



and Montessori Preschool/Child Care  
 1016 N. 14<sup>th</sup> Ave. Pasco, WA 99301 - (509) 547-7261, EEC (509) 547-5876

<i>For Office Use Only</i>
Date Received: _____
Received By: _____
Reg. Fee Paid: _____

## Registration Form 2008-2009

### **Annual Registration Fee Schedule (Registration fee must be paid before space is reserved)**

Child Care & Montessori Students: **\$65**  
 Incoming Kindergarteners and New Students: **\$200**  
 Returning 1<sup>st</sup>-8<sup>th</sup> Grade Students: **\$175.**

Student's Legal Name (First, Middle, Last)	Date of Birth	Gender	Grade/Program Applying For
1.			
Religion: _____ If Catholic, has student been Baptized? _____; Received First Communion? _____ <b>Montessori Class Options (please check):</b> <input type="checkbox"/> Morning Class (8:00-11:00am) <input type="checkbox"/> Afternoon Class (12:00-3:00pm)			
2.			
Religion: _____ If Catholic, has student been Baptized? _____; Received First Communion? _____ <b>Montessori Class Options (please check):</b> <input type="checkbox"/> Morning Class (8:00-11:00am) <input type="checkbox"/> Afternoon Class (12:00-3:00pm)			
3.			
Religion: _____ If Catholic, has student been Baptized? _____; Received First Communion? _____ <b>Montessori Class Options (please check):</b> <input type="checkbox"/> Morning Class (8:00-11:00am) <input type="checkbox"/> Afternoon Class (12:00-3:00pm)			
4.			
Religion: _____ If Catholic, has student been Baptized? _____; Received First Communion? _____ <b>Montessori Class Options (please check):</b> <input type="checkbox"/> Morning Class (8:00-11:00am) <input type="checkbox"/> Afternoon Class (12:00-3:00pm)			
5.			
Religion: _____ If Catholic, has student been Baptized? _____; Received First Communion? _____ <b>Montessori Class Options (please check):</b> <input type="checkbox"/> Morning Class (8:00-11:00am) <input type="checkbox"/> Afternoon Class (12:00-3:00pm)			

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**Mother/Guardian Information:**  
(Circle One)

First \_\_\_\_\_ Last \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Married  Single  Separated  Divorced  Widowed

Stepfather's Name (If applicable) \_\_\_\_\_

**Mark the language spoken at home:**

English  Spanish  Both English/Spanish

Other  Please Specify: \_\_\_\_\_

**Father/Guardian Information:**  
(Circle One)

First \_\_\_\_\_ Last \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Married  Single  Separated  Divorced  Widowed

Stepmother's Name (If applicable) \_\_\_\_\_

**Mark the language spoken at home:**

English  Spanish  Both English/Spanish

Other  Please Specify: \_\_\_\_\_

Who does the child(ren) reside with?  Both Parents  Mother  Father  Guardian

In case of divorce, who has legal custody of the child? \_\_\_\_\_

**Child & Extended Care Options ~ Open Monday thru Friday from 7:30am to 5:30pm**

**Waddler Care (12 months-24 months)**

Full Time Care

Days & Times care is needed: \_\_\_\_\_

**Toddler Care (24 months-36 months)**

Full Time Care

Days & Times care is needed: \_\_\_\_\_

**Child Care (36 months thru 5 years of age, child MUST be potty trained)**

Full Time Care

Days & Times care is needed: \_\_\_\_\_ Does Child Nap? \_\_\_\_\_

**Extended Care (Kindergarten thru Eighth Grades)**

Before School Care

After School Care until 4:00pm

After School Care until 5:30pm

Before & After School Care until 4:00pm

Before & After School Care until 5:30pm

Drop in Care **only if space is available, advance notice is required**