



Park View Montessori School

805 Burning Bush Lane • Mount Prospect, Illinois 60056

GEORGE N. PETKOVICH • ADMINISTRATOR
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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* see explanation on Page 2. Office will make copy and return original copy

SCHOOL YEAR PROGRAM 2010 – 2011 AND PAYMENT SCHEDULE

<u>DATES:</u> Infant, Toddler and 2-3 Year:	June 1, 2010 - May 31, 2011
3-6 Year Preschool:	September 1, 2010 - May 31, 2011
	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 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	\$1240.00
3 Full Day	\$900.00
2 Full Day	\$750.00

TODDLER (15-24 months)

5 Full Day	\$1170.00
3 Full Day	\$875.00

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

2 – 3 YEAR OLD

5 Full Day	\$1065.00
5 Half Day	\$850.00
3 Full Day	\$850.00
3 Half Day	\$750.00

3 - 6 YEAR OLD – PRESCHOOL

5 Full Day	\$930.00
5 Half Day	\$830.00

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

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

(over)

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 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.

***ORIGINAL BIRTH CERTIFICATE:** a certified copy of child's birth certificate or other reliable proof of the child's identity and age such as a passport, visa or other governmental documentation must be presented within 30 days of enrollment. If, after 30 days, this documentation is not presented, an additional 10 more days will be granted for compliance. Local law enforcement will then be immediately alerted. Should a passport or visa be submitted in place of the birth certificate, parents are to provide a sworn affidavit stating why a birth certificate is unavailable. (Public Act 95-0439)

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 2010 – 2011

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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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: _____ 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

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.

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 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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