

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

OFFICE USE ONLY

Date App. Received: _____

Registration Fee: _____

Check# _____

Start Date: _____

Discharge Date: _____

Tuition Fee: _____

Check #: _____