



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 Summer Sessions 2016

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

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

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

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

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 \_\_\_\_\_

**We will be offering 4 Summer Sessions this year.**

- ❖ Each week the session will run Monday – Thursday from 9AM – 1PM.
- ❖ You will need to provide a sack lunch and we will provide a special snack each day.
- ❖ There will be a different ‘theme’ each week with special crafts, stories, songs & games.
- ❖ Children aged 3 – 8 are welcome to attend any or all of the following sessions:

Please mark the session(s) you would like to attend:



_____ June 27-30 “Ocean”
_____ July 11-14 “Bugs”
_____ July 18-21 “Butterflies”
_____ August 1-4 “Art”



**Summer Session Fee Schedule:**  
**One Session: \$95**  
**Two Sessions: \$180**  
**Three Sessions: \$270**  
**Four Sessions: \$360**

**Please note that if you are signing up for multiple sessions the balance for all of the sessions is due on the first day your child attends.**

**A \$25 deposit** is due with this form in order to reserve a spot for your child. Class sizes are limited and will be filled on a first come basis. Please note that we need to have a minimum of 10 students per session or it will be canceled for that week (in which case we will refund your deposit). The deposit will be applied to the session fee. Fees are due on the first day of the session. There is no before or after care...the sessions will begin at 9AM & end at 1PM each day.

I/We have read and agree to the terms outlined above. Attached is the \$25 deposit.

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

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