

2019-2020 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 CHILDS FOR:

<input type="checkbox"/> PRIMARY (29 month – 5 years)	M	T	W	T	F
You may mix full and morning only days					
Full Day – 9:00 am – 3:00 pm	Indicate Full (F) and Mornings (M) above				
Morning only – 9:00 am – 1:00 pm					
PRIMARY CHILD CARE SCHEDULE	<input type="checkbox"/> Morning: 7:00-9:00 am <input type="checkbox"/> Afternoon: 3:00-6:00 pm				
<input type="checkbox"/> TODDLER (ages 12-29 months)	M	T	W	T	F
Class – 8:45 am – 12:45 pm					
	Indicate days above				
TODDLER CHILD CARE SCHEDULE	<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				
INFANT (ages 2-12 months)	M	T	W	T	F
<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 _____					

FOR OFFICE USE ONLY

Class	
Start date	

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

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Montessori in Motion

2019-2020 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 2019	\$	February 2020	\$
September 2019	\$	March 2020	\$
October 2019	\$	April 2020	\$
November 2019	\$	May 2020	\$
December 2019	\$	June 2020	\$
January 2020	\$	TOTAL FOR 2019-20	\$

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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