



# Park View Montessori School

805 Burning Bush Lane • Mount Prospect, Illinois 60056

GEORGE N. PETKOVICH • ADMINISTRATOR  
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## PRESCHOOL SUMMER PROGRAM ENROLLMENT INFORMATION 2010

The Summer Program is a thirteen-week program (June 1 – August 27). The preschool teachers have prepared a program filled with outdoor activities, crafts, 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.

Parents of preschool children may elect to remove their child from enrollment in the months of June, July, and August without penalty. Parents planning to remove their child for the entire summer must submit a School year 2010-11 application and September tuition that is **non-refundable and non-transferable** by April 30, 2010 to hold a space in the new school year.

Parents of preschool children 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 enrolling their child in the Summer Program or removing their child for any summer month must submit a School year 2010-11 application and September's tuition that is non-refundable and non-transferable by April 30, 2010 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	Due with application/non-refundable
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- HEALTH FORM – current within 6 months of enrollment
- ORIGINAL BIRTH CERTIFICATE\* see explanation on Page 2.

Due on or before start date  
Office will make copy an return original copy

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 2010 AND PAYMENT SCHEDULE

**5 HALF DAY – Up to 5 hours before 1 pm**  
(Includes 1 snack and hot lunch)

Tuition: \$830.00/monthly

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

**5 FULL DAY – 6:30 am to 6:00 pm**  
(Includes 2 snacks and hot lunch)

Tuition: \$930.00/monthly

**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.

(OVER)

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

**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.

**\*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 the total summer tuition for illnesses, legal holidays, professional days, personal vacations, school calendar vacations, 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.

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

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

**PARKVIEW MONTESSORI SCHOOL SUMMER PRESCHOOL APPLICATION 2010**

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

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

**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 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:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**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 #: \_\_\_\_\_