



Park View Montessori School

805 Burning Bush Lane • Mount Prospect, Illinois 60056

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	Due with application/non-refundable
First month Tuition must accompany this application to reserve a space for your child.	

- HEALTH FORM- current within 6 months of application Due on or before start date
- ORIGINAL BIRTH CERTIFICATE Office will make copy and return original copy

SCHOOL YEAR PROGRAM 2009 – 2010 AND PAYMENT SCHEDULE

DATES: Infant, Toddler and 2-3 Year:	June 1, 2009 - May 31, 2010
Preschool:	September 1, 2009- May 31, 2010
	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 5 full day programs. Each payment must be made within 5 working days from the first 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: 6:30 am – 6:00 pm
 Half Day: 2-3 Year Old: 8:00 am – 12:30 pm
 Preschool: 8:00 am – 1:00 pm

PROGRAMS: (Tuition rates indicated are monthly)

INFANT (6 weeks – 15 months)
5 Full Day \$1200.00
3 Full Day 865.00
2 Full Day 715.00

TODDLER (15-24 months)
5 Full Day \$1135.00
3 Full Day 845.00

Parents provide diapers, wipes, and formula. School provides food and snack items.

2 – 3 YEAR OLD
5 Full Day \$1025.00
5 Half Day 825.00
3 Full Day 825.00
3 Half Day 725.00

3 - 6 YEAR OLD – PRESCHOOL
5 Full Day \$900.00
5 Half Day 800.00

Parents enrolling in less than 5 day programs may not change or substitute scheduled days. Tuition includes lunch, morning and/or afternoon snack.

(over)

PROGRAMS (continued)

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.

BREAKFAST: Cost: \$24.00/month (begins at 15 months). No child will be served breakfast past 7:30 am Available only on a monthly basis.

SIBLING DISCOUNT: 15% on lowest tuition(s) only when all siblings are enrolled in 5 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 working days from the first of the month.

LATE CHARGES: 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 payment 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.

PARK VIEW MONTESSORI SCHOOL APPLICATION 2009 – 2010

Start Date: _____

CHECK PROGRAM:

Infant 5 Day___	Toddler 5 Day___	2-3 Yr 5 Full Day___	Preschool Full Day___	Breakfast_____
Infant 3 Day___	Toddler 3 Day___	2-3 Yr 5 Half Day___	Preschool Half Day___	
Infant 2 Day___		2-3 Yr 3 Full Day___		
		2-3 Yr 3 Half Day___		

<p>Circle days chosen if not 5 days: M T W Th F</p>
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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: _____ 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: _____ 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 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: _____

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

Date Application Received: _____ Registration Fee: _____ Check# _____

Start Date: _____ Discharge Date: _____

Tuition Fee: _____ Check #: _____