



THE MONTESSORI SCHOOLHOUSE
717 Rickard Road • Springfield, IL 62704
217.787.5505

APPLICATION FOR ADMISSION

Session Desired:

- Primary Morning (9:00– 11:30)
- Primary Morning & Childcare (7:30 – 5:30)
- Primary Extended Day (9:00– 3:00)
- Primary Extended Day & Childcare (7:30–5:30)
- Elementary (9:00– 3:00)
- Elementary & Childcare (7:30 – 5:30)

Application is hereby made for admission of _____
Name of Child
as a student in the Montessori Schoolhouse of Springfield for the academic year _____ to _____.

Childs Legal Name Birthdate Gender

Street City, Zip Home Phone

Father or Guardian Cell Phone Business Phone

Occupation Business Address Email Address

Mother or Guardian Cell Phone Business Phone

Occupation Business Address Email Address

Names and Ages of Siblings

Previous School(s) Attended

In consideration of the acceptance of my child as a student in the Montessori Schoolhouse of Springfield, I agree to indemnify the school, administration and staff against any suits, actions, claims, judgments and demands made against, by, for or on behalf of my child.

Child's Name _____ Signature of Parent _____

I authorize the following people to pick up my child from school. I understand that it is my responsibility to change or update this list and that school personnel cannot release my child to anyone other than those listed below without receiving my permission either in writing or by personal message.

Name _____ Name _____
Name _____ Name _____

Person to contact if parents cannot be reached:

Name _____ Phone _____

Family Physician _____ Phone _____

Do we have permission to call an ambulance for your child in an emergency? Yes No

Hospital Preference _____

Is your child allergic to:

Any medication _____ Specify _____

Any other substances (foods, dust, animal fur, etc)? _____

My child has the following special needs: _____

PHOTOGRAPHY AGREEMENT

By enrolling my child at the Montessori Schoolhouse, I understand that my child's photograph and first name may be used and/or posted within the school, on The Montessori Schoolhouse website (www.montessorischoolhousespringfield.com), in publications such as: flyers, Montessori Schoolhouse informational brochures, print and/or television advertisements. If you have objections to your child being photographed, please notify the school in writing.

FINANCIAL AGREEMENT

I have read the Enrollment Procedure for The Montessori Schoolhouse. I understand that I am enrolling my child for the entire school year as shown in the yearly schedule.

I understand that the registration fee and any tuition or fees already paid to the school are completely non-refundable. I also understand that any tuition or fee paid is never refundable even if my child is withdrawn from the school. I also understand that checks written to the school and returned by the bank for any reason are subject to a \$50 return check fee.

Tuition, which is an annual fee, may be paid in one of three ways.

Option 1 : One annual payment of _____ Due August 15th

Option 2 : Two semi-annual payments of _____ Due August 15th and January 15th

Option 3 : Nine monthly payments of _____ Due monthly beginning August 15th continuing through April 15th.

I choose Option ____ to pay tuition for the _____ school year

Please note that monthly tuition payments not made within 5 days of the due date are subject to a \$35.00 late fee.

Parent or Guardian _____ Date _____

Approved by Montessori School Director _____