



Application for Enrollment

Child's Name: _____
Last First Middle

Preferred Name: _____ Date of Birth: / / / / / Gender: Male Female

Home Address: _____ City _____ State _____ Zip _____

Parent #1

Last Name: _____ First Name: _____ Preferred Phone: _____

Home Address: _____ City _____ State _____ Zip _____

Employer: _____ Occupation: _____ Email Address: _____

Employer's Address: _____ Work Phone: _____ Home Phone: _____

Parent #2

Last Name: _____ First Name: _____ Preferred Phone: _____

Home Address: _____ City _____ State _____ Zip _____

Employer: _____ Occupation: _____ Email Address: _____

Employer's Address: _____ Work Phone: _____ Home Phone: _____

Emergency Contacts & Persons Authorized to Pick up Your Child:

Last Name: _____ First Name: _____ Relationship: _____

Home Address: _____ City _____ State _____ Zip _____

Preferred Phone: _____ Secondary Phone: _____ Email Address: _____

Last Name: _____ First Name: _____ Relationship: _____

Home Address: _____ City _____ State _____ Zip _____

Preferred Phone: _____ Secondary Phone: _____ Email Address: _____

Last Name: _____ First Name: _____ Relationship: _____

Home Address: _____ City _____ State _____ Zip _____

Preferred Phone: _____ Secondary Phone: _____ Email Address: _____

Last Name: _____ First Name: _____ Relationship: _____

Home Address: _____ City _____ State _____ Zip _____

Preferred Phone: _____ Secondary Phone: _____ Email Address: _____

For Office Use
Received Date _____ Fee _____ Copies KB _____ EK _____ Directress _____ Interview Date _____ Start Date _____

Home Survey

- Are there any legal custodial Issues of which we need to be aware? Yes No If yes, please attach legal documentation.
- Are there other relatives or friends living in the child's home? Yes No If yes, please list their names and relationships to the child.

Others:

Name: _____ Relationships: _____

Siblings

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Pets:

Name: _____ Type: _____

Name: _____ Type: _____

Medical Information

Does your child have any medical condition of which we should be aware? Yes No If yes, please describe the conditions or situation.

Allergies: _____

Phone #: _____

Pediatrician's Name &
Contact Information: _____

Address: _____

Current Medications: _____

Child's Developmental History

1. Is there a language other than English spoken in the home? Yes No If yes, please list other language(s): _____

2. Does your child have any specific eating habits of which we should be aware? Yes No If yes, please describe: _____

3. Does your child have regular sleeping habits? Yes No If no, please describe: _____

4. Does your child enjoy playing with other children? _____

Any particular play habits of which we should be aware? _____

5. How would you describe your child's personality? (circle as many as apply) Outgoing Friendly Anxious Easy Going

Shy Exuberant Clingy Flexible Resistant to changes Curious Has a temper

6. What is your child's previous school experience? _____

7. Primary children ages 3 to 6 only) Is your child relatively potty trained? Yes No

If no, how often is your child having accidents? Rarely, but occasionally Once a week Daily Several times a day

Special Needs

Does your child receive any specialized services, publicly or privately? Yes No Type of Service: _____

Does your child have an IEP, ISP, or 504? Yes No If yes, please attach the most recent copy of their plan.

Do you have concerns about your child's development that you would like to talk with us about? Yes No

Please indicate any other information that may help us meet your child's needs better: _____

Joliet Montessori's Tuition Options*	Age Served Programs are designed to meet the needs of a three (or more) year age span in each environment	Schedule Regular school year is ~ 36 weeks.	10% Deposit Due April 15th of previous school year on all payment plans	Remaining Tuition in full Due by Aug 1st \$25 late fee	Remaining Tuition Bi-annual Plan Due prior to semester \$25 late fee/each	Remaining Tuition Monthly via FACTS**
Primary Half-Day 5 Days	3 & 4 year olds	8:30 to 12:00 pm	\$464.00	\$4,171.00	\$2,085.50/Aug 1 \$2,085.50/Jan 1	\$464.00
Primary Half-Day 4 Days (M-Th)	3 & 4 year olds	8:30 to 12:00 pm	\$371.00	\$3,337.00	\$1,668.50/Aug 1 \$1,668.50/Jan 1	\$371.00
Primary Full-Day 5 Days	3,4, and 5 year olds	8:30 to 3:00 pm	\$670.00	\$6,025.00	\$3,012.50/Aug 1 \$3,012.50/Jan 1	\$670.00
Primary Full-Day 4 Days (M-Th)	3 & 4 year olds	8:30 to 3:00 pm	\$536.00	\$4,820.00	\$2,410.00/Aug 1 \$2,410.00/Jan 1	\$536.00
Elementary-Lower	6 to 9 year olds	8:30 to 3:00 pm	\$758.00	\$6,817.00	\$3,408.50/Aug 1 \$3,408.50/Jan 1	\$758.00
Elementary-Upper & Nature's Classroom	9 to 12 year olds	8:30 to 3:00 pm	\$831.00	\$7,474.00	\$3,737.00/Aug 1 \$3,737.00/Jan 1	\$831.00
Adolescent Program & Nature's Classroom	13 to 15 year olds	8:30 to 3:00 pm	\$887.00	\$7,983.00	\$3,991.50/Aug 1 \$3,991.50/Jan 1	\$887.00
*Scholarship assistance is available through an application on FAST. Call our Business Manager for details at 815-741-4180. **Monthly financing is available through FACTS						
Support Programs	Childcare before and after school can be added to the other programs as needed.					
Before School Care	All ages	7:00 to 8:30 am	NA	\$87.60 Monthly	Daily Drop In \$6.75	
After School Care	All ages	3:00 to 6:00 pm	NA	\$175.20 Monthly	Daily Drop In \$16.50	
Early Dismissal Care	All ages	12:00 to 3:00 and 3:00 to 6:00 (2 blocks available)	NA	Included in above monthly fee.	Daily Drop In \$16.50/12 to 3 \$16.50/3 to 6	

Sibling Discount available! 10% discount will apply to all second and subsequently enrolled students.

This form must be accompanied by a \$100 non-refundable application fee.

Please direct all questions and concerns of a financial nature to our Business Manager, Kathy Bertani, at 815-741-4180 ext. 1004 or kbertani@jolietmontessorischool.org.

We thank you for your interest and look forward to getting to know your young learner!
www.jolietmontessorischool.org
 Facebook: Joliet Montessori School

Paying Tuition– JMS offers three types of payment plans: 1) annual 2) bi-annual or 3) monthly. We accept payments in the business office in the form of cash, check or credit card. If you select the annual or bi-annual plan, you also have the option to pay online with your credit card or direct bank transfer.

Go to <https://forms.diamondmindinc.com/jms/2017tuition>.

Monthly payments are handled through an outside party, FACTs. Payments start in July and run through the following March. You can access FACTs via the JMS website at the “Admissions/Financial Information” tab. You are responsible for creating the contract agreement for your family. Once you have completed your portion, the school will provide final contract balances and payment schedules. FACTs charges a fee of \$43 to establish your account.

Paying All Other Invoice– Other invoices may include extended care, after school programs, auxiliary programs, and other fees. Due dates will be noted on each invoice, and payment can be made directly to the Business Office.

Extended Care invoices are issued monthly, generally for the previous 4 weeks of usage. If you have selected the monthly extended care plan, you can add to your FACTs balance or create an account for automatic payments.

Financial Aid- JMS has a financial aid program which is funded through the generosity of our donors. The maximum award available will not exceed 50% of the student(s)'s annual tuition (aid is not available for extended care or other programs). All awards are based upon financial need and the final determination is overseen by an independent committee. New families can apply at any time; however, funds have generally been 100% disbursed by the start of the school year. If you are awarded financial aid for the current school year, you still need to apply in subsequent years to be considered.

Financial aid applications are submitted to FAST, a third party administrator. The FAST portal can be accessed through the JMS website at the “Admissions/FAQs” tab. There is a \$41 fee associated with filing your application.

Business Office Hours– Business Office hours are 8:30 am to 3:00pm, Monday-Thursday. You can also send your messages or questions to: kbertani@jolietmontessorischool.org.

Please answer the following:

- Please circle a Payment Plan: **Annual** **Bi-annual** **Monthly**

- Responsible Party? _____

- Will you require extended care? Please circle one:

MORNING	Yes/No	Drop-In	Monthly
AFTERNOON	Yes/No	Drop-In	Monthly

***In an effort to be kinder to our environment, all invoices will be sent via email.
Paper copies are available upon request.***