



733 Lee Street • Des Plaines • Illinois • 60016
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| | |
|----------------------------|-------------|
| FOR OFFICE USE ONLY | |
| _____ \$250 Reg Fee Billed | |
| _____ Data Entered | |
| _____ Parent ID on File | |
| By: _____ | Date: _____ |

PLATO ACADEMY REGISTRATION APPLICATION - 2017-2018 SCHOOL YEAR

Family Last Name _____

ALL INFO SAME AS LAST YEAR? (circle) **YES NO**
 IF YES, you do NOT need to fill out this page. Please review tuition info and sign reverse side.

Street Address _____ City _____ State _____ Zip _____

Home Phone (if applicable) _____

MOTHER/GUARDIAN 1 INFORMATION

Name _____

Cell _____ Cell Carrier (if you would like text alerts) _____

Work Phone _____ Email _____

Home Address (if different than above) _____

Occupation _____

Lives With? YES NO Emergency Contact? YES NO Can Pick Up? YES NO

FATHER/GUARDIAN 2 INFORMATION

Name _____

Cell _____ Cell Carrier (if you would like text alerts) _____

Work Phone _____ Email _____

Home Address (if different than above) _____

Occupation _____

Lives With? YES NO Emergency Contact? YES NO Can Pick Up? YES NO

| Student Name | Gender | Date of Birth | Allergies | Medications* Y or N | Grade in Fall | PK ONLY Specify 3 or 5 days |
|--------------|--------|---------------|-----------|------------------------|------------------|-----------------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

*If Yes, please submit a medication consent form with details (available online or at school office).

How did you hear about Plato Academy? (circle) Friend Outdoor Signage Des Plaines Library Internet Other: _____

Prior School Attended Name & Location (if applicable): _____

Reason for Leaving (if applicable): _____

EMERGENCY CONTACTS / AUTHORIZATION FOR STUDENT PICK UP (other than parents/guardians previously listed)

Please list at least two emergency contacts.

| Name | Relationship | Cell | Lives With? Y or N | Emergency Contact? Y or N | Authorized to Pick Up? Y or N |
|------|--------------|------|-----------------------|------------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2017-18 TUITION

| | Monthly (Aug - May) | Yearly |
|--|------------------------|--------|
| Pre-K (3 Day) | 600 | 6000 |
| Pre-K - Kindergarten (5 Day) | 630 | 6300 |
| Grades 1-5 | 610 | 6100 |
| Grades 6-8 | 600 | 6000 |
| 2 nd Child Discount \$500/year | | |
| 3 rd Child Discount \$1,500/year | | |
| 2017-18 ADDITIONAL ANNUAL FEES | | |
| Non-Refundable Registration Fee (one per family) | | 250 |
| Annual Fundraising Commitment (one per family) | | 250 |

I/we will make tuition payments (select one):

_____ Monthly (10 payments): Tuition due on the 1st of each month (August-May). A late fee will be added on the 7th of the month.

_____ Annually (1 payment): Tuition due on first day of school.

Registration deadline is May 1, 2017. Registration fees are non-refundable. Tuition will not be prorated for early withdrawals nor will adjustments be made after registration. As soon as we receive your Registration Fee, we will begin processing your child(ren)'s records for the 2017-2018 school year.

I/we agree to an educational partnership with Plato Academy and agree that all information provided on this Registration Application is true. I/we understand that this constitutes a commitment for the 2017-2018 school year.

Signed _____ Date _____

Signed _____ Date _____

Plato Academy values diversity and seeks students, faculty, and staff from different backgrounds. All employment and admission decisions are made without regard to unlawful considerations of race, color, sex, gender, sexual orientation, gender identity or expression, marital status, religion, national origin, ancestry, age, mental or physical disability, genetic information, military or veteran status, or any other basis prohibited by federal, state, or local law.

We welcome you to Plato Academy!

