



# GRACE MONTESSORI SCHOOL

1635 N. 37th Ave., Melrose Park, IL. 60160 Tel. (708)344-7257 Fax No. (708) 344-7257

## REGISTRATION FOR ENROLLMENT

### 1. Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Middle Last

Name commonly used: \_\_\_\_\_ Sex: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What languages are spoken in your child's home? \_\_\_\_\_

Has your child had previous group day care or Montessori experience? If yes, where and when? \_\_\_\_\_

If your child was enrolled in another center, why did you change? \_\_\_\_\_

List your child's known allergies: \_\_\_\_\_

List your child's serious medical conditions/illnesses: \_\_\_\_\_

Name of your child's Pediatrician: \_\_\_\_\_ Tel. \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Name of your child's Dentist: \_\_\_\_\_ Tel. #: \_\_\_\_\_

### Emergency Authorization

In the event of a medical emergency that may endanger my child's life, disfigurement, or any physical impairment, I authorize treatment of my child by qualified medical personnel. I understand that this authorization will only be used if Grace Montessori School has exhausted all effort to reach me and unable get in contact with me. Furthermore, I understand that I am responsible for payment of any medical treatment provided for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## 2. Family Information

**Father's/Guardian Name :** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home#:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Mobile #:** \_\_\_\_\_

**Mother's/Guardian Name :** \_\_\_\_\_ **SSN #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Mobile #:** \_\_\_\_\_

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## 3. Authorized persons to pick up the student / Emergency Contact

Name	Relationship to student	Tel. #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Note: Please list at least three contacts, other than parents



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#### 4. Program(s) applied for (Please check all that apply)

Before Care (7am – 9 am)	Half Day Schedule (9am – 12pm /1pm - 4pm)	Full Day Schedule (9am – 3pm)	After Care (3pm – 6pm)
<input type="checkbox"/> Monday – Friday	<input type="checkbox"/> Monday – Friday	<input type="checkbox"/> Monday – Friday	<input type="checkbox"/> Monday – Friday
<input type="checkbox"/> Monday, Wed, Fri	<input type="checkbox"/> Monday, Wed, Fri	<input type="checkbox"/> Monday, Wed, Fri	<input type="checkbox"/> Monday, Wed, Fri
<input type="checkbox"/> Tues - Thurs	<input type="checkbox"/> Tues - Thurs	<input type="checkbox"/> Tues - Thurs	<input type="checkbox"/> Tues - Thurs

Drop off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_ **Late pick-up fee: \$ 1.00/min.**  
 Tuition: \$ \_\_\_\_\_ Billing cycle: \_\_\_\_\_ (monthly/weekly) **Returned check fee : \$ 25.00**

Registration Fee: \$ 90.00 (annually)

Supplies Fee: \$ 70.00

**All accounts that are 30 days overdue will be forwarded to a collection agency. Students cannot return to school without full payment of tuition owed to Grace Montessori School.**

### Tuition Agreement

1. I understand that my child cannot enroll in the school if I do not sign and cooperate with the terms of this agreement.
2. I am aware of the tuition amount and fee schedule and understand it.
3. I am responsible for and agree to pay my child's tuition and all necessary fees to Grace Montessori.
4. I understand that I am responsible for giving 4 weeks notice if I wish to withdraw my child from the school, and that I am responsible to pay any tuition or fees owed to the school.
5. I understand that the school is closed for one week in December, one week in June, and one week in August and I am responsible and agree to pay for full payments for the above said months.
6. If I am having difficulty with my tuition payments, I am responsible for and agree to communicate in writing to the Treasurer of the school.
7. I understand that I may pay my child's tuition by: cash, personal check, money order, or VISA/Master Card. I agree to pay thru any of the above means if my previous personal check is returned by the bank.
8. I understand that I am responsible to pay the full tuition if and when the Department of Human Services denies or cancels childcare eligibility. If there is a delay in their payment schedule, I am responsible to cover the tuition for that month and get reimbursed by Grace Montessori only upon receipt of payment from DHS.
9. My signature indicates that I have read and understand the above conditions and that I agree to comply with these terms.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_



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## Parent's Contract

Grace Montessori School is a prepared environment carefully planned and designed to encourage the joy of learning in children. We use the Montessori Method which allows the children to acquire order, concentration, independence, self-discipline, and social cooperation. Montessori philosophy is not exclusive for the classroom alone, but also assists in the creation of a happy and healthy home life, we ask our parents to sign a contract with us. We believe that working in partnership with us, your child will highly benefit from our curriculum and reach their highest potential.

I agree to:

1. Sign my child in and out on the attendance roster.
2. Call the school when my child won't be coming to school due to illness and get clearance from the doctor if necessary.
3. Let the teachers know ahead of time if I need to pick up my child early so that may have my child ready.
4. Express my concerns to the teachers about anything that may be beneficial or harmful to my child.
5. Attend Parent/Teacher Conferences.
6. Take an active role in my child's educational process.
7. Reinforce the Montessori Method at home.
8. Read to my child and let my child read to me when he/she is able, to foster life long appreciation of reading books.
9. Give the teachers feedback on my child's progress at home so they may help my child with any problem areas.
10. Let the school know one month in advance should I chose to transfer my child to another school facility.
11. Settle and pay all tuition dues before any school's clearance is issued including my child's records.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Where did you first learn about Grace Montessori School? Please check item/items that applies:

- Website     Yellow Pages     Banner  
 Referred by friend/relative (please list name/names)
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