____ City, State, Zip: _____

Home Phone # _____ Cell Phone # _____ License Plate # _____

SSN: _____ E-Mail: _____

Employer Name: _____

Address: _____ City, State, Zip: _____

Work Phone # _____ Ext. _____ Hours of Work: _____ From _____ To _____

Mother's/Guardian Name: _____

Address (If different): _____ City, State, Zip _____

Home Phone # _____ Cell Phone # _____ License Plate # _____

SSN: _____ E-Mail: _____

Employer Name: _____

Address: _____ City, State, Zip: _____

Work Phone # _____ Ext. _____ Hours of Work: _____ From _____ To _____

IN DIVORCE CASES, CUSTODIAL PARENT MUST PROVIDE LEGAL DOCUMENTATION FOR CHILD'S FILE.
**IN CASE OF EMERGENCY WHEN PARENT(S) CANNOT BE CONTACTED, LIST PEOPLE WHO CAN PICK UP
YOUR CHILD WITHIN ONE HOUR. A DAILY AUTHORIZED PICK UP FORM MUST BE FILLED OUT FOR NON-EMERGENCY
PICK UP. DO NOT LEAVE THIS SECTION BLANK.**

Name: _____

Address: _____ City, State, Zip: _____

Phone # _____ Second Phone # _____ Relationship: _____

Name: _____

Address: _____ City, State, Zip: _____

Phone # _____ Second Phone # _____ Relationship: _____

Physician: _____

Address: _____ Phone # _____

Allergies/Medical Problems: _____

Your signature on this application grants Park View Montessori School permission for the following:

1. To allow paramedics to take your child to the nearest hospital for emergency treatment.
2. To use your child's photograph for purposes of school publicity and on the school's website.
3. To take your child on walking excursions around the neighborhood and on all field trips.
4. To allow staff to apply first aid (see Parent Manual)

I have read the entire application, understand its contents, filled it out honestly and completely, and agree to its conditions. I have in my possession a copy of the ENROLLMENT INFORMATION.

_____ Signature of Parent/Guardian	_____ Date
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GUARANTEE OF PAYMENT

It is necessary for all parents whose children are enrolled at Park View Montessori to fill out this form so that you will understand how delinquent accounts will be handled by the school.

The undersigned agree that all bills are due and payable within the first five days of the month. The undersigned agree that a penalty charge be assessed on said amounts at the rate of five per cent (5%) per month after the fifth day of the month.

In addition, the undersigned agree to pay all attorney's fees, court costs, and/or collection agency charges or commissions if this account is referred to an attorney or collection agency for collection if any amounts are determined due.

All parents/guardians are required to sign this form.

_____ DATE	_____ SIGNATURE OF RESPONSIBLE PARTNER
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_____ DATE	_____ SIGNATURE OF RESPONSIBLE PARTNER
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Office Use Only

Date Application Received: _____	Registration Fee: _____	Check # _____
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Start Date: _____	Discharge Date: _____
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Tuition Fee: _____	Check #: _____
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