

MONTESSORI OF FRANKFORT 12 WEST SAUK TRAIL FRANKFORT, IL 60423 PH: 815.469.3030 Fax: 815.267.3320 www.montessorioffrankfort.com

linda@montessorioffrankfort.com

		Application for Admissic	N FOR		Ѕсно	DOL YEAR		
Child	's Name			Middle			/ / mm dd yy	
Addre	ess		City		St	tate Zip		
Phon	e				Gender:	Boy 🗆	Girl 🗆	
Fathe	er's Name			_ Occupation				
Emple	oyer Name & Addres	ss						
Work	ing Hours	Business Phone			Cell	Phone		
Emai	Address:							
Employer Name & Address								
Working Hours Business Phone Cell Phone								
Email Address:								
List others we may contact in case we cannot contact you								
1) N	Name			_ Phone	e			
A	Address							
2) N	Name			_ Phone	e			
A	Address							
3) N	Name			_ Phone	e			
Address								
PERSC	ONS AUTHORIZED TO PI	CK UP YOUR CHILD						
1) N	Name			_ Phon	e			
ļ	Address							
2) N	Name			_ Phon	e			
4	Address							

Other Information								
Names and ages of siblings								
If there is any unusual custody situation, please explain								
Does your child have a special physical or emotional problem? Explain								
Is your child receiving any treatment or medication? Explain								
How did you learn about our program?								
Why are you choosing a Montessori program?								
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. 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. In the event I fail to make payments as set forth below, I agree to pay all collection expenses, including reasonable attorney fees, incurred by Montessori of Plainfield/Frankfort to enforce this agreement. In consideration for acceptance of my child as a student at the Montessori of Plainfield/Frankfort, the undersigned agrees to indemnify the Montessori of Plainfield/Frankfort, its Directors and employees against any claims or demands made by or on behalf of: Name of Child Pre-Primary AM _3*/4/5_Days (If 3 days* which days M/W/F or T/W/F) *Child must still be 3 on September 1 st of the school year to qualify for the 3 day program. Extended Day Day(s)								
(please indicate your choice by checking/circling choices – Kindergarten students must attend 5 days)								
Annual Tuition: \$	Method of Pa	yment: 🗆 In full 🛛 Monthly						
 Monthly payments (paid over 10 payments) for all classes are due with application and on the first of each month beginning September 1 and ending May 1. 								
Amount due with application: \$ Amount of Monthly Payment: \$								
FOR OFFICIAL USE ONLY								
Application Received	Amount Received	Check Number:						
//	\$:							