



# Park View Montessori School 3

640 West Irving Park Road • Chicago, Illinois 60613

ADMINISTRATORS

RONALD J. GOLDSTEIN • GEORGE N. PETKOVICH

## PRESCHOOL SUMMER PROGRAM ENROLLMENT INFORMATION 2008

The Summer Program is a thirteen-week program (June 2 – August 28). Along with field trips and in-house shows arranged by the school, each teacher has prepared her own tailor-made program filled with outdoor activities, art, and special events that will enrich and entertain your child this summer. Individual classroom calendars will be given to you at the beginning of the summer.

Preschool parents may elect to remove their children from enrollment for the months of June, July, and August without penalty. Parents planning to remove their child for the entire summer must submit September's tuition that is non-refundable by February 15, 2008 in order to hold a space in the new school year.

Preschool parents also have the option of selecting only certain summer months of attendance. Please indicate those months you plan to attend at the top of the application form on the following page. If you fail to attend any of the months you indicated and plan on returning to the school, a \$250.00 reinstatement fee will be required. **Parents removing their child for any summer month must submit September's tuition that is non-refundable by February 15, 2008 in order to hold a space in the new school year.**

### REGISTRATION (current students) – to enroll in the Summer 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 REGISTRATION FEE and FIRST MONTH TUITION

HEALTH FORM

Due with application/non-refundable

Due on or before start date/current within 6 months of enrollment

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.

## SUMMER PROGRAM 2008 AND PAYMENT SCHEDULE

**5 HALF DAY – Up to 5 hours before 1:00 P.M.**  
(includes 1 snack and hot lunch)

Tuition: \$775.00/monthly

**5 FULL DAY – 7:00 A.M. – 6:00 P.M.**  
(includes 2 snacks and hot lunch)

Tuition: \$875.00/monthly

**NOTE: TUITION IS DUE BY THE 5<sup>th</sup> DAY OF EACH MONTH.**

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

**(OVER)**

**SIBLING DISCOUNT:** 15% on lowest tuition(s) only when all siblings are enrolled in 5 (five) full day, 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

**REMOVAL POLICY:**

Parents may not deduct any part of the total summer tuition for illnesses, legal holidays, professional days, personal vacations, school calendar vacations, field trips, school closing emergencies or any other reason.

Parents enrolled in a program and wishing to remove their child (ren) for a month not indicated on the application may:

Pay the monthly tuition to hold their child's space in that classroom  
or  
may re-enter 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 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 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 (three) consecutive days without notifying the office will automatically be terminated from enrollment with subsequent loss of tuition.

All children enrolled in the Summer Program are expected to attend and participate in scheduled field trips and activities. No provisions will be made for parents choosing not to send their child on a field trip or arriving late. Parents will have to make their own arrangements for their child when above conditions occur.

**A private, racially non-discriminatory school**

**PLEASE TEAR OFF THIS PAGE AND RETAIN FOR YOUR RECORDS.**

**PARKVIEW MONTESSORI SCHOOL SUMMER PRESCHOOL APPLICATION 2008**

**Programs: (Please INITIAL)** Half Day + Lunch \_\_\_ Full Day \_\_\_ Start Date: \_\_\_\_\_

**Indicate months of attendance: (Please initial):** June \_\_\_ July \_\_\_ August \_\_\_

**Child's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Father's/GuardianName:** \_\_\_\_\_

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: \_\_\_\_\_

**(OVER)**

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 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

**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 percent (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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTNER



Office Use Only

Date Application Received: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

Start Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Tuition Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

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