



**CASCADES
ACADEMY**
OF CENTRAL OREGON



Classroom Enrollment Application

About our Ages and Stages ~Language and Literacy Programs

School of Enrichment constructs a learning community environment that encompasses a variety of diverse ages and stages within our classrooms. Our optimal teacher and child ratio (1:6) enables our professional staff to provide your child with the benefits of small group learning opportunities in our Language and Literacy and all other programs. School of Enrichment supports your child's individual learning style, interest, and readiness.

Please check the program that you are applying for:

- **Kindergarten Enrichment**
Monday through Friday 12 – 4pm
Instructor Heidi Miller, M. Ed ~ Early Language and Literacy Specialist

- **Pre-K**
Monday through Friday 8-12pm, 12-4pm, 8-4pm
Instructor Heidi Miller, M. Ed ~ Early Language and Literacy Specialist & Kara Girard, BS

- **Preschool**
Monday through Friday 8-12pm, 12-4pm, 8-4pm
Instructor: Amanda Barnhart & Jenny Ray, BA

*For School of
Enrichment Staff*

Allergies Y N

Photos Y N

Custody Y N

Reviewed
application: _____
(initial)

Child's Name: _____

Date of Birth: _____

Parent or Guardian's Information:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Working Hours: _____

E-mail: _____

Parent or Guardian's Information:

Name: _____

Address (if different): _____

Home Phone: _____

Cell Phone: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Working Hours: _____

E-mail: _____

Emergency Contact #1:

Contact Name: _____

Address: _____

Telephone: _____

Relationship: _____

Emergency Contact #2:

Contact Name: _____

Address: _____

Telephone: _____

Relationship: _____

Adults Authorized to pick up your child:

Name/Relationship/Phone: _____

Name/Relationship/Phone: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

Yes No If yes please list his/her name and attach the required documentation.

Name and relationship to child: _____

Are there any custody or visiting arrangements we need to be aware of?

If yes, please explain: _____

Medical Provider: _____

Phone: _____

Insurance Information if applicable: _____

Parent Signature: _____

Date: _____

Developmental History and Background Information

Child's Name: _____

Date of Birth: _____

Child's Primary Language: _____

Developmental History: _____

Does your child have any special needs? _____

Health: _____

Any known complications at birth: _____

Serious illness and /or hospitalization: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, or food reactions:

(include reaction & treatment)

Regular Medications: _____

Eating Habits: _____

Special Diet: _____

Favorite Foods: _____

Foods Refused: _____

Toilet Habits: _____

How does your child indicate their bathroom needs? _____

Is your child ever reluctant to use the bathroom? _____

Does your child ever have accidents? _____

Sleeping Habits: _____

Does your child become tired or nap during the day? _____

If yes, when and how long? _____

When does your child go to sleep at night? _____

When does he/she get up? _____

Any special naptime needs? _____

Social Relationships: _____

How would you describe your child?

Previous experience with other children/child care? _____

Reactions to strangers? _____

Is your child able play alone? _____

What are your child's favorite toys or activities? _____

What does your child fear (dark, spiders)? _____

How is your child comforted? _____

How does your child express anger and frustration? _____

What type of behavior management is used at home?

How would you describe your child's personality?

What would you like your child to gain from his/her preschool experience? _____

Is there anything else you would like us to know about your child? _____

Parent/Guardian Signature: _____

Date: _____

Emergency Care—Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____ however, if I cannot be reached, I hereby authorize School of Enrichment to transport my child to the hospital and to secure for my child the necessary treatment. I understand the teachers at the preschool are trained in the basics of first aid and I authorize them to give my child first aid and CPR when appropriate.

Parent/Guardian's Signature: _____

Date: _____

Emergency Evacuation Information Sheet

Child's name: _____

Date of Birth: _____

Parent/Guardian: _____

Contact Number: _____

Parent/Guardian: _____

Contact Number: _____

Back up/ emergency contacts and phone numbers who are authorized to pick up your child in case of an emergency if parents/guardians cannot be reached:

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

If emergency medical care is necessary, I give School of Enrichment, School of Enrichment staff, and/or management permission for any treatment deemed necessary.

I hereby warrant to School of Enrichment that I am entitled to legal custody and possession of my child and accordingly am authorized to place my child in your care and custody, and further am authorized to sign this emergency evacuation information form.

Parent/Guardian Signature: _____

Date: _____

Permission/Consent Form

I hereby give my permission for my child to be cared for by the School of Enrichment and for my child to use all of the play equipment and participate in all activities of the school.

Parent/Guardian Signature: _____

Date: _____

I hereby grant permission for my child to leave the school premises under the supervision of the staff members for planned neighborhood walks.

Parent/Guardian Signature: _____

Date: _____

I hereby release and hold harmless School of Enrichment, its staff and agents, from any loss or damage to toys, clothes, or any other personal items or articles. I relieve the school of all responsibility for accidents and injuries, claims, damages, or other liabilities for injuries to or damage by my child both on and off the premises, which are not a result of gross negligence by the school, its staff or agents.

Parent/Guardian Signature: _____

Date: _____

I grant permission for my child to be included in evaluations and pictures connected with School of Enrichments programs. My child may be photographed for publicity or news purposes.

_____ on site _____ off site.

Parent/Guardian Signature: _____

Date: _____

Notice of Available Information

The following items shall be posted where they may be viewed by parents on our bulletin board:

- 1) Notification of a communicable disease outbreak at the home.
- 2) The evacuation plan.

The following items are available for the parents to review:

- A) The guidance policy.
- B) The current month's menu and child's daily information sheet.
- C) The description of the general routine.

I have reviewed this form and understand that the information listed above is available at the School of Enrichment for my review.

Parent/Guardian Signature: _____

Date: _____

Schedule Information

Anticipated start date: _____

Half Day Morning Program

Monday through Friday - 8:00am to 12:00pm

Half Day Afternoon Program

Monday through Friday – 12:00pm to 4:00pm

Full Day Program

Monday through Friday – 8:00am to 4:00pm

Please circle the programs and days of requested enrollment:

AM

Monday Tuesday Wednesday Thursday Friday

Drop off: Anytime after 8:00am

Pick up: By 12:00pm

PM

Monday Tuesday Wednesday Thursday Friday

Drop off: Anytime after 12:00pm

Pick up: By 4:00pm

Full day

Monday Tuesday Wednesday Thursday Friday

Drop off: Anytime after 8:00am

Pick up: By 4:00pm

After School Programs 3:15-5:30

Monday Tuesday Wednesday Thursday Friday

Punch card \$100/12 visits or \$150/month unlimited

Tuition

Half Day Programs

2 days a week \$275/month

3 days a week \$385/month

4 days a week \$495/month

5 days a week \$605/month

Full Day Programs

2 days a week \$440/month

3 days a week \$550/month

4 days a week \$660/month

5 days a week \$770/month

Annual Material Fee: \$175 (Due upon enrollment and each September)

Tuition is due by the 1st of the month with a 10 day grace period. I agree to pay by the 10th of the month for my child to attend School of Enrichment on the days listed above.

Parent/Guardian Signature: _____

Date: _____

Tuition Agreement

Payment due: Payment for contract time is due by the 1st of the month with a 10 day grace period. All payments must be received on or before the 10th day of the month without another agreement in place.

There is no credit given for holidays or days absent due to illness, vacation, or otherwise. However we will attempt to accommodate vacation, sick days or any other make up days free of charge with advance notice and if the ratio allows.

Late Payments: Please make arrangements ahead of time if payment will be late. Otherwise, Payments after the 10th will be considered late and will be charged a \$25.00 late fee.

Returned checks are subject to bank fees. Returned checks must be redeemed with cash or a money order within 24 hours of notification, or arrangements will be made immediately to reprocess your check. The preschool may require that future tuition payments are made through money orders.

All tuition payments are to be made to School of Enrichment and are to be placed in the tuition envelope at the sign in area.

If a child is repeatedly picked up late the late pick up fee is \$10.00 for the first 15 minutes after 12:00pm or 4:00pm and \$10.00 thereafter for each 15 minutes of time. This payment will be added to my preschooler's tuition.

A minimum of 30 days written notification must be given for withdrawal from the program. Tuition will accrue for 30 days from the date written notice is received. Any change of program schedule requires written notice on the 1st of the month with changes effective on the 1st of the following month. I understand that my child may be withdrawn from the program for non-payment of my preschooler's tuition.

I understand and accept that there is no credit for absences and days that the center is closed and that the annual material fee is non-refundable. All fees and policies are subject to change without notice. When possible 30 days written notice will be given.

I have read and accept the conditions outlined in the Parent Handbook, the Enrollment Application, and the Tuition Agreement. This contract is effective for the duration of the 2011-12 school year at School of Enrichment.

Parent/Guardian Signature: _____

Date: _____