



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 2020-2021

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 Hillview Montessori School, you will receive a phone call followed up by an enrollment confirmation letter via email.

Tuition Agreement

Tuition is based on a 170-day academic year beginning **September 9, 2020** and ending **June 16, 2021**. Annual tuition may be paid in full or divided into 10 equal payments due by the 5th of each month. A 3% discount will be given if the annual tuition amount is paid in full by September 5, 2020.

Indicate which class you are registering for:

<input type="checkbox"/> Full Day Class (8:30-3:30) M___ T___ W___ T___ F___ 5 Day Rate \$8400 (\$840 monthly) 4 Day Rate \$7650 (\$765 monthly)	<input type="checkbox"/> Morning Class (8:30-12:30) M___ T___ W___ T___ F___ 5 Day Rate \$5150 (\$515 monthly) 4 Day Rate \$4900 (\$490 monthly)	<input type="checkbox"/> Afternoon Class (12:30-3:30) M___ T___ W___ T___ F___ 5 Day Rate \$3450 (\$345 monthly) 4 Day Rate \$3250 (\$325 monthly) 3 Day Rate \$2800 (\$280 monthly)
<input type="checkbox"/> Kindergarten Class (8:30-3:30) 5 Day Rate \$7500 (\$750 monthly)		

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 \$6 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 5th 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 2020-2021 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 _____