

P.O. Box 310

29101 SE Eagle Creek Rd.

Estacada, OR 97023

Office: 503-630-5325

Classes Offered: (please pick your number one and number two choice, as classes will be determined by enrollment; classes will be finalized by August 20th and you will be notified of your child's classroom enrollment & teacher)

Pre-K AM 3/4/5 Year Old Class (Must be 3 by Sept. 1st) TUES-WED-THURS 9:15am - 11:35am

Please check here if your child is 3

Pre-K PM 3/4/5 Year Old Class (Must be 3 by Sept. 1st) TUES-WED-THURS 12:30 pm-2:50 pm

Please check here if your child is 3

FOR OFFICE USE ONLY MF paid by: check # cash RF paid by: check # cash Deposit paid by: check # cash Date / /20 Time : am / pm Rec'd by:

In order to make this application/registration complete and to reserve a spot in our preschool, you must have:

- a non-refundable \$30.00 Registration Fee included a non-refundable \$30.00 Materials Fee included

Plus a deposit of \$130.00 to be applied to May 2020 tuition

Payment may be made by cash or check, payable to: Estacada Christian Preschool or EFBC

Child's Name: Nick Name:

Child's Age: Date Of Birth: Gender: M F Primary Phone:

Child's Physical Address:

City: State: Zip:

Child's Mailing Address: (if different from above)

City: State: Zip:

Mother's/Guardians Name: Authorized to pick up child? YES NO

Cell Phone: Work Phone: Home Phone:

Employer's Name:

Father's/Guardians Name: Authorized to pick up child? YES NO

Cell Phone: Work Phone: Home Phone:

Employer's Name:

Marital Status (circle one): Single Engaged Married Widowed Separated Divorced

Child Lives With (circle): Both Mother Father Legal Guardian Grandparent's

EMAIL ADDRESS:

Emergency Contacts

If parents/guardians listed above cannot be reached, the following persons are authorized to pick up your child in case of illness, late pick-up, accident, or other emergency reasons:

Please list in the order you would like us to call if you cannot be reached.

Name: Relation: Phone: Other Phone:

Name: Relation: Phone: Other Phone:

Name: Relation: Phone: Other Phone:

Other Persons authorized to pick up your child:

List Persons Specifically NOT Permitted to Pick up Child After School:

Name(s):

Parent/Guardian Signature Date

P.O. Box 310

29101 SE Eagle Creek Rd.

Estacada, OR 97023

Office: 503-630-5325

Date of Contract: \_\_\_\_\_ Enrollment Class: \_\_\_\_\_  
*TO BE FILLED OUT BY SCHOOL*

Childs Name: \_\_\_\_\_

Person responsible for account: \_\_\_\_\_ Phone: \_\_\_\_\_

**On this date, I place my child in Estacada Christian Preschool for the school year of 2019/2020**

I have thoroughly read the Parent Handbook of this Preschool and are in agreement with the following policies regarding my child's enrollment.

1. **A non-refundable \$30 materials fee and \$30 registration fee** must accompany your child's registration form. These fees secure your child's place in a preschool class and also pay for supplies (paste, paper, crayons, paint, etc.) for the year. We are also asking for a deposit of \$130.00 which will be applied to *May 2020 tuition*. See handbook for details. **The tuition for this preschool is \$130.00 each month/regardless of days attended.**
2. **Tuition is due on the first day of my child's attendance each month.** You are responsible for the full months tuition for every month your child is enrolled.
3. If tuition payment is not made by the 10th of the month, you incur a \$5.00 late fee.
4. Tuition checks returned by the bank will result in an additional charge of \$25.00. Tuition and the service fee will be due together when tuition payment is made. Two returned checks will result in all future payments being made in cash.
5. If a parent is late from picking up a child, \$1 a minute will be added to the next month's tuition.

I have read and understand the terms of my child's enrollment and hereby agree to these terms. I have received a copy of this contract.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Person responsible for account: \_\_\_\_\_ Date: \_\_\_\_\_  
(if different from above)

P.O. Box 310

29101 SE Eagle Creek Rd.

Estacada, OR 97023

Office: 503-630-5325

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

Enrollment Class: \_\_\_\_\_  
(TO BE FILLED OUT BY SCHOOL)

**Family Information:** *Please fill out this portion of the form so that we may best serve your child's needs*

Are you affiliated with a church? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what church? \_\_\_\_\_

Name you would like us to teach your child to write:  
(i.e. child's name is Michael - you would like them to learn to write Mike)

Any likes, dislikes, habits, development, personality or behavior notes which might help:

Names of other children in the household	Age	Sex	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of other adults in the household and relationship to child: \_\_\_\_\_

Does your child usually use their RIGHT \_\_\_\_\_ or LEFT \_\_\_\_\_ hand? or UNKNOWN \_\_\_\_\_

Special qualities or positive attributes about your child: \_\_\_\_\_

Special problems or difficulties with your child (health, fears, likes, dislikes, etc.)

Has your child been seen by any professional (i.e. doctor, counselor) for anything we should be aware of?

Favorite play activities or special interests: \_\_\_\_\_

What are your expectations of our program? \_\_\_\_\_

How did you hear about Estacada Christian Preschool? (Friend, Newspaper, Sign in front of church, etc.)

Has your child attended preschool before? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, where and when?

P.O. Box 310

29101 SE Eagle Creek Rd.

Estacada, OR 97023

Office: 503-630-5325

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

Enrollment Class: \_\_\_\_\_  
*(TO BE FILLED OUT BY SCHOOL)*

***In Case of Emergency:***

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number \_\_\_\_\_ Group ID Number \_\_\_\_\_

Allergies and other special Medical Information: \_\_\_\_\_

***Agreements***

Estacada Christian Preschool agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to have the child picked up as soon as possible. The parent/guardian authorizes the school to obtain immediate medical care, at the expense of the parent/guardian, if any emergency occurs when he/she cannot be located immediately.

"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Every activity sponsored by Estacada Christian Preschool is carefully planned and adequately supervised by mature adults. Even so, the best planning and precaution cannot prevent unforeseen events or accidents from occurring. By signing this form, the below indicated parent, guardian, or legal representative of the child(ren) named herein signifies that he or she fully understands the activity in which the aforementioned child is participating.

Further, the below indicated parent, guardian, or legal representative of the child(ren) named herein agrees to hold harmless Estacada Christian Preschool, its employees, elders, officers, or volunteer assistants from any and all liability for damages, losses or injuries to the person or property of and child(ren) named herein caused by acts or omissions amounting to simple negligence and to refrain from instituting any cause of action against any volunteer or person employed by Estacada Christian Preschool or Estacada Christian Preschool to recover losses, whether medical or otherwise arising from acts or omissions amounting to simple negligence in any court in the State of Oregon.

1. The parent/guardian gives authorization for the child to participate in the center's transportation and field trips (prior notice will be given).
2. Estacada Christian Preschool staff agrees to notify parent/guardian whenever the child becomes ill and parent/guardian will arrange to have child picked up as soon as possible.
3. The parent/guardian authorizes Estacada Christian Preschool to obtain medical care/transportation in an emergency if parent/guardian cannot be reached.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENT THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_