



CHILDREN'S HOUSE SIBLING APPLICATION

Child: _____
 First Middle Last

Gender: F M Undeclared DOB: _____ Country of Birth: _____ Ethnicity: _____

Parent 1 First Name: Mr./Mrs./Ms./Mx. _____ Parent 1 Last Name: _____

Parent 2 First Name: Mr./Mrs./Ms./Mx. _____ Parent 2 Last Name _____

Sibling(s) Name, DOB: _____

Currently enrolled siblings' classroom (Current and former)? _____

Previous Preschool Experience

School Name & Address: _____ Dates Attended: _____

School Name & Address: _____ Dates Attended: _____

_____ (initial) I am aware that my child must receive the required immunizations as set forth by Oregon law.

_____ (initial) I understand that MSB's expectations of parents include attendance at parent nights, attendance at parent-teacher conferences, and reading the weekly newsletter and other school communications.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Upon returning this completed form your child's application will be placed in the waiting pool for the enrollment period appropriate to his or her age. Sibling enrollment is prioritized however there is no guarantee. MSB enjoys welcoming younger siblings of current and alumni MSB students. In order to maintain the integrity of the three-year program, the enrollment of a younger sibling may be denied if the older sibling did not complete the three-year cycle in the Children's House.

MSB is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national or ethnic origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, or physical characteristics in employment, educational programs and activities, financial aid, and admissions policies.