



SKOKIEMONTESSORI SCHOOL

**8401 N. Karlov Avenue
Skokie, Illinois 60076
Tel. (847) 679-4614
Fax No. (847) 679-4815**

Start Date: _____
Discharge Date: _____

FULL DAY 3-6 YEAR OLD PROGRAM
APPLICATION FOR ADMISSION AND CONTRACT 2018-2019

(I), (We), _____ hereby, am/are applying for the admission/contract of _____ as a student in the Skokie Montessori School for the academic year beginning **August 23, 2018** ending **May 24, 2019**. Please complete this form and return it with your **\$75.00 ANNUAL FEE AND THE 1ST TUITION INSTALLMENT** to Skokie Montessori School.

The following information is submitted as part of this application:

Date of Birth: _____ Place of Birth: _____
Home Address: Street: _____ City: _____ State: _____
Zip Code: _____ Telephone No.: _____ Email: _____

Father's Name: _____ Occupation: _____
Business Address: _____
Work Phone No.: _____ Cell Phone No.: _____ Work Hours: _____
Date of Birth: _____ Place of Birth: _____

Mother's Name: _____ Occupation: _____
Business Address: _____
Work Phone No.: _____ Cell Phone No.: _____ Work Hours: _____
Date of Birth: _____ Place of Birth: _____

Marital Status of Parents _____ Custodial Parent(s) _____
Names and Ages of Siblings: _____

In case of Emergency, Illness, Allergies, or Accidents, do we have your permission to contact your physician(s), and if necessary, take your child to the nearest hospital at your expense? _____

Child's Physician: _____ Telephone No.: _____
Physician's Address: Street: _____ City: _____

Is your child under special medical care? _____

Please, provide the Skokie Montessori School any information regarding your child's medical care from your physician that we should be aware of: _____

Has your child received the immunization and vaccination required by the Health Dept.? _____

In case of Emergency or Illness, whom do we contact if we are unable to reach the family? These names will be considered an automatic addendum to your transportation authorization form.

Name: _____ Telephone/Cell No.: _____
Address: _____ Relationship: _____

Name: _____ Telephone/Cell No.: _____
Address: _____ Relationship: _____

I understand that students are admitted for the full academic term and that my agreement to pay the tuition fee for the full academic term is not subject to adjustment because of illness, absence, withdrawal or dismissal of the child from the school for any cause after the date of admission. I understand that the tuition fee is not adjusted for absence for family vacations. **Dismissal** from the school will be at the sole discretion of administration of the school. In limited circumstances, upon providing **a minimum of thirty days written notice** to SKOKIE MONTESSORI SCHOOL for withdrawal from the school, and when a replacement student becomes registered in my child's place, and at the sole discretion of the administration of the school I may be eligible for a tuition adjustment. Withdrawal without notice will result in legal collection of tuition due. In all suits the school will be entitled to additionally recover court costs, collection costs, and reasonable attorneys' fees. I understand that if my child is accepted for enrollment by the SKOKIE MONTESSORI SCHOOL, that my annual fee and first tuition installment must be received by the school on or before **Feb. 12, 2018**. I understand I have the privilege of withdrawing this application if I give written notice to the administration of the SKOKIE MONTESSORI SCHOOL on or before **March 12, 2018**. I understand **the annual fee is non-refundable**. I also understand that if an application is withdrawn after **April 12, 2018**, none of the first tuition installment is refundable; since the school's financial obligations are in no way lessened by withdrawal of a student. I agree to pay total tuition fee payments that **are divided into 10 installments** which is based on the payment plan I have chosen (check marked). All payments are due on the first of each month. A 10 % service charge will be added to all late payments.

These programs follow the **FULL DAY 3-6 PROGRAM**

ANNUAL FEE (NON-REFUNDABLE) OF \$75.00 AND 1ST TUITION INSTALLMENT to be submitted with the appropriate tuition fee checked from the **PAYMENT PLAN** below: Make Payment to Montessori School of Skokie
***** A copy of your child's birth certificate needs to be on file*****

FULL DAY PROGRAM: (FOR THREE AND SIX YEAR OLDS)

_____ **5 Mornings & 5 Afternoons (5 full days - 7:30 AM – 6:00 PM) \$1,260.00** due with the Application/contract; and **\$1,260.00** per installment, September 1st through May 1st
Total Tuition Fee \$ 12,600.00 (10 installments)

_____ **3 Mornings & 3 Afternoons (3 full days – 7:30 AM – 6:00 PM) \$1,060.00** due with the application/ Contract; and **\$ 1,060.00** per installment, September 1st through May 1st
Total Tuition Fee \$10,600.00 (10 installments)

Families with two or more children enrolled in the school during the same academic year who wishes to make alternative payment arrangements can be made by contacting the school Director.
 Special payment arrangements for the 1st installment can be divided into two months **UPON REGISTRATION**.

*I agree in consideration of the acceptance of my child as a student in the Skokie Montessori School, to indemnify the school, administration, its Directors and staff against any claim and demands made by or in behalf of:

_____ (Name of Child) _____ Date

I (We) have read the general school policies and agree to abide by them.

_____ Accepted by Montessori School of Skokie/Date _____ Print Name & Signature of Parent or Guardian/Date

*To be filled out by the School:
 Application Received _____ Annual Fee & 1st Installment _____ Check No. _____ Amount _____