



**Application for Admission**

**Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(first) (last)

Child's Birth Date: \_\_\_\_\_ Gender: M  F

Child's Home Address: \_\_\_\_\_  
(street, city, zip code)

Child's Home Phone Number: \_\_\_\_\_  
(please include area code)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
(please include area code) (please include area code)

Email Address: \_\_\_\_\_  
(please provide one address for office use only – will not be published or shared)

Doctor's Name: \_\_\_\_\_

Doctor Address & Phone Number: \_\_\_\_\_  
(street, city, zip code)

Child's Allergies: \_\_\_\_\_

Physical Concerns: \_\_\_\_\_

**Monthly Tuition**

2012/2013

**5 Day, Full Day Montessori**

(7:00 am - 6:00 pm)  
\$1200 per month

**5 Day AM/PM Montessori**

\$500 per month  
8:45 AM - 11:30 AM  
12:30 PM - 3:15 PM

**3 Day PM Montessori**

\$410 per month  
12:30 PM - 3:15 PM

**Half Day Extended Program (5 Day)**

(8:45 am - 2:00 pm)  
\$780 per month

**Toddler Montessori**

**2 Day:** \$300 per month  
M, T or Th, F:  
9:00 AM - 11:00 AM

**3 Day:** \$405 per month  
Wednesday:  
9:00 AM - 12:00 AM

**5 Day:** \$495 per month  
9:00 AM - 12:00 AM

**Registration Fee**

\$100 initial fee (non-refundable) \$50 re-registration fee for each consecutive year.

**Facility Fee**

\$250 per family, yearly (Billed September 15).

**Discount**

10% sibling discount taken on lower tuition.

**Tuition Due**

1st of the month for the following month.

**For Office Use**

Assigned Classroom: \_\_\_\_\_

**START DATE:**

Days/Hours Attending: \_\_\_\_\_



**Developmental Form**

**Date:** \_\_\_\_\_

The following information will be very helpful in understanding your child:

Names/Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

Which other preschool has your child attended? (if none, leave blank)

\_\_\_\_\_

Where did you first hear about our school?

\_\_\_\_\_

Please share with us your reasons for choosing Northwest Suburban Montessori School for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything you would like us to know about your child that would help us make his/her experience at Northwest Suburban Montessori School more fulfilling?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Application Terms And Conditions

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

1. In the event of a medical emergency, your child will be taken to NORTHWEST COMMUNITY HOSPITAL, by the Arlington Heights paramedics. If we are unable to reach you, the parent, we will contact your child's physician. Please sign this agreement and provide the doctor's information for your child.
2. I agree that any pictures of my child taken at Northwest Suburban Montessori School may be used for promotional purposes. YES  NO
3. My child's picture may be used on the web site for the School. YES  NO
4. I agree that Northwest Suburban Montessori School may take my child on field and/or walking trips as planned. In consideration of services rendered by the faculty and others, I exempt the School and all persons assisting in the activity from all liability for accident and/or illness.
5. I have received a copy of the Northwest Suburban Montessori School Parent Handbook, which also includes the policies for guidance/discipline and harassment. I have read it and agree to abide by all policies and procedures, and understand all policies and procedures.
6. I authorize the Northwest Suburban Montessori School staff to call the paramedics in the event of an emergency. I also authorize anyone on the Northwest Suburban Montessori School staff, certified in CPR/first aid to administer CPR/first aid if necessary.
7. I understand that Northwest Suburban Montessori School does not diaper children and I agree to come to school to change my child if necessary.
8. If your child is entering school for the first time, the enrollment is provisional for an initial six week period, during which readiness for and adaptability to the Montessori classroom environment will be determined. The Principal, with Board approval reserves the right to dismiss a child at any time, and in this event, tuition will be pro-rated for the period of attendance.
9. In consideration of the acceptance of a child as a student in the school, the parent(s) agree to indemnify Northwest Suburban Montessori School, its Directors, and employees against any claim and demands made by or on behalf of the child.
10. The school provides a full time professional staff for the entire academic year. Because of the school's financial commitments, the tuition is not subject to adjustments due to illness, absences, inclement weather, holidays, family vacation days or withdrawal of the child.

I have read the above terms and conditions and the Current policies and statements and I am in agreement.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date)

My one time non-refundable registration fee of \$\_\_\_\_\_ and my tuition deposit of \$\_\_\_\_\_ are enclosed.  
(new applicants only)



**Parent/Guardian Information And Consent Form**

**Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(first) (last)

Child's Birth Date: \_\_\_\_\_ Gender: M  F

Child's Home Address: \_\_\_\_\_  
(street, city, zip code)

Child's Home Phone Number: \_\_\_\_\_  
(please include area code)

Email Address: \_\_\_\_\_  
(please provide one address for office use only – will not be published or shared)

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
(please include area code) (please include area code)

**In Case of Emergency (If parent/guardian cannot be reached) Who May Also Pick Up My Child**

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

**Names of Individuals Who May Not Pick Up My Child**

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_



**Parent/Guardian Information And Consent Form *continued***

Doctor's Name: \_\_\_\_\_

Doctor Address & Phone Number: \_\_\_\_\_  
 (street, city, zip code)

**General Release**

In consideration of the child's enrollment in Northwest Suburban Montessori School, the parents/guardians hereby release and agree to indemnify and hold harmless Northwest Suburban Montessori School, its directors and employees, from and against any liability, damages, costs, expenses, claims, actions, or causes of action of any nature arising out of or incurred in connection with or in the course of the child's participation in on-premises or off-premises programs and/or activities of the Northwest Montessori School including but not limited to exercises, dancing, use of materials, nature walks, field trips, or playground activities.

**Medical Release**

In the event of a medical emergency, the parents/guardians of the enrolled child hereby authorizes treatment of the child, in the absence and without notice to the parents or guardians, by trained medical professionals. In the absence of and/or until such trained medical professional assistance has arrived, the parents/guardians authorize the personnel of the Northwest Montessori School to render such first aid as deems prudent. The Northwest Suburban Montessori School will endeavor to make whatever effort is reasonable, under the circumstances, to notify the parents/guardians, of such a medical emergency. The parents/guardians agree to pay for the cost of any medical treatment incurred in connection with such medical emergency.

**Consent**

The parent/guardian of the enrolled child hereby permits the child's participation in on-premises programs and/or activities of the Northwest Suburban Montessori School including but not limited to exercises, dancing, use of materials, nature walks, field trips or playground activities. The parent/guardian of the enrolled child hereby permits Northwest Suburban Montessori School to take and display photographs of the child.

\_\_\_\_\_  
 (Parent signature) (Date)

\_\_\_\_\_  
 (Parent signature) (Date)

I HAVE RECEIVED A PARENT HANDBOOK

<b>For Office Use</b>
<b>APPROVED BY:</b> _____