

Pleasant Valley Montessori School

Office use DS _____ DR _____
R.F.Pd. _____ # _____
C.L.S. _____

Classroom: 23225 SE Borges Road, Damascus, Oregon 97089
(503) 658-6966

Mail To: P.O. Box 845, Sandy, Oregon 97055

Registration Form, Please Print Legibly & Completely

Child's Information:

Legal Name of Child _____ Nickname _____

Birth Date _____ Age _____ Male _____ Female _____

Child's Home Address _____

City _____ Zip _____ Home Phone _____

Tuition Billing Address If Different From Above:

Name _____ Phone _____ Cell _____

Address _____ City/State _____ Zip _____

Father's Information:

Father's/Stepfather's Legal Name _____

Residential Parent _____ Yes _____ No _____ Social Security Number _____

Email _____

Employer _____ Position _____

Work Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell _____ Pager _____

If not residential parent, list phone numbers and full address:

Home Phone _____ Cell _____ Zip _____

Address _____ City/State _____

Mother's Information:

Mother's/Stepmother's Legal Name _____

Residential Parent _____ Yes _____ No _____ Social Security Number _____

Email _____

Employer _____ Position _____

Work Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell _____ Pager _____

Responsible Relatives or Friends

Name _____ Phone _____ Cell _____
Name _____ Phone _____ Cell _____

Persons Authorized to Pick Up Child: Must show picture I.D. if unfamiliar to staff as well as listed on this form and release authorization form.

Name _____ Phone _____ Cell _____
Name _____ Phone _____ Cell _____
Name _____ Phone _____ Cell _____

My home address and phone number may be listed for the **Parent Address List:** _____ Yes _____ No
Picture Release: My child's photograph may be used by Pleasant Valley Montessori School for publicity purposes: _____ Yes _____ No
My child's first name may be used, if necessary, with the photograph: _____ Yes _____ No
Family's religious preference _____
Referred to Pleasant Valley Montessori School by: _____ Phone Book _____ Sign _____ Brochure
Referred by _____ Other (specify) _____

New Student Tuition Policy and Agreement
Tuition for the school year, September 9, 2009 through May 28, 2010 is:

Morning Class or Afternoon Class

5 days a week, 3 hrs. a day \$3060 (\$340 a month)
5 days a week, 4 hrs. a day \$3510 (\$390 a month)

Lunch Hour: 11:30 - 12:30

The 4 hour day includes the lunch hour.
Please provide a sack or box lunch for your child.

4 days a week, 3 hrs. a day \$2880 (\$320 a month)
4 days a week, 4 hrs. a day \$3240 (\$360 a month)
3 days a week, 3 hrs. a day \$2700 (\$300 a month)
3 days a week, 4 hrs. a day \$2970 (\$330 a month)

Tuition is due in 9 monthly installments

Please check preferences:

_____ Morning Class 8:30 - 11:30
_____ Lunch Time 11:30 - 12:30, circle preference M Tu W Th F
_____ Afternoon Class 12:30 - 3:30
_____ 5 days a week
_____ 4 days a week, circle preference M Tu W Th F
_____ 3 days a week, circle preference M Tu W Th F

Before or After care times needed, (\$3.50 per hour with staff approval) _____

I agree to pay \$_____ a month by the the 5th of each month. I understand there is a late fee of \$15 for payments not postmarked by the 5th of the month. I also understand there is no reduction of tuition due to school or family vacations, illness, school closures due to weather, or withdrawal without 30 days written notice. I further agree that Pleasant Valley Montessori Inc. shall not be held responsible in case of sickness or injury to my child/children in the attendance of the school facility or in transit to and from the facility. **A \$150 annual materials fee will be added to 1st month's payment. A \$100 non-refundable registration fee must accompany this form for your child's space to be 100% secured.**

Signature of Father or Legal Guardian _____ Date _____

Signature of Mother or Legal Guardian _____ Date _____