SKOKIE MONTESSORI SCHOOL
8401 N. Karlov Avenue
Skokie, Illinois 60076
Tel. No. (847) 679-4614

Start Date:_____
Discharge Date: _____

HALF-DAY 2-3 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, **Sept.4, 2018** ending **May 23, 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 you chid 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: _____

CONTRACT FOR_____ACADEMIC YEAR: 2018-2019

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 **HALF-DAY 2-3 CALENDAR**
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 your payment to **Montessori School of Skokie**

***** A copy of your Child's Birth Certificate needs to be on file *****

MONTESSORI PROGRAM: (FOR TWO TO THREE YEARS OLDS)

_____ **5 Mornings (8:30 AM –11:30) $820.00**due with the application/contract; and **$820.00** per installment, September 1st Through May 1st **Total Tuition Fee $8,200.00** (10 installments)

_____ **5 Long Mornings (8:30 AM – 12:00 PM with lunch) $910.00** due with the application contract; and **$910.00** per installment, September 1st through May 1st **Total Tuition Fee $9,100.00** (10 installment)

_____ **5-Day Extended Program (8:30 AM – 3:00PM) $1,140.00** due with the application/contract; and **$1,140.00** per installment, September 1st through May 1st **Total Tuition Fee $11,400.00** (10 installments)

TRANSITION PROGRAM: (FOR TWO TO THREE YEAR OLDS ONLY)

_____ **3 Mornings (8:30AM – 11:30 AM) $710.00**due with the application/contract; and **$710.00** per installment, September 1st through May 1st **Total Tuition Fee $ 7,100.00** (10 installments)

_____ **3 Extended Days (8:30 AM - 3:00 PM) $930.00**due with the application/contact; and **$930.00** per installment, September 1st through May 1st **Total Tuition Fee $9,300.00** (10 installments)

* 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

_____ . _____
Child's Name Date

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

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

To be filled out by the Skokie Montessori School:

Application Received_____ Annual Fee & 1st Installment_____ Check No._____ Amount_____