



**PARK VIEW  
MONTESSORI  
SCHOOL**

***“A CHILD’S MIND IS THEIR  
GREATEST GIFT TO MANKIND.  
LET PARK VIEW MONTESSORI  
PROVIDE YOUR CHILD WITH  
THE NECESSARY TOOLS TO  
DEVELOP IT TO ITS FULLEST  
POTENTIAL.”***

**For tuition rates, please call our  
office at:**

**(773) 477-6122**

**Or email us at:**

**[info@chicagomontessori.com](mailto:info@chicagomontessori.com)**

PARK VIEW MONTESSORI SCHOOL III, INC. APPLICATION 2020 – 2021

PROGRAMS (Please Check):

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

\_\_\_ 18/24 mo. \_\_\_ 25/36 mo. - 5 FD \_\_\_ 18/24 mo. \_\_\_ 25/36 mo. - 5HD \_\_\_ Preschool 5FD
\_\_\_ 18/24 mo. \_\_\_ 25/36 mo. - 4 FD \_\_\_ 18/24 mo. \_\_\_ 25/36 mo. - 4HD \_\_\_ Preschool 5HD
\_\_\_ 18/24 mo. \_\_\_ 25/36 mo. - 3 FD \_\_\_ 18/24 mo. \_\_\_ 25/36 mo. - 3HD

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

\_\_\_ 9-month year + (\_\_\_\_\_ June) + (\_\_\_\_\_ July) + (\_\_\_\_\_ August)
Signature Signature Signature
\_\_\_ 12-month year

PLEASE CHECK BOX IF ANY INFORMATION BELOW HAS CHANGED.

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

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

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ License Plate # \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Hours of Work: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address (If different): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ License Plate # \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Hours of Work: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

IN DIVORCE AND/ OR CHILD CUSTODY CASES, CUSTODIAL PARENT MUST PROVIDE LEGAL DOCUMENTATION FOR CHILD'S FILE.

IN CASE OF EMERGENCY WHEN PARENT(S) CANNOT BE REACHED, 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 enrollment 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 complete this form so that you will understand how delinquent accounts will be handled by the school.

All fees and deposits are non-refundable and non-transferable.

The undersigned agree that all bills are due and payable within the first five business 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 business 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 PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

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

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

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

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

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