



# Student Reapplication for Admission

A \$65.00 non-refundable registration fee is required with this application.

## STUDENT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Prefers to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FAMILY INFORMATION

Parent Name: _____	Parent Name: _____
Address (if different from above): _____	Address (if different from above): _____
_____	_____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____
Home/Evening Phone: _____	Home/Evening Phone: _____
Work Phone: _____	Work Phone: _____
Preferred Contact Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Preferred Contact Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Occupation/Title: _____	Occupation/Title: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
_____	_____
Marital Status: _____	Sibling Name: _____ Age: _____
Who does child reside with? _____	Sibling Name: _____ Age: _____
	Sibling Name: _____ Age: _____

## ACADEMIC PROGRAMS

**Preprimary Program: 2 to 3 Year Olds**  
 AM Only

**Primary Program: 3 to 5 Year Olds**  
 Please select AM or PM Program:  
 AM Program  
 PM Program

## DESIRED DAYS

3 Days/Week     4 Days/Week     5 Days/Week

**Wilson Montessori Academy will assign the days your child will attend if they are scheduled 3 or 4 days a week. All schedules will include a Monday or Friday. Please mark your preferred days and we will do our best to accommodate your request:**  Monday  Tuesday  Wednesday  Thursday  Friday

## STUDENT DIRECTORY

May we publish your address, phone number and email address in our student directory?  Yes  No

FOR OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_ Application Fee Paid: \_\_\_\_\_ Check No.: \_\_\_\_\_

**FINANCIAL POLICIES AND COMMITMENT**

The Academy must commit to facilities, salaries, materials, insurance, and other expenses on an annual basis, based on enrollment. For this reason Wilson Montessori Academy requires a financial commitment for the full nine months of the academic year. Tuition is calculated in nine equal payments. A 3% discount is applied to all paid in full tuitions. Monthly tuition cannot be reduced if attendance days are decreased during the year.

Adjustments cannot be made due to scheduled Academy holidays or personal holidays, illness, vacation, closure due to weather or other circumstances beyond the control of the Academy, or withdrawal from the Academy. The Academy reserves the right to cancel classes at any time it feels it is in the best interest and safety of the students and staff. Cancelled classes will not be made up at the end of the year.

By signing below you acknowledge that you have read and will abide by the Financial Policies of Wilson Montessori Academy. Your signature also indicates your understanding that you may be billed for any tuition should you choose to withdraw your child from the Academy prior to the end of the current academic year.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

In consideration of the acceptance of my child as a student at Wilson Montessori Academy, I agree to indemnify Wilson Montessori Academy, its Directors, Officers, Teachers, Staff and other employees against all claims and demands made by or on behalf of my child. I understand Wilson Montessori Academy offers no medical insurance coverage to supplement parents' coverage. It does not have any self-insurance plan to offer reimbursement for medical expenses incurred due to illness or accidents occurring while my child is at Wilson Montessori Academy.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH FORMS**

The State of Illinois requires a current health form to be in each child's file prior to the first day of school. If your child is entering Kindergarten, Illinois state law requires dental and vision forms in addition to the health form. If your child is in the Preprimary Program or is new to Wilson Montessori Academy, a copy of their birth certificate is also required. **All forms are due on August 1.**

Child's Name \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies/Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

Health/Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If it is necessary for your child to keep an epi-pen or other medications at school, Wilson Montessori Academy requires a Medical Authorization signed by your child's pediatrician. **All drugs must be in original containers showing expiration date and the pharmacy label with the child's name.**

**EMERGENCY MEDICAL TREATMENT**

I grant permission for the staff members of Wilson Montessori Academy to seek emergency medical treatment for my child in the event of an emergency if a parent cannot be located to give consent. I will be responsible for the emergency medical charges upon receipt of the statement.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTER PRESCRIPTION MEDICATION**

I authorize Wilson Montessori Academy to administer prescribed medicine to my child as specified in the prescription's directions for administration.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACTS**

In the event of an emergency, Wilson Montessori Academy will make every attempt to contact a parent first. However, if we are unable to do so, please list at least two additional emergency contacts.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name \_\_\_\_\_

**AUTHORIZED PICKUP LIST**

I give permission for the following individuals to pick up my child from Wilson Montessori Academy. If someone not on the list is to pick up my child, I understand that I must provide a signed and dated note to the staff of the Academy giving my permission. This must be provided even if my child is going home with another Academy family. If someone other than a parent or person from the following list attempts to pick up my child they will not be released, and I will be contacted immediately.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT AGREEMENTS**

**School Excursions**

I give permission for my child to go on walks to nearby public park facilities with the staff of Wilson Montessori Academy. I understand all trips are under the supervision of the school staff and that health and safety precautions are taken.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I give permission for my child to be photographed for newsletters or publicity purposes (newspaper, brochures, or website).

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Receipt of Parent Handbook**

I have received the Parent Handbook and agree to adhere to the written policies of the Academy.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Late Pickup Policy**

I agree to abide by the Late Pickup Policy at Wilson Montessori Academy as stated in the Parent Handbook.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Discipline Policy**

I have read and understand the Discipline Policy at Wilson Montessori Academy as stated in the Parent Handbook.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Integrated Pest Management**

I have read and understand the Integrated Pest Management Policy at Wilson Montessori Academy as stated in the Parent Handbook.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

**STATE OF ILLINOIS  
ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

CFS 581  
Rev. 12/2000

**VERIFICATION OF RECEIPT**

I/We, \_\_\_\_\_

parent(s) of \_\_\_\_\_, hereby certify that I/we have received a copy of the summary of licensing standards printed by the Illinois Department of Children and Family Services.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_