

Date: _____

APPLICATION FOR ADMISSION

AM Half Day Preprimary
 PM Half Day Preprimary
 Extended Day (11:30 -1:30 p.m.)

Full Day Preprimary
 Toddler Class
 Parent/Child Class

Child's Name _____

Address _____

City, State, Zip _____ Phone _____

Date of Birth _____ Sex: M F Place of Birth _____

Race/ethnic designation _____ (City) (State)

Father's Name _____ Occupation _____

Company _____ Address _____

Working Hours _____ Business Phone _____

E-mail _____ Cell _____

Mother's Name _____ Occupation _____

Company _____ Address _____

Working Hours _____ Business Phone _____

E-mail _____ Cell _____

Marital Status _____ Guardians _____

Child's Physician _____ Phone _____

Address _____

Persons We May Contact In An Emergency And / Or Who Are Authorized To Pick Up Your Child:

**** We will always call parents first ****

(1) Name _____ Home Phone _____

Relationship _____ Work Phone _____

(2) Name _____ Home Phone _____

Relationship _____ Work Phone _____

(3) Name _____ Home Phone _____

Relationship _____ Work Phone _____

Names and ages of siblings: _____

If there is an unusual custody situation, explain briefly: _____

Does your child have special physical or emotional issues? Explain: _____

Is your child receiving any treatment or medication regularly? Explain: _____

How did you learn about our school? _____
Has your child attended any other preschools? _____ Which? _____
Have you observed a Montessori class in session? _____ When? _____
Have you attended a Montessori Parent Orientation Course? _____ When? _____

Montessori Children's House of North Barrington
115 Clover Hill Lane
North Barrington, IL 60010
847-550-0917

CONTRACT

The Montessori method requires the teacher to give extensive time to the preparation of the learning environment before, during and after the classroom schedule. It is the many hours of preparation that enables us to continue to present a quality program. We have an academic year of 176 days.

I understand that students are admitted for the full academic year and that my agreement to pay for the full academic year is not subject to adjustments for illness, absence, withdrawal or dismissal.

I understand I have the privilege of canceling this contract provided I give **written notice** to the school 30 days prior to the withdrawal date. The last day of withdrawal before the start of the school year is July 31st.

Because the Director does recognize the fact that extraordinary circumstances can exist, she may at her sole discretion waive any of the provisions of the above paragraphs.

In consideration for acceptance of my child as a student at Montessori Children's House of North Barrington, the undersigned agrees to indemnify Montessori Children's House of North Barrington, its Directors and employees against any claims or demands made by or on behalf of:

_____ (Name of Child)

Program Name _____ Hours: From _____ To _____

Days of the Week _____

Annual Registration Fee \$ _____ 75 _____ Annual Tuition \$ _____

Method of Payment: () In Full () Monthly Payments

MONTHLY PAYMENTS: First payment due with application, then remaining payments will be made directly to Montessori Children's House of North Barrington on the first of each month.

Amount Due With Application \$ _____ Tuition Balance \$ _____

The annual tuition is divided into 10 equal payments, the first being the application payment, and then nine further payments are due, starting August 1st and ending on April 1st.

Signature of Parent or Guardian _____ Date _____

FOR OFFICE USE ONLY:

Date Application Received _____

Discounts applied _____

Amount Received \$ _____ Check # _____

Interview Completed _____ Admission Granted On _____