



Date Enrolled: _____

Date of Discharge: _____

APPLICATION FOR ADMISSION - 2015-2016

Children's Learning World – Montessori School

Niles West High School – 5701 Oakton St. Skokie, IL 60077 Phone: 847-626-3800 Fax: 847-626-3801
Niles North High School – 9800 N. Lawler Ave, Skokie, IL 60077 Phone: 847-626-3400 Fax: 847-626-3401
Email: clw.nileswest@gmail.com

Child's Name: _____
Last First Middle Initial

Date of Birth: _____ Nickname: _____ Gender: _____

Date of Preferred Enrollment: _____

Parent #1 - Full Name: _____

Home Address: _____

Home Phone: (____) _____ Position (Teacher/Support/Admin/Feeder/Skokie/Morton Grove/Lincolnwood Resident/Other: _____)

Preferred Location (Circle One): Niles West High School Niles North High School

Employer: _____ Work Days/Hours: _____

Employer Address: _____

Employer Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ (Include me in email directory: Yes/No)

Parent #2 - Full Name: _____

Home Address: _____

Home Phone: (____) _____ Position (Teacher/Support/Admin/Feeder)

Employer: _____ Work Days/Hours _____

Employer Address: _____

Employer Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ (Include me in email directory: Yes/No)

Child's Physician: _____ Phone: (____) _____

Address: _____



Child's Weekly Schedule

Full Time (5 Days) _____ 3/4 Full Days _____

5, five hour days / 5, six hour days _____

Drop-Off Time (**Before 8:30am**): _____ Pick-Up Time: _____

What is your knowledge of Montessori? _____

Has your child ever attended preschool before? ____ If so, when? _____

And where? _____

How did you learn about Children's Learning World? _____

Gender and Age of Siblings _____

Are there any medical history or allergies that the school should be aware of? _____

Parent #1 Educational Background _____

Hobbies and Interests _____

Parent #2 Educational Background _____

Hobbies and Interests _____

1. Children's Learning World is a non-denominational, non-secretarian school. The school respects the religious beliefs of others.
2. In case of emergency, permission is granted for my children to be treated by a local hospital or local doctor, the school will call the paramedics and notify parents.
3. Permission is granted to include him/her in photographs. Permission is hereby granted to include my child in evaluation programs at the school.
4. A health form is required for each child and must be submitted before the child can be admitted. The exam must be completed no less than 6 months prior to enrollment of infants, toddlers and preschool children.
5. Families who are enrolling children for the first time must provide a certified copy of the child's birth certificate or other reliable proof of identity and age of the child within 30 days of enrollment.
6. Children are required to obtain all immunizations required by the Illinois Department of Public Health rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophilus influenza B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules (<http://www.idph.state.il.us>).

Signature of Parent/Legal Guardian

Date



Date Enrolled: _____

Date of Discharge: _____

EMERGENCY INFORMATION & PERMISSION FOR EMERGENCY CARE

Child's Name: _____

Home Phone: _____

Parent #1 Name: _____

Work Phone: _____

Parent #1 Cell Phone: _____

Parent #2 Name: _____

Home Phone: _____

Work Phone: _____

Parent #2 Cell Phone: _____

Medical Information

Physician's Name: _____

Address: _____

Phone: _____

Allergies: _____

Date of Last Tetanus: _____

Persons to be called in parents cannot be contacted in an emergency and who are authorized to pick up your child. Your child will not be released to any other persons.

1. Name: _____ Relationship: _____
Address: _____ Work Phone: _____
City/State/Zip: _____ Home Phone: _____

2. Name: _____ Relationship: _____
Address: _____ Work Phone: _____
City/State/Zip: _____ Home Phone: _____

3. Name: _____ Relationship: _____
Address: _____ Work Phone: _____
City/State/Zip: _____ Home Phone: _____

May the school administer First Aid to your child? YES _____ NO _____

In the event of an emergency the paramedics should be called and my child taken to the nearest hospital for emergency treatment. My signature indicates that the school and hospital have my permission to take the necessary emergency action and administer treatment. I agree to assume all responsibility and expenses incurred at such time.

Signature of Parent/Guardian _____ Date _____



**People Authorized to Receive Child on a Regular Basis:
(other than parents or guardians)**

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship _____

Address: _____ Phone: _____

Name: _____ Relationship _____

Address: _____ Phone: _____

Contingency List: 2 people authorized by parent to pick up this child (indicate relationship):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship _____

Address: _____ Phone: _____

Emergency Release: List up to 3 additional persons who can be reached in an emergency when the persons listed above are not available. These authorized persons would be 1) responsible individuals who you authorize to release to, 2) known to the child, and 3) located in close proximity to the facility and generally available to come when the parent or other regularly authorized person is not available.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship _____

Address: _____ Phone: _____

Name: _____ Relationship _____

Address: _____ Phone: _____



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MEDICAL RELEASE: In the event of a medical emergency the staff of Children's Learning World will call 911 for paramedics to take the child to the nearest hospital or emergency facility. The parents/guardians of the enrolled child hereby authorize treatment of the child, in the absence and without notice to the parents or guardians, by trained medical professionals. The parent/guardians authorize the personnel of Children's Learning World who are certified in CPR/First Aid to render first aid as deemed prudent. Children's Learning World will make every effort to notify the parents/guardians, of such a medical emergency. The parents/guardians agree to pay for the cost of any medical treatment incurred in connection with such medical emergency.

Signed: _____

Date: _____

CONSENT: The parents/guardians of the enrolled child hereby permit the child to participate in on-premises or off-premises and/or activities of Children's Learning World including but not limited to exercises, dancing, use of materials, walks, field trip, water play or playground activities. The parents/guardians of the enrolled child hereby permit Children's Learning World to take and display photographs and video of the children including photos that may be used on our website or brochures. **I understand the terms and conditions of this agreement and wish to enroll my child in the program named above.**

Signed: _____

Date: _____



TUITION AGREEMENT

Child's Name: _____ Birthdate: _____
Program: _____ Days: _____ Hours: _____

INITIAL PAYMENT IS DUE WITH FINAL REGISTRATION: (Security Deposit is refundable)

- Monthly Tuition: _____ Insurance Fee: \$15.00 (yearly)
- Application Fee: \$50.00 Supply Fee: \$100.00 (2s & Up/yearly)
- Security Deposit: Infant/Toddler: \$200.00 Supply Fee: \$25.00 (Infant/Toddlers/yearly)
- Security Deposit: 2s & Up: \$100.00

Tuition Requirements

Tuition is due on the 20th of the preceding month. If tuition is not paid by the end of the current month, your child may not start school until the following month, when the account is balance is zero.

Effective March 18, 2013: Per the contract between District 219 and the Niles Township Federation of Teachers, the cost of providing a Niles North Daycare facility will require families to pay an Annual User Fee directly to District 219. The fee will be equal to the annual facility repayment cost, divided by the number of children enrolled as of July 1st of each year. District 219 employees can elect to have the Annual User Fee deducted from their paychecks over 20 pay periods or pay the full amount in advance. Full payment of the Annual User Fee for non-District employees/Skokie Residents will be required with the first tuition payment, July 20th. This fee will be required for all families enrolled in either the CLW@Niles West or CLW@Niles North programs. **Non-District 219 Employees/Skokie Residents or D219 employees who enroll one or more children and later choose to disenroll from program, shall not be reimbursed for the cost of the Annual User Fee.**

There will be a late fee charge of \$25.00 for each week (or fraction thereof) charged to all accounts that are 5 days overdue. Checks returned due to insufficient funds will be charged \$25.00 plus bank handling charges.

Note: Children are admitted for the full calendar/academic year. Tuition is not subject to adjustment, refund or reductions due to illness, absence, holidays, family vacations, or partial month attendance. Missed days, days missed due to holidays, cannot be substituted for other days. Daily rates and additional hourly rates will be charged when additional days and/or hours are requested.

Children must be picked up at their scheduled time or a late fee will be charged. There will be an additional fee of \$10.00 for the first ten minutes for late pick up and a \$1.00 per minute following. Late pick up fees apply to all programs.

Written notice of withdrawal must be received 30 days prior to withdrawing a child from the school. At that time, the security deposit will be refunded or applied to the balance due on the account.

A sibling discount of 10% is applied to the second child's tuition. If the second child is in the infant/toddler/2 year old room, the discount is applied to the oldest child's tuition.

By signing this form, the parent/guardian agrees to the regulations and procedures of tuition payment outlined above.

Signature of Parent

Date