



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

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

### Registration Form 2024-2025

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

**Tuition Agreement**

Tuition is based on the 10-month school year beginning Wednesday, **September 4, 2024** and ending **Tuesday, June 17, 2025**. Annual tuition may be paid in full or divided into 10 equal payments due by the 1<sup>st</sup> of each month. A 2% discount will be given if the annual tuition amount is paid in full by September 5, 2024.

Indicate which class you are registering for:

_____ <b>Kindergarten</b> (Child must be 5 years old on September 1 <sup>st</sup> ) <b>4 Day Rate \$8500 (\$850 monthly)</b> <b>Class hours are Monday – Thursday 7:45AM – 3:45PM</b>
---

_____ <b>Full Day Pre-K Class</b> <b>4 Day Rate \$9500 (\$950 monthly)</b> <b>Class hours are Monday – Thursday 7:45AM – 3:45PM</b>
---

_____ <b>Morning Pre-K Class</b> <b>4 Day Rate \$5750 (\$575 monthly)</b> <b>Class hours are Monday – Thursday 8:00AM – Noon</b>
--

_____ <b>Afternoon Pre-K Class</b> <b>4 Day Rate \$3750 (\$375 monthly)</b> <b>Class hours are Monday – Thursday 12:30PM – 3:30PM</b>
---

**A NON-REFUNDABLE REGISTRATION FEE OF \$100** is due with this form. Additional fees include \$150 annual materials fee (annual materials fee for Kindergarten is \$200) due with September's tuition payment; a late fee of \$50 will be added to balances not paid by the 5<sup>th</sup> of the month; NSF Fee of \$50 will be charged for returned checks (this includes electronic payments returned due to using an incorrect account number). Tuition can be paid by check or cash or EBT (electronic check). Monthly tuition statements will be sent via email before the 1<sup>st</sup> 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 2024-2025 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**\_\_\_\_\_