

REGISTRATION FORM: School Year 2010-2011

In order to reserve a place for your child, please return the completed registration form and enrollment agreement, and pay a \$55 non-refundable registration fee.

Enrollment Request:

Twos Class	M/W or T/TH	\$95 per month	Up to 10 Students (4:1 student/teacher)
Threes Class	T/TH	\$100 per month	18 Students (5:1 student/teacher)
Fours Class	M/W/F	\$115 per month	20 Students (5:1 student/teacher)

Interested in Limited Participation (see Enrollment Agreement) Yes/No

Current or Former Member Yes/No

Student Information

Student name _____ DOB _____ Gender _____

Address _____ Zip _____

Parent/Guardian Information

Parent/guardian name _____

Address _____

Home phone _____ Other Phone _____ E-mail address _____

Parent/guardian name _____

Address _____ Zip _____

Home phone _____ Other Phone _____ E-mail address _____

Emergency Contact (if a parent/guardian cannot be reached)

Person _____ Relationship to Child _____

Address _____ Phone _____

Does your child have special needs (including allergies) the teacher needs to be aware of?

Tuition Assistance is available based on need with a \$15 per month tuition reduction. Tuition Assistance applications are confidential. Please contact the Vice President of Membership, Mandi Bloomer, at 541-510-2129 for more information.

Return to: VP of Membership - Eugene's Parent-Child Preschool, 1376 Olive St., Eugene, OR 97401

Eugene's Parent-Child Preschool does not discriminate against students because of race, color, ethnic or national origin, gender, faith group, or physical or developmental disability. Students are admitted to all the programs and activities and availed all the rights and privileges generally accorded or made available to students at the school.

ENROLLMENT AGREEMENT: School Year 2010-2011

I agree to fulfill these obligations in order for the Preschool to function effectively and to benefit all those involved. I understand that failure to fulfill a responsibility may result in performing make-up work and / or a monetary fine. Continued inattention and / or lack of fulfilling preschool responsibilities may ultimately result in being dropped from enrollment.

1) Tuition:

- a) September and May tuition is due before the first day of school in September. From October to April, the monthly tuition fees are due on the first of each month.
 - i) There is a ten-day grace period. A late fee of \$1 per day after the 11th of the month is charged for late payments.
- b) In the event of membership termination, the following policy provides a month for EPCP to find a replacement:
 - i) The full amount of Last Month tuition (paid in advance) is returned with at least a 30-day notice given to the VP of Membership.
 - ii) 50% of the Last Month tuition is returned with at least 15 days notice given to the VP of Membership.
 - iii) No refund with less than 15 days notice.

2) Parent-Teacher:

- a) Parents are required to be a Parent-Teacher in their child's classes the prescribed amount of time. Work schedules are completed in advance and allow for flexibility when necessary for illness or emergencies.
- b) You will work in your child's classroom as a Parent-Teacher as follows, although the exact figure will vary depending on the actual enrollment:
 - i) Twos: 1.5 times per month, unless enrollment is eight (8) or less students, then reduces to 1 time
 - ii) Threes: 1.5 times per month
 - iii) Fours: 2 times per month
- c) Limited Participation spaces are available to reduce the amount of days required as Parent-Teacher.
 - i) Limited Participation spots cost more per month. Half limited or full limited options are available when full enrollment in a class is reached. There are a limited amount of Limited Participation spaces in each class.
 - ii) All other EPCP responsibilities are required.
 - iii) Members with two children enrolled in the Preschool have priority for Limited Participation. All other requests are accepted on date of request received (first received, first honored).
- d) Participate in one toy cleaning during the school year.

3) Membership Meetings:

- a) One parent from the family attends all Membership meetings and trainings. There are seven meetings throughout the school year: Orientation, Parent-Teacher Training, Dress Rehearsal and four Membership Meetings. The parent serving as Parent-Teacher must be present at the Parent-Teacher Training.
- b) Childcare may be available at a reduced cost.

4) Participate in the Children's Theater Production and/or other fund raising projects.

5) Complete an Oregon Department of Education Criminal History Background Check request form for everyone who will be a Parent-Teacher or drive to field trips. The results of the background check are confidential, and handled on a case-by-case basis. The Board of Directors will confidentially review any report of crime against a minor.

I have read the above 2010-2011 preschool responsibilities for Eugene's Parent-Child Preschool, and I understand the commitments I am making as a preschool parent.

Signature _____ Date _____

Return to: VP of Membership - Eugene's Parent-Child Preschool, 1376 Olive St., Eugene, OR 97401

Eugene's Parent-Child Preschool does not discriminate against students because of race, color, ethnic or national origin, gender, faith group, or physical or developmental disability. Students are admitted to all the programs and activities and availed all the rights and privileges generally accorded or made available to students at the school.



1376 Olive Street • Eugene, Oregon 97401 • (541) 984-5531

Responsibility Contract 2010 - 2011

◇ **Attend Parent Orientation, Parent-Teacher Training and General Membership Meetings**

Attendance by at least one parent is required at each of these meetings:

Parent Orientation Meeting	Thursday, September 9th	6:30pm-9:00pm
Parent-Teacher Training	Thursday, October 7th	6:30pm-9:00pm
General Membership Meetings:	Thursday, Nov. 4th	6:30pm-8:30pm
	Thursday, Jan. 6th	6:30pm-8:30pm
	Thursday, March 3 rd	6:30pm-8:30pm
	Thursday, May 12th	6:30pm-8:30pm

◇ **Work in Your Child's Classroom**

You will work in your child's classroom as a Parent-Teacher as follows, although the exact figure will vary depending on the actual enrollment

2's Class	approx. 1.5 times per month
3's Class	approx. 2 times per month
4's Class	approx. 2 times per month

◇ **Participate in the Theater Fundraiser and attend one Toy cleaning**

Theater takes place on 2 Saturdays in March (March 5th & 12th). One parent from each family will perform a pre-production theater job that entails a specific task to prepare for theater. One parent from each family will also perform a performance day job. Completion of theater job request forms and assignment of theater jobs will take place in the fall. Each family must also sign up for one Toy Cleaning per school year.

-----**Cut Here & Return the Bottom Portion**-----

I have read the above 2010 – 2011 preschool and theater responsibilities for Eugene's Parent-Child Preschool and I understand the commitments I am making as a member. I agree to fulfill these obligations in order for the preschool to function effectively and to benefit all those involved. I understand that failure to fulfill a responsibility may result in performing make-up work and / or a monetary fine. Continued inattention and / or lack of fulfilling preschool responsibilities may ultimately result in being dropped from enrollment.

Signature

Date

Child's Name

Class

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

A. Have you **EVER** been convicted of a sex-related crime? [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors? [] Yes [] No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages. [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) [] Yes [] No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? [] Yes [] No

Advisory: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____



1376 Olive Street • Eugene, Oregon 97401 • (541) 984-5531

INFORMATION AND AUTHORIZATION FORM

Name of Child: _____ Nickname: _____ Birth date: _____

Parent's Home E-mail Address: _____

Parent(s) or guardian(s) who can be reached during the day:

Name: _____ Relationship: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

Employer: _____ Work Address: _____

Phone: _____ Works Hours: _____

Name: _____ Relationship: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

Employer: _____ Work Address: _____

Phone: _____ Works Hours: _____

If parent of guardian cannot be reached, list alternatives below (Please, no "message" phone numbers.):

Name: _____ Relationship: _____ Phone: _____

Address: _____ Work Number: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Work Number: _____

List of people authorized to pick-up your child including yourself:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

Please be aware, we will not let your child leave with anyone not listed above unless previously authorized.

PERSONAL/FAMILY INFORMATION

Siblings: Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name and relationship of others living in the home: _____

OVER



1376 Olive Street • Eugene, Oregon 97401 • (541) 984-5531

Parents' Interests/Training: _____

Please list any fears that might affect your child at school: _____

Please provide information that will help us provide a positive experience for your child. (Play and eating habits, etc.)

HEALTH INFORMATION

Child's Physician: _____ Address: _____ Phone: _____

Child's Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Health Insurance Co: _____ Policy/Group No: _____

Chronic Illnesses or Allergies: _____

Current Medications: _____

Do you hold a current First Aid Card? Yes ____ No ____

Does your child have any physical or social needs for which considerations and/or accommodations may be given? If so, please explain:

Emergency Medical Treatment Authorization

As a parent or legal guardian of the following child(ren):

Name(s): _____ Age(s): _____

I hereby authorize the Teacher's at Eugene's Parent-Child Preschool to consent to any medical or surgical treatment of the above named child(ren), which such person(s) deem advisable, if a parent or legal guardian cannot reasonably be located when the child(ren) are brought for treatment. (In the event of an accident requiring medical attention, staff will attempt to immediately contact a parent/guardian.)

The above authorization will be effective as of _____ and will expire after _____.



1376 Olive Street • Eugene, Oregon 97401 • (541) 984-5531

Signature of Parent/Guardian

OR

Signature of Parent/Guardian