



1312 SE 35th, Portland OR 97214 Phone: 971-266-0701

Website: www.smmspdx.com

Application Form

A \$25.00 non-refundable processing fee is due with each application. If or when your child is accepted into the school a non-refundable \$150 registration fee will be required to complete the enrollment process. Applicants on the waiting list are selected based on balancing the school by age and gender, while following as closely as possible the order in which applications are received.

Name of Child _____ Age _____ Birthdate _____ Gender _____

Street Address _____ City, State, Zip _____

Primary Contact Phone # _____ 2nd Contact Phone # _____

E-mail Address _____

Mother

Father

Name: _____

Occupation: _____

Work Address: _____

Work Phone: _____

Names and ages of other children in order of birth. _____

Are both parents in the home? _____

Does your family have a religious affiliation? _____

Enrollment Preference: Please circle A or B

- A. 3-days (Tues-Thurs) B. 4-days (Tues-Fri, open to returning 4 and all 5 year olds)

Tuition payments are divided into ten monthly installments. The SMMS Board reviews tuition amounts on an annual basis, and updates them when necessary. SMMS has a need-based financial assistance program available to a limited number of students. Please contact the school for more information.

Information about your child

Which hand does your child prefer? L _____ R _____ Undecided _____

Toileting problems? _____

Allergies? (food, drugs, insect bites) _____

Please note any physical problems _____

Describe your child: _____

With parents? _____

With siblings? _____

With other children? _____

What do you consider a negative behavior? _____

How do you correct this? _____

What do you consider a special strength? _____

How do you nurture this? _____

What are the ways you discipline your child? _____

Does your family have any interest, talent or hobbies to share with the school? _____

Authorization to Pick up Child

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

How did you first hear about SMMS? _____

Registration Agreement

If my child is enrolled in SMMS, I agree to the following:

1. To promptly return medical record forms and immunization records.
2. To provide snack for all students for one week, every 4-5 months, as outlined in the SMMS handbook. (Sign-up sheet is on the bulletin board).
3. To participate in work parties and fund-raising functions that are held for the good of the school.
4. To attend whatever general meetings are scheduled for the school year. I understand that although both parents are encouraged to attend such meetings, either parent may represent the family.
5. To pay each monthly tuition installment in a timely manner.
6. To keep my child home if there is a sign of a cold or other communicable illness.

Signature of Parent/Guardian

Date

EMERGENCY INFORMATION AND MEDICAL RELEASE

Child: _____ Parents' daytime phone: _____

Emergency Contact: _____

Address: _____ Phone: _____

Child's Physician: _____ Phone: _____

Address: _____ Phone: _____

Health Insurance Co. _____

Group Number _____

This form may be used in the event that your child requires medical attention and you, the parent/guardian, cannot be contacted. SMMS will next contact your child's physician, or if the physician feels your child should be treated in an emergency room, this form will be taken along.

I hereby authorize the teachers of Sunnyside Mennonite Montessori School, to transport my child to a medical facility in case of medical emergency. I also authorize them to consent to any normal and/or emergency and/or surgical treatment of the child registered on this form, in the case that I cannot be located.

Signature of Parent/Guardian Date

Walking Neighborhood Field Trips

I hereby approve that my child be allowed to go on walking field trips during the school year.

I understand that I will receive no advance notice of these trips and there will be no cost involved. No form of motorized transportation will be involved. Every precaution will be taken to protect the safety of each member of the group.

I understand that any other type of field trip will require advance notice and an individualized pre-approved permission slip signed by me.

Signature of Parent/Guardian Date