



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:  
*(847) 296-3044*

Or email us at:  
[info@parkviewmontessori.com](mailto:info@parkviewmontessori.com)



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 of children who 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 App. Received: \_\_\_\_\_

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

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

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

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

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

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