

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 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:

____ / ____ / ____

\$: _____
