MONTESSORI OF FRANKFORT
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FRANKFORT, IL 60423
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www.montessorioffrankfort.com
linda@montessorioffrankfort.com

APPLICATION FOR ADMISSION FOR _____ SCHOOL YEAR

Child's Name _____ _____ _____ Date of Birth __ __ / __ __ / __ __
Last *First* *Middle* *mm* *dd* *yy*

Address _____ City _____ State _____ Zip _____

Phone _____ Gender: Boy ☐ Girl ☐

Father's Name _____ Occupation _____

Employer Name & Address _____

Working Hours _____ Business Phone _____ Cell Phone _____

Email Address: _____

Mothers Name _____ Occupation _____

Employer Name & Address _____

Working Hours _____ Business Phone _____ Cell Phone _____

Email Address: _____

LIST OTHERS WE MAY CONTACT IN CASE WE CANNOT CONTACT YOU

1) Name _____ Phone _____
Address _____

2) Name _____ Phone _____
Address _____

3) Name _____ Phone _____
Address _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

1) Name _____ Phone _____
Address _____

2) Name _____ Phone _____
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)*** ☐ ***Extended Day _____ Day(s)***

(please indicate your choice by checking/circling choices)

Annual Tuition: $ _____ **Method of Payment:** ☐ **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.*
- *Extended day payments are due September 1 and ending May 1.*

Amount due with application: $ _____ **Amount of Monthly Payment: $** _____

Signature of parent or guardian _____ Date __ __ / __ __ / __ __

FOR OFFICIAL USE ONLY

Application Received	Amount Received	Check Number:
__ __ / __ __ / __ __	$:_____	_____