



4817 SW 53rd Ave
Portland, Or 97221
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Enrollment Application

Please return this form with the accompanying non-refundable registration fee, refundable deposit and first month of tuition to secure a space for your child. If your child does not attend *Portland Montessori Collaborative* as planned, all fees will be forfeited. Deposits are refunded after two months of enrollment and when two months advance written notice is provided for termination and all accounts are paid in full.

Child's Name: _____
Date of Birth: _____

Parent Name: _____
Address: _____
Telephone: _____ Alternate: _____
E-mail Address: _____

Parent Name: _____
Address: _____
Telephone: _____ Alternate: _____
E-mail Address: _____

Do you wish to receive school news by email? _____
Do you wish to receive monthly invoices by email or paper? _____
Does your child have special needs; allergies, illness, etc... _____

How did you hear about our program? _____

Proposed Schedule: _____ (subject to change with thirty days notice)

Enrollment is open to all children without regard to race or religious affiliation. Enrollment is conditional upon Portland Montessori Collaborative being able to fully meet the individual needs of each child.

Parent Signature

Date