



## Application for Admission

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

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

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

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

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(please provide one or more addresses for office use only—will not be published or shared)

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

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

Childs Allergies: \_\_\_\_\_

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

### Monthly Tuition

2018 / 2019

Please Circle the program and options you are interested in below.

#### Toddlers (21-36 months)

8:45am—11:45am

2 days—\$435 per/mo

3 days—\$570 per/mo

5 days—\$700 per/mo

#### Half Day (3-6 yr olds)

Morning: 8:30am—11:30am

5 days—\$700 per/mo

#### School Day (3-6 yr olds)

8:30am—3:00pm

4 days—\$885 per/mo

5 days—\$1,025 per/mo

(Lunch not included)

#### Year Round (3-6 yr olds)

7:00am—6:00pm

5 days—\$1,500 per/mo

### Flexible Options

#### \*Early Arrival

7:00am—8:30am

#### \*Extended Program

3:00pm—6:00pm

*\*Excludes Toddler Program*

*Note: Early Arrival is available for students enrolled in the morning half day or school day programs. Extended Program is available for students enrolled in the afternoon half day or school day programs.*

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

**Facility Fee**  
\$300 per family, yearly (Billed Aug.)

**Activity Fee**  
\$175/student, yearly (billed Sept.)

**Spring Raffle (Mandatory)**  
\$200/family (billed March)

**Discount**  
10% sibling discount taken on lower tuition

**Tuition Due**  
1st of the month for the following month

### For Office Use

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

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

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

Registration Fee: \_\_\_\_\_

**Application Terms And Conditions Date:**

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 in the half day, school day, and full day programs, 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 of Directors 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.
11. Any changes to the student's choice of school program or before or after school care (including the number of days in which a student attends NSMS) must be requested by Aug. 15 for the fall semester, and Dec. 15 for the spring semester. Changes requested after this date will only be permitted at the discretion of the principal for cases of hardship.

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 \$ 300 are enclosed.