



MT. TABOR
PRESCHOOL

5441 SE Belmont St, Portland, Oregon 97215

Enrollment Application

Child's Name: _____
(first) (middle) (last)

Date of Birth: _____ Gender: _____ Male _____ Female _____ TG

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/ Guardian Name: _____

Parent/ Guardian Name: _____

I wish to enroll my child in the:

- Junior Class** for children age 3 by September 1st of the school year. Meets Tuesday and Thursday mornings from 9:30 am to 12:00 pm.
- Senior Class** for children age 4 by September 1st of the school year. Meets Monday, Wednesday, and Friday mornings from 9:30 am to 12:30 pm.
- Pre-Kindergarten Class** for children age 4 by April 1st of the school year. Meets Tuesday, Wednesday, Thursday and Friday afternoons from 1:00 pm to 4:00 pm.

Is your child currently enrolled at Mt Tabor Preschool or has another child in your family attended Mt Tabor Preschool?
_____ No _____ Yes, name of child and year(s) enrolled _____

Agreement of Participation

I understand that as members of Mt Tabor Cooperative Preschool, our family is required to:

- Participate in all fundraising projects and meet the minimum portion of the fundraising budget allotted to each family.
- Parent-help in the classroom.
- Carry out the duties of the "preschool job" assigned to our family.
- Meet financial obligations on time.
- Participate in school programs and events, including general meetings and scheduled clean-ups.
- Comply with the by-laws of Mt Tabor Cooperative Preschool.

(Signature) (Relationship to Child) (Date)

This enrollment application cannot be accepted unless it is accompanied by the registration fee of \$10. The registration fee goes into our preschool family scholarship fund. **Registration fee is non-refundable. Please make checks payable to Mt Tabor Preschool.**

Mt Tabor Preschools values diversity and does not discriminate on the basis of race, color, socio-economic status, family structure, disability, or national/ethnic origin.