

**Program choice (circle):** Primary Half-Day (3, 4 or 5) Primary Full-Day (4 5) Lower EL (1 2 3) Upper EL (4 5 6) Adolescent (7 8 9)



**Joliet  
Montessori  
School**

*Passion for Learning. Success for Life.*

## 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 \_\_\_\_\_ HG \_\_\_\_\_ 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:
Pediatrician's Name & Contact Information: Phone #: Address:
Current Medications:

Child's Developmental History

- 1. Is there a language other than English spoken in the home?
2. Does your child have any specific eating habits of which we should be aware?
3. Does your child have regular sleeping habits?
4. Does your child enjoy playing with other children?
5. How would you describe your child's personality?
6. What is your child's previous school experience?
7. Primary children ages 3 to 6 only) Is your child relatively potty trained?

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:

<b>Joliet Montessori's Program Options School Year 2019.20</b>	<b>Age Served</b> Programs are designed to meet the needs of a three (or more) year age span	<b>Schedule</b> Regular school year is ~ 38 weeks.	<b>Annual Tuition</b>	<b>Semi Annual Tuition*</b> Due Aug 1st & Jan 1st	<b>Monthly Tuition*</b> July thru March; 5th or 20th of the month	<b>Weekly Tuition*</b> August thru May
Primary Half-Day 5 Days	3 & 4 year olds	8:30 to 12:00 pm	\$5,200	\$2,340	\$520	\$130
Primary Half-Day 4 Days (M-Th)	3 & 4 year olds	8:30 to 12:00 pm	\$4,160	\$1,872	\$416	\$104
Primary Half-Day 3 Consecutive Days (limited spots)	3 & 4 year olds	8:30 to 12:00 pm	\$3,510	\$1,580	\$351	\$88
Primary Full-Day 5 Days	3,4, and 5 year olds	8:30 to 3:00 pm	\$7,520	\$3,384	\$752	\$188
Primary Full-Day 4 Days (M-Th)	3 & 4 year olds	8:30 to 3:00 pm	\$6,016	\$2,707	\$602	\$150
Elementary-Lower	6 to 9 year olds	8:30 to 3:00 pm	\$8,510	\$3,830	\$851	\$213
Elementary-Upper & NCI	9 to 12 year olds	8:30 to 3:00 pm	\$9,320	\$4,194	\$932	\$233
Adolescent Program & NCI	12 to 15 year olds	8:30 to 3:00 pm	\$9,960	\$4,482	\$996	\$249

\* Assumes appropriate deposit received at re-enrollment/registration. ALL payment plans are through **FACTs**.

Support Programs	Childcare before and after school can be added to the other programs as needed. Monthly Plans include 9 equal payments and will be added to your FACTs contract and paid in advance (August thru April).					
Before School Care	All ages	7:00 to 8:30 am	Daily Drop In \$6.75		\$87.60/Month	\$19.70/Week
After School Care	All ages	3:00 to 6:00 pm	Daily Drop In \$16.50		\$175.20/ Month	\$39.45/Week
Before & After School Care	All ages	7:00 to 8:30 am & 3:00 to 6:00 pm	Daily Drop In \$23.25		\$262.80/ Month	\$59.15/Week

**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](mailto:kbertani@jolietmontessorischool.org).

We thank you for your interest and look forward to getting to know your young learner!

[www.jolietmontessorischool.org](http://www.jolietmontessorischool.org)  
Facebook: Joliet Montessori School

**Paying Tuition**– A 10% tuition deposit is due in April or when you submit your application. No student is permitted to start until the first payment is received. The remaining balance can be paid in four ways: 1) full payment in August, 2) two equal payments in August and January, 3) nine equal payments beginning in July and ending in March, or 4) weekly payments beginning in August. If you enroll after July, your payment plan may be adjusted for start and end dates.

ALL payment plans run through an outside vendor, FACTs. You can access the FACTs portal via the JMS website at the “Admissions/Financial Information” tab. You initiate the process by creating your family’s agreement and the business office will complete by adding contract balances and finalizing payment schedules. FACTs charges the following service fees: \$0 for 1 payment, \$10 for 2 payments and \$43 for 3+ payments.

**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, it will be added to your FACTs contract balance. Separate dates can be requested for tuition and extended care 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 1:30pm, Monday-Thursday. You can also send your messages or questions to: [kbertani@jolietmontessorischool.org](mailto:kbertani@jolietmontessorischool.org).

Please answer the following:

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

• Responsible Party? \_\_\_\_\_

• Will you require extended care? Please circle one:

<b>MORNING</b>	Yes/No	Drop-In	Monthly
<b>AFTERNOON</b>	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.***