

## 2018-2019 APPLICATION FOR ENROLLMENT

CHILDS NAME				M	F
	First Name	Last Name	Sex		
Birth Date		Home Phone			
Address					
City - Zip					
Parent # 1 Name					
	Active/ Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cell Number	Email Address				
Parent #2 Name					
	Active/ Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cell Number	Email Address				

### I AM ENROLLING MY CHILD FOR:

<input type="checkbox"/> <b>PRIMARY</b> (30 month – 6 years)	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>
Full Day – 9:00 am – 3:00 pm					
Mixed Class – 3 days-9:00am-3:00pm, 2 days-9:00am-1:00pm	Indicate Full (F), Mixed (M), and Half (H) above				
Half Day Class – 8:45 am – 12:45 pm					
<b>PRIMARY CHILD CARE SCHEDULE</b>	<input type="checkbox"/> Morning: 7:00-9:00 am <input type="checkbox"/> Afternoon: 3:00-6:00 pm				
<input type="checkbox"/> <b>TODDLER</b> (ages 12-30 months)	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>
Class – 8:45 am – 12:45 pm					
	Indicate days above				
<b>TODDLER CHILD CARE SCHEDULE</b>	<input type="checkbox"/> Morning: 7:00-8:45 am <input type="checkbox"/> Early Afternoon: 12:45-3:00 pm <input type="checkbox"/> Late afternoon: 12:45-6:00 pm				
<input type="checkbox"/> <b>INFANT</b> (ages 2-15 months)	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>
<input type="checkbox"/> 6 hours/day between 7:00 am and 3:00 pm from _____ to _____					
	Indicate days above				
<input type="checkbox"/> 10 hours/day between 7:00 am and 6:00 pm from _____ to _____					

\_\_\_\_\_  
Signature of Parent or Guardian      Date

I have read and understand the fees and fee schedule as listed in the Enrollment Information brochure.

To meet individual children's needs and Federal guidelines, please indicate if your child is Native American.  Yes

FOR OFFICE USE ONLY	
Class	
Start date	

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# Montessori in Motion

## 2017-2018 PLEDGE FORM

Please fill out and return completed form to:  
 7323-27th Street, W. University Place, WA 98466-4605  
 Questions? Call (253)565-3080

### DONOR INFORMATION

Your Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Child's Name(s) \_\_\_\_\_

### PLEDGE INFORMATION

Yes, please add to my billing account as indicated on the table below. (You may contribute monthly, semiannually, annually, or as you indicate on the table below. Just write the amount you wish to donate opposite each month you wish to make a contribution.)

MONTH	DONATED AMOUNT	MONTH	DONATED AMOUNT
August 2018	\$	February 2019	\$
September 2018	\$	March 2019	\$
October 2018	\$	April 2019	\$
November 2018	\$	May 2019	\$
December 2018	\$	June 2019	\$
January 2019	\$	TOTAL FOR 2018-19	\$

### RECOGNITION

Donors will be recognized annually as follows:

- \$2,500 + ..... "Maria Montessori" Club
- \$1,000 - \$2,499 ..... "Golden Bead" Club
- \$250 - \$999 ..... "Metal Inset" Club
- Under \$250 ..... "Pink Tower" Club

Donors are recognized annually unless anonymity is requested. Please use the following name(s) in all acknowledgments:

Print name(s) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

All gifts to Montessori in Motion are confidential. We thank you!

Remember, your contribution is tax deductible. (Our tax ID No.: 91-1080903)

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