



2019–2020 Monthly Tuition

**Please Circle
the program and
options you are
interested in below:**

Toddlers (21-36 months):

8:45am–11:45am

2 days\$450

3 days\$600

5 days\$700

Half Day (3-6 yr olds):

Morning: 8:30a–11:30am

3 days\$600

4 days\$650

5 days\$700

School Day/Year Round

(3-6 yr olds):

8:30am–3:00pm

3 days\$785

4 days\$925

5 days\$1065

(Lunch not included)

Full Day/Year Round

(3-6 yr olds):

7:00am–6:00pm

3 days\$1150

4 days\$1315

5 days\$1550

Flexible Options

*Early Arrival:

7:00a–8:30am.....\$160

*Excludes Toddler Program

NOTE:

Early Arrival is available
for students enrolled in the
morning half day or school
day programs ONLY.

Northwest Suburban Montessori School 2019–2020 Application for Admission

Date: _____

Child's Name: _____

Child's Birth Date: _____ Gender: ☐ M ☐ F

Child's Home Address: _____

Child's Home Phone Number: _____

Father's Name: _____ Mother's Name: _____

Business Name: () - Business Name: () -

Business Phone #: () - Buiness Phone #: () -

Cell Phone #: () - Cell Phone #: () -

Email Address: _____

(Please provide one or more addresses for office use only — will not be published or shared)

Doctor's Name: _____

Doctor's Phone #: () -

Doctor's Address: _____

Childs Allergies: _____

Physical Concerns: _____

Registration Fee:

\$150 New Student Registration (Non-refundable)

\$75 Returning Student Registration (For each)

Facility Fee:

\$325 Per family, yearly (Billed in August)

Activity Fee:

\$200/Student, yearly (Billed in September)

Spring Raffle (Mandatory):

\$200/Family (Billed in March)

Discount:

10% Sibling discount taken on lower tuition

Tuition Due:

1st of the month for the following month

FOR NSMS OFFICE USE

Assigned Classroom: _____

Days/Hours Attending: _____

Start Date: _____

Registration Fee: _____

NSMS 2019–2020 Application Terms and Conditions

Date: _____



1. In the event of a medical emergency, your child will be taken to NORTHWEST COMMUNITY HOSPITAL, be the Arlington Heights paramedics. If we are unable to reach you, the parent, we will contact your child's physician. Please sign this agreement and provide the doctor's information for your child.
2. I agree that any pictures of my child taken Northwest Suburban Montessori School may be used for promotion purposes ☐ YES ☐ NO
3. My child's picture may be used on the web site for the School ☐ YES ☐ NO
4. I agree that Northwest Suburban Montessori School may take my child on field and/or walking trips as planned. In consideration of services rendered by the faculty and others, I exempt the School and all persons assisting in the activity from all liability for accident and /or illness.
5. I have received a copy of the Northwest Suburban Montessori School Parent Handbook, which also includes the policies for guidance/discipline and harassment. I have read it and agree to abide by all policies and procedures, and understood all policies and procedures.
6. I authorize the Northwest Suburban Montessori School staff to call the paramedics in the event of an emergency. I also authorize anyone on the Northwest Suburban Montessori School staff, certified in CPR/first aid to administer CPR/first aid if necessary.
7. I understand the Northwest Suburban Montessori School staff does not diaper children i the half day, school day, and full day programs, and I agree to come to school to change my child if necessary.
8. If your child is entering school for the first time, the enrollment is provisional for an initial six week period, during which readiness for a d adaptability to the Montessori classroom environment will be determined. The Principal, with Board of Directors approval reserves the right to dismiss a child at any time, and in the event, tuition will be pro-rated for the period of attendance.
9. In consideration of the acceptance of a child as a student in the school, the parent(s) agree to indemnify Northwest Suburban Montessori School, its Directors, and employees against any claim and demands made by or on behalf of the child.
10. The school provides a full time professional staff for the entire academic year. Because of the school's financial commitments, the tuition is not subject to adjustments due to illness, absences, inclement weather, holidays, family vacation days or withdrawal of the child.
11. Any changes to the student's choice of school program or before or after school care (Including the number of days in which a student attends NSMS) must be requested by August 15 for the fall semester, and December 15 for the spring Semester. Changes requested after this date will only be permitted at the discretion of the principal for cases of hardship.

☐ I have read the above terms and conditions and the
Current policies and statements and I am in agreement.

Parent Signature _____ Date _____

My one time non-refundable registration fee of \$ _____ and my tuition deposit of \$300 are enclosed.