



PARK VIEW
MONTESSORI
SCHOOL, Inc.

*"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

PARK VIEW MONTESSORI SCHOOL, INC. APPLICATION 2021 – 2022

PROGRAMS (Please Check):

Start Date: _____

- ___ Infant 5 Full Day ___ Toddler 5 Full Day ___ 2-3 Yr 5 Full Day ___ Preschool 5 Full Day
___ Infant 4 Full Day ___ Toddler 4 Full Day ___ 2-3 Yr 4 Full Day ___ Preschool 5 Half Day
___ Infant 3 Full Day ___ Toddler 3 Full Day ___ 2-3 Yr 3 Full Day ___ Preschool 3 Full Day
___ Infant 5 Half Day ___ 2-3 Yr 5 Half Day

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 AND NOTE WITH AN ASTERISK (*) BY THE CORRECTION.

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 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 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

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OFFICE USE ONLY

Date App. Received: _____

Registration Fee: _____

Check# _____

Start Date: _____

Discharge Date: _____

Tuition Fee: _____

Check #: _____