



MONTESSORI CHILDREN'S ACADEMY

706 E. PARK BLVD.
VILLA PARK, IL 60181
630.832.4423 phone
630.832.6692 fax

APPLICATION FOR ADMISSION

Name of Child: _____ Home Telephone: _____

Home Address: _____
Street City Zip Code

Date of Birth: _____ Due Date: _____ Sex: M F

Mother/Guardian's Name: _____
Occupation: _____ Employer: _____
Business Address: _____ Email: _____
Work Telephone: _____ Cell: _____ Alternate # _____

Father/Guardian's Name: _____
Occupation: _____ Employer: _____
Business Address: _____ Email: _____
Work Telephone: _____ Cell: _____ Alternate # _____

Marital Status: () Single () Married () Separated () Divorced () Widowed
Child resides with: () Mother () Father () Both Parents () Guardian

I agree to the placement of my child at Montessori Children's Academy, and to comply with its written policies and handbook. In consideration for the acceptance of my child as student at Montessori Children's Academy, the undersigned agrees to indemnify Montessori Children's Academy, its Directors, and Employees against any claims and demands made by, or on behalf of, my child.

Parents'/Guardians' Signatures: _____
Date: _____

Desired date of Admission: _____ Drop off time: _____ Pick up time: _____

Scheduled Days of Attendance: Mon Tue Wed Thu Fri

CONSENT AGREEMENTS

EMERGENCY:

In case of any emergency, illness, or accident, Montessori Children's Academy is authorized to contact your referenced doctor/dentist and/or secure emergency room care for my child if I/we cannot be contacted. I/We understand that I/we will be responsible for any medical charges upon receipt of the statement.

Signature of parent/guardian

FIRST-AID:

I/We authorize Montessori Children's Academy to administer first-aid to my child. This includes needs such as: ice packs, anti-bacterial ointment, diaper balm, band-aids, etc...

Signature of parent/guardian

SCHOOL EXCURSIONS:

I/We authorize Montessori Children's Academy to take my child on school excursions, such as: nature walks, trips to the park, etc...

Signature of parent/guardian

PHOTO RELEASE:

I/We authorize Montessori Children's Academy to use photographs of my child for M.C.A. newsletters/marketing/publicity purposes (newspaper, brochures, website).

Signature of parent/guardian

PICK-UP:

The following persons have permission to pick-up my/our child(ren) from Montessori Children's Academy. It is understood that the child in reference will not be released from this school without written permission from a parent/guardian in addition to proper identification, with the exception of the below mentioned individuals.

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

MEDICAL INFORMATION:

Which parent and phone number should be contacted 1st for an emergency: _____

_____ Parent and number to be contacted 2nd: _____

In case of illness or injury, parents/guardians will be the first notified. If contact cannot be made with the parents/guardians, please list the alternate people we may reach and/or release your child to in emergency situations.

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

* Your child is required to have an updated medical and immunizations for enrollment *

Doctor: _____ Medical Firm: _____
Address: _____
Telephone: _____

Dentist: _____ Medical Firm: _____
Address: _____
Telephone: _____

Eye Doctor: _____ Medical Firm: _____
Address: _____
Telephone: _____

MEDICAL ALERTS (i.e.: asthma, diabetes, allergies, dietary restrictions, etc.)

Is your child receiving any treatment, therapy, or medication? Yes / No Please explain:

State of Illinois
Department of Children and Family Services

CFS 580
Il 418-580

VERIFICATION OF RECEIPT

I/WE, _____

Parents(s) of _____, hereby certify that I/we have received a copy of a summary of licensing standards and other materials published by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

PLACEMENT AGREEMENT

I agree to pay the fee of \$ _____ bi-weekly / monthly promptly on every first Monday of the week / month for my child(ren), with no exception of holidays and other excused absences (including illnesses and vacation) in accordance with the established Fee Policy. A late fee of \$10.00 per week is due for any late payments. (A late fee of \$10.00 every 10 minutes is required if your child is picked up after 6:00pm at time of pick up).

I understand that a \$125.00 non-refundable registration fee is required with each application per child. The registration fee is refundable only if there is no enrollment spot for your child after a projected start date is determined.

I agree to submit a security deposit equivalent to one week tuition (per child) prior to my child(ren) attending MCA. It is understood that this security deposit will be refunded only if there is a minimum two weeks written notice given prior to withdrawal of enrollment.

I, _____ do acknowledge that my child, _____ will attend _____ times a week. I am giving a one week deposit of \$ _____, which will be forfeited if I fail to give a two weeks notice of withdrawal.

Parents'/Guardians' Signatures: _____

Date: _____

OFFICE USE ONLY

Date Interviewed: _____

Date of Admission: _____

Referral Info: _____

Date Discharged/Reason: _____

Reg. Fee: _____ Date Rec: _____

Amount: _____

Cash/Check No.: _____

Key Fob #: _____

Tuition Dep: _____ Date Rec: _____

Amount: _____

Cash/Check No.: _____

- ___ Application
- ___ Cert. Birth Certificate Inf-Tod
- ___ Parental Questionnaire
- ___ Emergency Form
- ___ Medical Form ___ Dental & Vision(Kinder)
- ___ Parent Handbook (Ack. Form)
- ___ Supply List / Sched.
- ___ Pick-Up Agreement

Notes: _____

Trans. Dates: _____

Class Assigned: I T 2 - 3 3 - 6