



23225 SE Borges Road * Damascus, OR 97089
 Mail To: PO Box 2086 * Gresham, OR 97030
 503-319-0987 * Hillsviewmontessori@gmail.com

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

Registration Form 2026-2027

Child's Legal Name _____ Nickname _____

Birthdate _____ Age _____ Male ___ Female ___

Child's Home Address _____

City _____ State _____ Zip _____ 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 **September 9, 2026** and ending **June 16, 2027**. Annual tuition may be paid in full or divided into 10 equal payments due by the 1st of each month. A 1.5% discount will be given if the annual tuition is paid in full by September 1, 2026.

Indicate which class you are registering for:

<p>____ Kindergarten Child must be 5 years old on September 1st to enroll in Kindergarten.</p> <p>____ First Grade 4 Day Rate \$8750 (\$875 monthly) ** Annual materials fee for Kindergarten/First Grade is \$225 Class hours are Monday – Thursday 7:45AM – 3:45PM</p>	<p>____ Morning Pre-K Class 4 Day Rate \$5950 (\$595 monthly) Class hours are Monday – Thursday 8:00AM – Noon</p>	<p>____ Afternoon Pre-K Class 4 Day Rate \$3800 (\$380 monthly) Class hours are Monday – Thursday 12:30PM – 3:30PM</p>
	<p>____ Full Day Pre-K Class 4 Day Rate \$9750 (\$975 monthly) Class hours are Monday – Thursday 7:45AM – 3:45PM</p>	

A NON-REFUNDABLE REGISTRATION FEE OF \$125 is due with this form. Additional fees include \$175 annual materials fee** due with September's tuition payment; a late fee of \$35 will be added to balances not paid by the 5th of the month; NSF Fee of \$35 will be charged for returned checks (this includes electronic payments returned due to using an incorrect account number). Tuition can be paid by check, cash or EBT (electronic check). Monthly tuition statements are sent via email each month.

I/We have read and agree to the terms outlined above. Attached is the \$125 non-refundable registration fee. I/We agree to pay \$_____ annually (\$_____ per month) for the 2026-2027 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 _____