

Libertyville Montessori School
P. O. Box 654
Libertyville, IL 60048

Phone: 847-362-5170
E-mail: Libertyvillemontes@sbcglobal.net
www.libertyvillemontessori.com

LIBERTYVILLE MONTESSORI SCHOOL

SUMMER SESSION APPLICATION - 2017

Application is hereby made for admission of _____ to the Libertyville Montessori School. The following information is provided as part of this application and for emergency use.

Home Address _____
(Street) (City) (zip)

Birthdate _____ **Sex** _____ **Yrs.** _____ **Mos.** _____

Telephone _____ **Names & Ages of Siblings** _____

Mother's Name _____ **Business/Cell Phone** _____

Father's Name _____ **Business/Cell Phone** _____

In case of emergency, whom do we contact in the immediate area if unable to reach a parent? (List Two.)

Name _____ **Telephone** _____

Name _____ **Telephone** _____

In case of emergency, may we contact your physician? _____

Physician's Name _____ **Telephone** _____

Please describe any family circumstances that may be helpful for us to know; special physical or emotional conditions, regular medication, special diet or other treatment your child receives:

Admissions: The school admits children of any race, color and natural or ethnic origin. Please list any other pre-schools or schools your child has attended:

Please return this completed application to the school. Thank you.

SUMMER SESSION – 2017

Our summer session offers a wonderful way to orient your child to school. If your child will be attending school for the first time in the fall, we highly recommend at least one or two weeks.

Summer sessions provide a balance between indoor and outdoor activities. Indoors, the full range of the Montessori activities will assist children's awareness and learning in sensorial perceptions; language; large and small movements; geography; history; biology. The Montessori Directress will show the children how to do these activities and help sustain their work by continually showing points of interest that keep the work fresh and new.

Programs and Tuition

Children: 3-6 Yrs.

Libertyville - S. Butterfield Rd.

Monday-Friday: 8:30 a.m.-11:30 a.m.

Please check the week or weeks you desire:

_____ 8:30-11:30 June 12-June 16	Week I	\$150
_____ 8:30-11:30 June 19-June 23	Week II	\$150
_____ 8:30-11:30 June 26-June 30	Week III	\$150
_____ June 12-June 30	Full June Session	\$375*
_____ 8:30-11:30 July 10-July 14	Week IV	\$150
_____ 8:30-11:30 July 17-July 21	Week V	\$150
_____ 8:30-11:30 July 24-July 28	Week VI	\$150
_____ July 10- July 28	Full July Session	\$375*

* Note the savings if you enroll for the **full** June or **full** July session.

No place will be held for your child without full payment in advance.

Tuition Paid: \$ _____

Summer session dates are not transferable to another student. Change in session dates can be honored only at the discretion of the Administrator and are subject to the availability of sessions and class balances.

I understand that children are admitted for the summer session as checked by me on this form and that my agreement to pay is not subject to adjustments for illness, absence, vacation, holidays or withdrawals.

This agreement is void provided written notice is given prior to May 1, 2017. **After May 1, 2017, summer session tuition is non-refundable.**

Libertyville Montessori School accepts children of any race, color, and natural or ethnic origin. Acceptance of children is on an individual basis. Consideration is given to class composition and available space and programs.

Parent's Signature _____ Date _____

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