



Vernon Hills Montessori Academy

montessorimusicacademy@gmail.com www.vernonhillsacademy.com

21 W Hawthorn Pkwy, Vernon Hills, IL 60061, Phone: 847-918-0342

Half Day/ Before and After School

(15 Months - 9 Years)

Application Contract for: *Academic Year 2020-2021* for _____

(40 weeks)

Child's Name _____

I agree that my child is admitted for the full year from **August 31, 2020** through **June 4, 2021** (40 weeks). Tuition fees are not subject to adjustment because of illness, absence, or withdrawal of the student. These fees are not subject to adjustment because of absence or family vacation. These fees are not subject to adjustment because of an "act of god" or pandemic, we will follow our COVID Closure Guidance (see attached). If you relocate 10 miles or more from the school, **A thirty (30) day written notice** for withdrawal from the school is required in order to cancel this contract, otherwise there will be no tuition adjustment. At the school's discretion, if a replacement student registers in my child's place, a partial refund of tuition will be given. The partial reimbursement will be at the sole discretion of the school. Withdrawal without notice will be subject to legal action to collect all fees, court cost, and appropriate legal fees. I understand that annual and material fees and first installment are due with this application. If this application is withdrawn after August 31, 2020, these fees will not be refunded.

I agree to pay 10 installments for the academic school year based on the plan I have chosen. The first installment is due with the contract. The other 9 installments should be paid on the 1st of each month. **If payment is not received by 15th of each month, I will be assessed a \$39 late fee.**

Annual (non-refundable) application and material fee is \$160, which covers: registration, AMS, and material fees.

Tuition includes: Academics, Music, PE, Foreign Language, and Breakfast. Additionally, lunch can be purchased for \$78 a month.

Toddlers (15 months – 2 years)

Weekly

Notes

5 Mornings (8:30 -11:30 am) \$880 due with contract, and \$880 per/month September 1-May 1 Start Date: _____	\$220	
5 Mornings with lunch (8:30 am - 12:30 pm) \$960 due with contract, and \$960 per/ month September 1-May 1 Start Date: _____	\$240	

Transition (2 – 4 years old)

5 Mornings or 5 Afternoons 5 days (8:30 – 11:30 am or 12:30 - 3:30 pm) \$720 due with contract, and \$720 per/month September 1 – May 1 Start Date: _____	\$180	
5 Mornings or 5 Afternoons 5 days (8:30 am – 12:30 pm or 12:30-3:30 pm) \$800 due with contract, and \$800 per/month September 1 – May 1 Start Date: _____	\$200	
5 Extended Days 5 days (8:30 am – 3:30 pm or 11:00 am – 6:00 pm) \$1000 due with contract, and \$1000/month September 1– May 1 Start Date: _____	\$250	

Montessori Pre-school (4 – 6 years old)

5 Mornings and 5 Afternoons 5 days (7:00 am – 6:00 pm) \$1200 due with contract and \$1200/month Start Date: _____	\$300	

Before and Afterschool

5 Day After-School only 5 days (2:30 pm – 6:00 pm) for 5-12 years old only \$328 due with contract, and \$328/month September 1 – May 1 Start Date: _____	\$82	
5 Day Before-school only 5 days (7:00 am - 8:30 am) \$168 due with contract, and \$168/month September 1-May 1 Start Date: _____	\$42	
5 Day Before AND Afterschool 5 days (7:00 am - 8:30 am AND 2:15 pm-6:00 pm) \$436 due with contract, and \$436/month September 1-May 1 Start Date: _____	\$109	

IDHS school co-payment monthly fee: \$75 - 1 child, \$130 - 2 children, \$150 - 3 children or more. Due on the 1st, and the difference between the state payment and the school charges (will not exceed \$150) must be received on the 15th of each month.

- * **\$1.00 for every minute late pick up charge will be applied for that specific date. (Initial Here)** _____
- * **Failure to pay the school fees (tuition, late fees) may cause withdrawal of your child. (Initial Here)** _____
- * **If you receive a discount and you withdraw your child before the contract expires, you must pay the difference between the regular price you received for the all period of time your child attended Vernon Hills Montessori Academy. (Initial Here)** _____
- * **For the Afterschool program, additional charges for early release days: \$20/day and Public school closed days \$40/enrolled day.**

Save 5% if paid in full (40 wks) _____ **Monthly (1st installment required)** _____ **Bi-weekly (credit card should be on file)** _____

In consideration of the acceptance of my child as a student in the Montessori Program, I agree to indemnify the staff against any claims and demands made on behalf of my child. I have read the above policies and agree to abide by them.

Parent/Guardian 1 Signature _____ Date: _____

Parent/Guardian 2 Signature _____ Date: _____

VHMA Employee Signature _____ Date: _____



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Please complete this form fully in ink and return it with the appropriate fee. Make checks payable to "Vernon Hills Montessori". The following information is submitted as part of this application for my child.

New Student ☐

Returning Student ☐

Child's Full Name _____ Phone # () _____

Home Address _____ City, State _____ Zip _____

Date of Birth _____ Sex _____ Place of Birth _____

Email _____

Names and Ages of Siblings _____

Parent 1: Name _____ Occupation _____

Work Phone () _____ Cell Phone () _____ Email _____

Name of Firm _____ Work Hours/Days _____

Address _____ City, State, _____ Zip _____

Date of Birth _____ Place of Birth _____ SSN # _____

Parent 2: Name _____ Occupation _____

Work Phone () _____ Cell Phone () _____ Email _____

Name of Firm _____ Work Hours/Days _____

Address _____ City, State _____ Zip _____

Date of Birth _____ Place of Birth _____ SSN # _____

Marital Status of Parents _____ Custodian Parent(s) _____

List any other members of the household and their relationship to the child _____

In case of emergency, may we contact your physician and if necessary, take your child to the nearest hospital at your expense? _____

Child's Physician _____ Phone # () _____

Physician Address _____

Is your child under special medical care? _____

If so, may we consult your physician? _____

If your child has an allergy, special physician or emotional condition, what is the nature of it? _____

LIST 2 LOCAL PEOPLE WE MAY CALL IN CASE OF AN EMERGENCY IF WE CAN'T REACH PARENTS:

Name 1 _____ Phone # _____

Address _____ City, State _____ Zip _____

Name 2 _____ Phone # _____

Address _____ City, State _____ Zip _____

Parent Signature: _____ Date: _____

For office use only:

Date application rec'd _____ Application fee paid _____

Program enrolled: _____ Number of Days: _____

1st Installment _____ Deposit _____ Monthly Payment: _____ TOTAL _____

