

# 2019 - 2020 Child Enrollment Information, History and Agreements



## Family Information

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

Child's Birth Date (month, day, year): \_\_\_\_\_

Gender (How does your child identify?): \_\_\_\_\_

Schedule (please check days discussed):

\_\_\_\_Monday      \_\_\_\_Tues      \_\_\_\_Wed      \_\_\_\_Thursday      \_\_\_\_Friday

Any flexibility?: \_\_\_\_\_

Aftercare needs: \_\_\_\_\_

Parent(s) and/or Guardian(s) Information:

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

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

Work address (if applicable): \_\_\_\_\_

Typical work hours (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

Work address (if applicable): \_\_\_\_\_

Typical work hours (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Please list an out of state person for us to call in case mobile lines are down: \_\_\_\_\_

\_\_\_\_\_ Relation to Student: \_\_\_\_\_

### **People Permitted to Pick-Up/Drop-Off My Child**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

\*A written arrangement must be submitted in advance if any other person not listed above is planning to pick up your child from school (with arrival and departure times noted).

## Family Information

Persons in home (please include all parents, guardians, siblings, live-in caregivers, other relatives etc):

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What languages are spoken in your home? \_\_\_\_\_

What words do you use to describe your child's and family's cultural identity?

If your family has a shared custody arrangement, or your child regularly lives at more than one residence, please describe these arrangements below. Please describe:

6. Please tell us more about the adults listed above (parents, guardians, step-parents, partners, etc.)

Adult's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies/interests: \_\_\_\_\_

Adult's Name: \_\_\_\_\_

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Adult's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies/interests: \_\_\_\_\_

What are some of your favorite family activities?

Are there special family holidays and/or traditions you would like us to know about?

Are there family interests, talents etc. that you would be interested in sharing with the school?

## **Social History**

Please describe your child's play (are there special activities that your child gravitates to?):

Please describe your child's emotional temperament (Are transitions challenging? Does your child have any fears you would like us to know about? Is your child more of an observer in a new environment or are they generally comfortable in new situations, etc?):

What skills and dispositions do you hope your child has when they leave Lavender Farm  
Preschool?

As an anti-bias curriculum where the first goal is "Each child will demonstrate self-awareness,  
confidence, family pride, and positive social identity" and the second goal is "Each child will  
express comfort and joy with human diversity; accurate language for human differences; and  
deep, caring human connections," what would you like us to know about your hopes for your  
child's cultural and identity development?

Anything else you'd like us to know about your child and family?

## Health History

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date of last physical examination: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Date of last dental examination: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ or not yet examined by a dentist: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Membership number: \_\_\_\_\_

Employer: \_\_\_\_\_ Group number: \_\_\_\_\_

**Note:** *The State of Oregon requires that you complete the “Certificate of Immunization Status” or the “Statement of Exemption to Immunization Law” which you received. We cannot admit your child without these records on file.*

Has your child been diagnosed with any developmental delays? Please describe:

Does your child have any **allergies (food or otherwise)**? Please explain reaction, severity, and treatment. (We will work with individual families to develop a plan to manage and treat any allergies).

Please describe your child’s eating likes/dislikes and/or dietary restrictions:

Does your child take any medications routinely? Please describe:

Are there any medical conditions/considerations you would like us to know about? Please describe:

Please describe your child's toileting in order to maintain consistency at school (in diapers only, toilet training, accidents, reminders needed, special words used):

Please describe your child's sleeping (usual bedtime, usual wake time, naps, rituals, routines):

Please describe concerns you may have about your child's physical development. (For example: coordination, hearing, vision etc.):

Anything else you'd like us to know about your child's medical history and/or development?

**2019 - 2020 Payment & Enrollment Agreement**

Please review our payment and enrollment policies below. Please initial next to each clause to indicate that you have read and that you agree to support that policy. You can find our manuals and policies on our website.

\_\_\_\_\_ **Family Handbook:** My initials here indicate I have read the Lavender Farm Family Handbook on Lavender Farm Preschool's website.

\_\_\_\_\_ **Declaration of Viewing:** Lavender Farm Preschool a Certified Family preschool, we will be sending you a copy of the certification along with a "declaration of viewing" to sign that acknowledges this certification. Please initial here to acknowledge the above.

\_\_\_\_\_ **Disaster Policy:** My initials here indicate I have read the Disaster Policy on Lavender Farm Preschool's website.

\_\_\_\_\_ **Tuition Payments:** Tuition is an annual cost that we divide into 12 monthly payments for ease of billing and payment. Tuition is due in advance on the 1st of each month. A late charge of \$25 may be added to accounts not paid in full by the 5th. There is a \$25 fee on returned checks.

\_\_\_\_\_ **Tuition Deposits:** In order to guarantee your child's initial enrollment, we require a \$200 deposit to help with classroom supplies and family events.

\_\_\_\_\_ **Tuition Increases:** Tuition is set for a one-year period, with increases taking effect at the beginning of the school year on September 1st.

\_\_\_\_\_ **Sibling Discount:** We offer a 3% tuition discount on the lesser tuition of one sibling.

\_\_\_\_\_ **Annual Re-Registration Fee:** Each February all returning families are charged a \$25 re-registration fee. For newly enrolled families, their \$25 application fee serves as the registration fee for the first year of enrollment.

\_\_\_\_\_ **Tuition Reduction for Missed Days:** Our personnel expenses remain the same, whether or not your child is here. As such we are not able to decrease tuition for vacation, illness, holidays or school closures.

\_\_\_\_\_ **Changing Schedule:** If you wish to change or reduce your child's schedule, please contact the Jennifer McIlhenny with your requested schedule change and we will notify you if/when your requested schedule becomes available.



\_\_\_\_\_ **Termination:** At least **60 days'** written notice is required to withdraw your child from Lavender Farm Preschool. **Please note that we do not pro-rate your child's last month of enrollment.**

\_\_\_\_\_ **Scholarships:** Scholarships may be awarded both annually in September and also on a short term basis when funds are available beginning September 2020.

\_\_\_\_\_ **Child Care Subsidies:** Lavender Farm Preschool is in the process of partnering with DHS. Beginning September 1, 2019 we will be able to honor child care subsidies from DHS. Families are required to pay all co-pays by the 1st of the month prior to attendance. Late fees may be charged if co-pays are not paid by the 5th of the month prior to attendance. Families are asked to notify us immediately about any changes in subsidy or co-payment.

\_\_\_\_\_ **Pickup Schedule:** Lavender Farm Preschool's school-day ends promptly at 2:30 p.m. Our full-day ends promptly at 4:30 p.m.

\_\_\_\_\_ **Holidays:** Lavender Farm Preschool follows Portland Public School's holiday schedule, with the exception of summer (where we close one week in June and one week in August for our annual school cleaning and prep). Please see our list of holiday closures and classroom preparation closures on our site.

\_\_\_\_\_ **Snow/Inclement Weather:** Lavender Farm Preschool strives to accommodate the needs of working families while also valuing the safety of the children, families, and our staff. We reserve the right to close at any time due to severe weather conditions or for other emergencies or natural disasters. In general, Lavender Farm Preschool will close for severe weather whenever Portland Public Schools (East side) close.

\_\_\_\_\_ **Sign-in/Sign-out:** Your child must be accompanied to and from school by an adult and signed in and out with the parent/guardian's or other authorized adult's full signature. This is a Oregon State licensing requirement.

\_\_\_\_\_ **Absences:** Please notify Lavender Farm Preschool of all absences or changes in your daily schedule. If your child will be out for the day or will be dropped off or picked up at a different time than usual, please call and let us know.

\_\_\_\_\_ **Illness and Exclusion:** Please notify Lavender Farm Preschool of any illnesses or health concerns for your child. Please review our Illness Policy included in the parent handbook. Note that Lavender Farm Preschool reserves the right to exclude any child who is ill.

\_\_\_\_\_ **Allergies:** Parents/guardians must notify Lavender Farm Preschool of any student allergies (from mild to severe). We will work with individual families to develop a plan to manage any allergies.

\_\_\_\_\_ **Medication:** Written permission is required in order for Lavender Farm Preschool staff to administer any medication including prescription, over-the-counter, sunscreen, lotion, lip balm, diaper ointment, etc. Lavender Farm Preschool staff will only administer medication that is in its original packaging, labeled with recommended dosage for the age of the child when it is accompanied by a complete, signed medication form. Prescription medications must be in their original prescription box or have the prescription label attached.

\_\_\_\_\_ **Family Involvement:** Lavender Farm Preschool asks each family to participate in our program in a variety of ways. We ask you to take time to read and respond to emailed information and participate in family events. It is our goal to create a learning community of children, staff, and families at Lavender Farm Preschool.

**My/our initials above indicate that I/we have read and agree to adhere to all of the above policies.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you! And welcome to Lavender Farm Preschool. We are excited for you to join our community.