



MAGE LTD-NFP

927 N. Main St. Glen Ellyn, IL 60137 630.469.4727 grow@mymage.org

2017 – 2018 Enrollment Form

Student's Last Name _____ First Name _____ Male/Female _____
(Use one form for each student)

Nickname _____ Date of Birth ____/____/____ Age as of September _____ Yrs. _____ Mos.

Place of Birth _____ Allergies/Medical Conditions/Medicines _____

| |
|----------------------|
| Parent/Guardian Name |
| Address |
| City /Zip |
| Email |
| Work Phone |
| Home Phone |
| Mobile Phone |
| Occupation |
| Place of Employment |
| City/Zip |

| |
|---------------------------|
| Parent/Guardian Name |
| Address (if different) |
| City /Zip |
| Email |
| Work Phone |
| Home Phone (if different) |
| Mobile Phone |
| Occupation |
| Place of Employment |
| City/Zip |

NONDISCRIMINATORY POLICY

The school admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school.

Middle School Program

8:15 to 3:15 M – F

Tuition \$10,080.00 Yearly
 \$1,120.00 Monthly

Payable in 9 monthly payments beginning
August 1st, 2017

**A \$200.00 annual fee is due
with this form to guarantee
enrollment.**

This fee is non-refundable

\$80 supply fee due with first payment

By signing below, I am agreeing to the fee and tuition policies as stated on the *Tuition Rates and Policies* form.

Signature of Parent/Guardian _____

Date _____

OFFICE USE ONLY: Date Received _____ Check No. _____ Amount \$ _____ Starting Date _____

Approved for (program) _____ by (authorized signature) _____ Email sent (date) _____