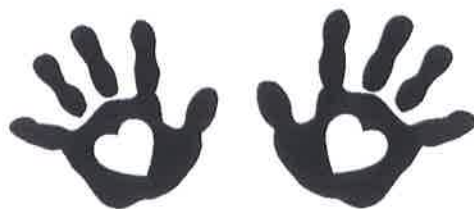


**PORTLAND ADVENTIST**  
**ELEMENTARY SCHOOL**



**CHRISTIAN PRESCHOOL AND CHILDCARE CENTER**

**REGISTRATION PACKET**  
**Preschool 2019 – 2020**

Your child's registration will be complete when all of the listed items are received and approved by the Preschool Director. If you have any questions, please contact the school office at: 503-665-4102.

- Enrollment Forms (completed and signed)
- \$50 Registration Fee (Due at time of registration)
- Copy of Child's Immunization Records
- Copy of Parent's Driver's License

**This school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Portland Adventist Elementary School does not discriminate on the basis of race, color national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loans programs, and athletic and other school-administered programs.**

# PORTLAND ADVENTIST ELEMENTARY SCHOOL

3990 NW 1<sup>st</sup> Street Gresham, Oregon 97030

## CHRISTIAN PRESCHOOL AND CHILDCARE CENTER

### Registration Information

Child's Name:	Date Entered Care:	
Date of Birth:	Age:	Gender: M F
Allergy Alert: Does child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain in medical information.		

### Days and Hours of Attendance

Full Time: 5 Days/Week M - F Hours of Preschool: 8:00-11:30	
Daily Arrival Time:	Departure Time:

### Parent/Guardian Information

Name:	Relationship:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Email:	Employer:
Work Hours:	Work Phone:

Name:	Relationship:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Email:	Employer:
Work Hours:	Work Phone:

Other than parents, the following people are authorized to pick up my child from the childcare center program. If there are any changes or variations to this I will contact you and put it in writing.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Child Information

Has your child previously been in childcare?

Yes  No

If yes, what type of care and for how long?

\_\_\_\_\_

Name of previous childcare provider? \_\_\_\_\_ Phone: \_\_\_\_\_

How were you referred to our program?

Word of mouth  Advertisement  Friend  Other \_\_\_\_\_

Eating habits and schedule:

Sleeping habits and schedule:

Likes and dislikes:

Favorite play/toys:

Fears:

Type of discipline most frequently used:

Family pets:

## Other Children in Home

Name:

Age:

Gender: M F

Name:

Age:

Gender: M F

Name:

Age:

Gender: M F

Name:

Age:

Gender: M F

### Emergency Contact and Medical Information

Child's Name:	Date of Birth:	Gender: M F
Parent's/Guardian's Name:	Parent's/Guardian's Name:	
Home Phone:	Home Phone:	
Work/Cell Phone:	Work/Cell Phone:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	

### Alternative Emergency Contacts

Primary Emergency Contact:	Secondary Emergency Contact:
Home Phone:	Home Phone:
Work/Cell Phone:	Work/Cell Phone:
Address:	Address:
City, State, Zip:	City, State, Zip:

### Medical Information

Physician's Name:		Physician's Phone:	
Dentist's Name:		Dentist's Phone:	
Insurance Company:	Policy Number:	Group Number:	
Hospital insurance covers:		List any medications child is taking:	
Allergies/Special Health Considerations:			

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. This consent shall remain in continuous effect until revoked in writing delivered to the physician named above or the school entrusted with the custody of said minor.

Date: \_\_\_\_\_

Parent/Guardian Signature

School Year 2019-2020

I give permission for my child to go on field trips. I release Portland Adventist Elementary Preschool & Childcare and individuals from liability in case of accident during activities related to Portland Adventist Elementary Preschool & Childcare as long as normal safety procedures have been taken. I understand I will be given written notification of all field trips taken.

Date: \_\_\_\_\_

Parent/Guardian Signature

School Year 2019-2020

## Media and Directory Permissions

Child's Name: \_\_\_\_\_

I do  I do not give permission for my child to be photographed for  
publicity or news purposes.

I do  I do not give my permission for my name/address/phone number/E-mail  
to be published in a school directory given to families in our  
preschool class.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ School Year: 2019-2020  
Parent Name: \_\_\_\_\_ Enrolled Days: M Tu W Th F  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## FINANCIAL AGREEMENT

- ❖ The obligation to pay the agreed tuition is not subject to adjustment for illness, absence or any other reason.
- ❖ If it becomes necessary to withdraw your child or reduce the number of preschool attendance days, 30 (thirty) days written notice is required.
- ❖ The initial registration fee is a one-time non-refundable payment of \$50. Re-registration fee is \$30. *It is non-refundable.*
- ❖ The annual supply fee is \$50 billed with the first month's tuition charges. This is a one-time fee for each school year. *It is non-refundable.*
- ❖ Monthly tuition is due on the 1<sup>st</sup> of each month by check, money order or cash. Delinquent accounts will be subject to a late charge of 1.5% (18% per annum on the unpaid balance). If payment is more than one month late, your child's space is subject to cancellation and an additional \$30 re-registration fee will be added.
- ❖ **Childcare before or after school is calculated separately from tuition.** Hourly rates and terms apply and are calculated and billed monthly.
- ❖ If the undersigned has medical insurance, that policy is considered primary for medical expenses incurred for accidental injury or illness.
- ❖ Late Pick-up: After School Care closes at 6:00 p.m. daily. An additional \$10 will be charged for each 15-minute portion thereof that you are late. Services may be withdrawn if you have more than 5 late pick-ups.
- ❖ Entrance fees and tuition are billed on a 10-month plan beginning August 1<sup>st</sup>. Children entering care after the beginning of our school year must pay all entrance fees and first month's tuition before beginning preschool.
- ❖ First billing for preschool tuition is August 1, 2019, which will include the \$50 supply fee.

I have read, understand and agree to the above.

Parent signature \_\_\_\_\_ ODL # \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ ODL # \_\_\_\_\_ Date \_\_\_\_\_

**\*\* PLEASE BRING A COPY OF YOUR DRIVER'S LICENSE FRONT AND BACK \*\***  
(If you prefer, you can bring your license to the office and we can copy it for you.)