

**For office use only:**

Initials \_\_\_\_\_

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MECP \_\_\_\_\_

**Reynolds Community Preschool**

**Office Use Only**

Date application received \_\_\_\_\_

Date email response sent \_\_\_\_\_

Date payment received \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Cash \_\_\_\_\_ Amount \_\_\_\_\_

Session AM \_\_\_\_\_ PM \_\_\_\_\_

**Enrollment and Authorization Form**

**Name of child** \_\_\_\_\_  
(first) (middle) (last)

**Nickname or child's preferred first name:** \_\_\_\_\_

Gender \_\_\_\_\_ Child's date of birth: (m) \_\_\_\_\_ (d) \_\_\_\_\_ (y) \_\_\_\_\_

Home language \_\_\_\_\_

Please check the desired session: AM \_\_\_\_\_ PM \_\_\_\_\_

Previous sibling attended: Yes \_\_\_ No \_\_\_ sibling Name \_\_\_\_\_

**Primary Parent/Guardian Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone numbers:(c) \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

**Secondary parent/guardian information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone numbers:(c) \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ OR \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

**Which phone number would you like to be called first in case of an emergency?**

\_\_\_\_\_

**Contact person if parents or guardians cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Name(s) of person(s) authorized to pick your child up from school other than the parents/guardians listed previously:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**The following person should never pick up my child:** \_\_\_\_\_

**food allergies/dietary restrictions** (please specify the specific foods that may not be eaten)

\_\_\_\_\_  
\_\_\_\_\_

**medical, behavioral, or other concerns** (examples; seasonal allergies, nosebleeds, eczema)

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information about your child that would be helpful?

\_\_\_\_\_  
\_\_\_\_\_

**Please check the appropriate statements:**

\_\_\_\_ My child may receive medical attention. Reynolds Preschool **has my permission** to obtain medical treatment for my child in an **EMERGENCY**, except for any listed restrictions;

\_\_\_\_ My child **MAY NOT** receive any medical treatment.

\_\_\_\_ My child **MAY NOT** be photographed, or video recorded.

\_\_\_\_ My child's photo **MAY NOT** be placed on the Reynolds Community Preschool website.

\_\_\_\_ My child's photo **MAY NOT** be placed in the Reynolds High School yearbook or newspaper.

(Occasionally the yearbook staff photographs high school students while working with preschool children.)

\_\_\_\_ My child **MAY NOT** have his/her birthday celebrated with a birthday crown and song.

By signing below, I agree to all terms and conditions set forth on the Reynolds Community Preschool Enrollment Form including the following two pages.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Name of Child \_\_\_\_\_

**Please read and keep the following pages for your records.**

Schedule

Sessions are held Wednesday, Thursday, and Friday following the RHS (Reynolds High School) schedule. The first day of preschool is tentatively scheduled for the first Wednesday in October. **Further information will be sent at the beginning of September regarding the open house and confirming details.**

Tuition

The total yearly cost for preschool is \$640.00. The payments are set up as “equal pay” with the total cost divided equally throughout the year regardless of the number of school days in each month. The initial \$120.00 payment received with your application covers October and a two-week notice deposit. Seven \$80.00 payments are due on the first preschool day in November, December, January, February, March, April, and May. There is no payment in June.

Tuition Payment Due Dates and Late Fees

If payment has not been received within the first three preschool days of the month, on the fourth day there will be a \$10.00 late fee for a total of \$90.00 for the monthly payment. After the fourth day, an extra \$1.00 per day is charged with the \$10.00 late fee until the balance is paid. We ask for prompt payments to allow your child’s continued attendance. We cannot guarantee your child’s spot will be held. On the fourth day without payment your child will be withdrawn from preschool.

monthly payment due:

November	\$80
December	\$80
January	\$80
February	\$80
March	\$80
April	\$80
May	\$40

Two Week Deposit

If you withdraw, your \$40.00 payment will be refunded provided we receive two weeks’ notice. If there is no early withdrawal the \$40.00 payment will be credited to half the May payment. Payment is not reimbursed due to snow day cancellations or unexpected school closures.

Late pick up fee

Please pick up your child within the 10-minute pick up window of time. If you pick up a child late, a late fee will apply.

1st late pick up is free up to 5 minutes, then is \$1.00 a minute after 5 minutes

Late pick up fees accrue at \$1.00 a minute thereafter. Late pick up fees need to be paid by the following day

Excessive late pick-ups will result in a withdrawal of your child from the program.

### Sign In and Out

Please sign in when you drop off and pick up your child. Be sure that every person who signs your child out is listed on the enrollment form. In an emergency please either call and leave verbal permission or send a note with the person picking up your child. Please inform us of anyone who is not to pick up your child.

### Lab Preschool

A lab preschool is a classroom staffed by high school “teachers”. These students are enrolled in Early Childhood Education levels 1 and 2. The preschool classroom is an integral part of the early childhood education curriculum. The classroom provides quality learning experiences for both preschool and high school students.

### Mandatory Reporting

Please be aware of Oregon Revised Statute 419B.010, stating that school employees must report or cause a report to be made if any child has suffered abuse, or any person has abused a child.

Checks should be made payable to Reynolds High School

Please mail your \$120.00 payment and application to:

**Reynolds Community Preschool**

**1698 SW Cherry Park Rd.**

**Troutdale, OR 97060**

Registration will not be available during summer break (mid-June-September).

*Send your deposit early to reserve a place for your child!*