

Enrollment Application

Please return this form to join our applicant waiting pool after touring our facility. When an enrollment offer is made, you will receive an invoice for registration fees and deposits to secure your child's space. If your child does not attend *Portland Montessori Collaborative* as planned, for any reason, all fees will be forfeited. Deposits will be refunded after ninety days of enrollment or when ninety days advance written notice is provided for termination and all accounts are paid in full. Enrollment is open to all families without regard to race, sexual orientation, gender identity or religious affiliation. *Enrollment is conditional upon Portland Montessori Collaborative being able to fully meet the individual needs of each child.*

Childs Name: _____

Date of Birth: _____ **Gender:** Girl Boy Unknown

Primary Contact Parent or Guardian Name: _____

Address: _____

Cell Phone: _____ **Alternate Phone:** _____

Email: _____

Secondary Contact Parent or Guardian Name: _____

Address: _____

Cell Phone: _____ **Alternate Phone:** _____

Email: _____

How were you referred to our program? _____

Desired Schedule:

- 4 days/week 5 days/week Early Care (7:45 start) Infant (8:30 - 4:15)
 Half day. School day (8:30-3:15) Extended Day (8:30 - 4:15) Full Day (8:30 - 5:15)

Parent Signature

Date

Printed Name

Date