



23225 SE Borges Road \* Damascus, OR 97089  
 Mail To: PO Box 2086 \* Gresham, OR 97030  
 503-658-2356 \* Hillsviewmontessori@gmail.com

For Office Use Only	# _____
Date Received	_____
Amount Received	_____
Check #	_____
C.L. Sent	_____

### Registration Form 2019-2020

Child's Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Tuition Billing Address (if different from above):

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Residential Parent? Y \_\_\_ N \_\_\_

Father's Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Residential Parent? Y \_\_\_ N \_\_\_

Mother's Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

Other Members of Household (age, relationship) \_\_\_\_\_

**Emergency Contacts:**

Please list persons whom we may contact and release your child into their care in case of emergency and we are unable to reach either parent.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
4. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

May we include your home address and phone number on the school roster which is provided to other parents only upon request? **Yes**\_\_\_\_ **No**\_\_\_\_

May we take your child's photo for various 'in-house' reasons such as: school art projects and memory books or bulletin board? **Yes**\_\_\_\_ **No**\_\_\_\_

May we use your child's photo for general publicity such as the monthly newsletter & website (without child's name being used)? **Yes**\_\_\_\_ **No**\_\_\_\_

Family's religious preference \_\_\_\_\_ Child's Tee Shirt Size \_\_\_\_\_

**Enrollment Confirmation**

Once your child is accepted as a student at Hillsview Montessori School, you will receive an enrollment confirmation letter in the mail.

**Tuition Agreement**

Tuition is based on a 170-day academic year beginning **September 4, 2019** and ending **June 11, 2020**. Annual tuition may be paid in full or divided into 10 equal payments due by the 5<sup>th</sup> of each month. Please note that a 3% discount will be given if the annual tuition amount is paid in full by September 5, 2019.

Indicate which class you are registering for:

<input type="checkbox"/> <b>Full Day Class (8:30-3:30)</b> M___ T___ W___ T___ F___ 5 Day Rate \$8250 (\$825 monthly) 4 Day Rate \$7500 (\$750 monthly)	<input type="checkbox"/> <b>Morning Class (8:30-12:30)</b> M___ T___ W___ T___ F___ 5 Day Rate \$5000 (\$500 monthly) 4 Day Rate \$4750 (\$475 monthly)	<input type="checkbox"/> <b>Afternoon Class (12:30-3:30)</b> M___ T___ W___ T___ F___ 5 Day Rate \$3400 (\$340 monthly) 4 Day Rate \$3200 (\$320 monthly) 3 Day Rate \$2750 (\$275 monthly)
<input type="checkbox"/> <b>Kindergarten Class (8:30-3:30) 5 Day Rate \$7500 (\$750 monthly)</b>		

**Before and after care is available in the morning starting at 7:30am and after school until 4:30pm at a rate of \$6 per hour and requires staff approval.** Please note that there is a charge of \$5 per minute after 4:30pm.

**A NON-REFUNDABLE REGISTRATION FEE OF \$100** is due with this form in order to secure a spot for your child. Additional fees include \$150 annual materials fee due with September's tuition payment; day care fees for before and after care will be billed at the beginning of each month; a late fee of \$25 will be added to balances not paid by the 5<sup>th</sup> of the month; NSF Fee of \$25 will be charged for returned checks. Tuition can be paid by check or cash or EBT (electronic check). Monthly tuition/day care statements will be sent via email at the beginning of each month.

I/We have read and agree to the terms outlined above. Attached is the \$100 non-refundable registration fee. I/We agree to pay \$\_\_\_\_\_ annually (\$\_\_\_\_\_ per month) for the 2019-2020 school year. **Any changes to this agreement must be made in writing with a minimum of thirty days' notice.**

\_\_\_\_\_  
Signature of Father Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother Date \_\_\_\_\_