



**MONTESSORI OF FRANKFORT**  
**12 WEST SAUK TAIL**  
**FRANKFORT, IL 60423**  
**(815) 469-3030**  
www.montessorioffrankfort.com  
montessorioffrankfort@gmail.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)**

*\*Child must be 3 at the start of the school year to qualify for the 3 day program.*

 **Extended Kindergarten**     **Extended Day \_\_\_\_\_ Day(s)**

*(please indicate your choice by checking/circling choices - Kindergarten students must attend 5 days)*

Annual Tuition: \$ \_\_\_\_\_

Method of Payment:     In full     Monthly

- Monthly payments (paid over 10 payments) for Extended Kindergarten, AM & PM 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:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$: \_\_\_\_\_

\_\_\_\_\_