

Early Learning Center



PRESCHOOL

Half-Day and Full-Day Programs for Ages 3-5

Academic Year 2017-2018

Enrollment, Health, and Authorization Forms

Our purpose is to provide a laboratory school for Warner Pacific College students, a creative learning environment for preschool children and a resource to the community.

Child's Name: _____ (2017-18)



Enrollment Form

Please complete the information below, sign where indicated, and return to the Early Learning Center (ELC) office. If you have questions, please contact the ELC Director at 503.517.1081.

SECTION I - TO BE COMPLETED BY FAMILY; ONE FORM PER CHILD

Child's Name (Last) (First):	Date of Birth:	Age when starting:
Street Address:	City, State, Zip	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you an ELC Alumni or Current Family? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Child's Home Language(s):	Ethnicity (optional):	
Health Insurance for your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name:		Subscriber id#:
Sibling #1:	Age:	Enrolled at ELC: Yes <input type="checkbox"/> No <input type="checkbox"/>
Sibling #2:	Age:	Enrolled at ELC: Yes <input type="checkbox"/> No <input type="checkbox"/>
Sibling #3:	Age:	Enrolled at ELC: Yes <input type="checkbox"/> No <input type="checkbox"/>
1) Parent/Guardian Name (Last) (First):	Hm Phone:	Cell Phone:
Street Address:	City, State, Zip:	Email:
Employer:	Wk. Phone:	Occupation:
2) Parent/Guardian Name (Last) (First):	Hm Phone: (if different than above)	Cell Phone:
Street Address: (if different than above)	City, State, Zip:	Email:
Employer:	Wk. Phone:	Occupation:
<input type="checkbox"/> I give my consent to the ELC staff or director to communicate on our behalf with our doctor, dentist or emergency medical staff and or transport by ambulance in the event I can not be reached to treat the above listed child(ren). <input type="checkbox"/> I understand that for registration to be valid I must pay a non-refundable registration fee of (\$75) which is enclosed ____ (initial-noting that fees and tuition may change between June and September in academic years).		
Signature/Date		

Early Learning Center – Tuition Costs

Full Day and Half Day Preschool Program

Financial Aid (some spots available on sliding fee scale)

Program: September 2017 through June 2018

- NOTE: Effective: August 31, 2017. All rates factor in the days we will be closed (see calendar for details).

Registration fee:

- \$75 (designated for classroom activities.)
- Pre-registration* (March 1 – April 1, 2017)

Payment options:

- Annual one-time payment (pre-registration discount available of \$50 off your annual payment)
- Two semester payments (equal amounts in September and January) (pre-registration discount available of \$20 off each semester payment)
- Nine monthly payments (equal payments September through May; due on the 5th business day of each month for which services are being provided)

*fee schedule below is with the discount

Tuition Costs 2016-2017

Full Day Program: 7:30 am – 6:00 pm

- Five days a week: \$879 per month
- Three days a week: \$670 per month (you choose which three days)

Half-Day Program: 4 hours (8:00 am – 12:00 pm)

Community Rates*:

- Five days a week: \$550 per month; \$2,730 per semester (2 payments); \$4,900 annually
- Three days a week (M,W,F): \$365 per month; \$1,805 per semester (2 payments); \$3,235 annually

Warner Pacific Student, Employee, or Alumni Rates*:

- Five days a week: \$384 per month; \$1,900 per semester (2 payments); \$3,406 annually
- Three days a week (M,W,F): \$256 per month; \$1,280 per semester (2 payments); \$2,254 annually

Child's Name: _____ (2017-18)

Wait / Interest / Transition Form

New to ELC ELC Returning or Alumni

NOTE: Space is available based on the date this form and deposit were received.

This form, along with your registration fee, is to confirm your intended start date and times. (Additional information and handbooks will be provided after we receive this form).

Child's Name _____ Birth date: _____ Best Ph: _____

Email: _____ Address: _____

Parent Name: _____ Signature: _____ Date: _____

This is to confirm that my child is registered to begin (start date) _____, for the requested days/times (indicate below) at a monthly (Community or WP Student/Staff) rate of \$_____.

I understand there are three payment options (one-time annual payment, two semester payments, or nine monthly equal payments).

In addition, I will need to submit a non-refundable \$75 (\$50 pre-registration discount March 1 through April 1) registration fee knowing that it will not be used unless I am guaranteed a spot and that failure to remit registration fee will result in no services.

Please indicate which payment option you choose:

- Annual
- Semester
- Monthly (9 equal payments)

Please check the days and indicate times your child will be attending:

- Half-Day 5 Days a week
- Half Day 3 Days a week – Monday, Wednesday, Friday
- Full Day M-F (5 days a week)
- Full Day 3 Days a week: you choose the three days
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday

General Information and Agreement

I understand that in order to be enrolled and for my child to attend classes I must submit the following information by August 1 and no later than orientation of that academic year (noting that if all or part of this agreement is not enforced it does not void the agreement):

- All forms 1-7 completed as requested
- Proof of current immunization or exemption as required by Oregon State law
(The form may be downloaded at-<http://www.oregon.gov/DHS/ph/imm/docs/SchCISform08.pdf>)
- Snack sign up for the school year – each family will sign up for 2-3 weeks to bring snack
- Lunch if my child is attending full day preschool

MONTHLY FEES/PAYMENTS AGREEMENT:

I understand that if I do not pay an annual/semester amount then 9 equal full monthly payments are due at the ELC by 5th business day of each month for which service is being provided. Failure to comply with terms will result in an assessed late fee of \$15 per month for any payments received after the 10th of the month and in some cases a discontinuance of service. I also understand that if any checks are returned NSF I will be required to pay a \$25 fee for processing and that tuition is payable to the Early Learning Center, or ELC at the school or the Warner Pacific College Business Office. I understand that fees are established for the entire program which operates during the course of the school year (September – June).

Third Party Payments: We welcome third party payments, i.e., AFS, JOBS, CSD, etc., once written verification is received from the third party. Fees accrued prior to the effective date, as well as unpaid portions, are the responsibility of the parent.

Please indicate billing party:

___ 1st parent ___ 2nd parent ___ AFS ___ CSD ___ JOBS ___ DWP ___ Other _____

Please select desired payment option:

___ **Electronic Funds Transfer/Bank Draft:** All transfers will occur on the 1st business day of the month for which service is being provided. An authorization form must be completed and submitted with this form along with a voided check or deposit slip. Please ask director for authorization form.

___ **Electronic Credit Card Draft:** Charges will be processed on the 1st business day of the month for which service is being provided. (All additional fees, such as late fees, additional days, etc., must be paid by check or money order at the time of service.) An authorization form must be completed and submitted along with this form.

___ **Monthly Payment:** Payment made by check, money order, or cash are accepted. Full payment must be received in the ELC Office by 5:00 pm on the 5th business day of the month for which service is being provided. The ELC reserves the right to require electronic draft for any account paid late two consecutive months or three times in a six month period.

Child's Name: _____ (2017-18)



CHANGES:

You are required to give a one month written notice before dropping the program and agree to pay all tuition due through the notice given. Also note that in order to assure processing, 14 days notice is required for any other changes. For changes regarding payment option, inquiries of schedule or package information, please contact the ELC Office.

FINANCIAL ASSISTANCE:

We understand times are tough. So we would like to help our community and families, let us know now how we can help, financial assistance information is available.

STATISTICAL INFORMATION:

Aspects of this program are provided through support of various funding sources. The following information is for statistical purposes only.

Ethnicity	Monthly Gross Income	Household Status
___ White	___ \$0-\$500	___ Single Parent
___ African American	___ \$501-\$1000	___ Dual Parent
___ Native American	___ \$1001-\$1597	# of People in Household ___
___ Asian/Pacific Islander	___ \$1598-\$2000	
___ Hispanic, specify	___ \$2001-\$2500	
___ White ___ Black ___ Other	___ \$2501-\$4021	
___ Additional Category	___ \$4022	

List _____

Legal Guardian Signature: _____ **Date:** _____

Child's Name: _____ (2017-18)



Statements of Authorization

I, _____, hereby give my permission to the ELC to call our doctor: _____ (phone: _____) for medical or surgical care and/or to call for an ambulance to transport for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate emergency contacts or myself before any action will be taken. If it is not possible, this expense will be accepted by us. The Director or ELC Staff is authorized to execute all documents and releases necessary to obtain such medical or surgical care. This authorization is valid until graduated or inactive.

Legal Guardian Signature: _____ **Date:** _____

I also give permission for my child to go on trips away from the premises of the school for walking field trips.

Legal Guardian Signature: _____ **Date:** _____

I authorize ELC staff to take pictures of my child for publicity or educational purposes.

Legal Guardian Signature: _____ **Date:** _____

Authorization to Release

The following persons are authorized to pick up my child from the ELC. Please include parents, relatives, carpool drivers, and friends. Please notate with an X if they are also an emergency contact.

NAME: _____	CELL: _____	DAY TIME: _____	Emergency contact <input type="checkbox"/>
NAME: _____	CELL: _____	DAY TIME: _____	Emergency contact <input type="checkbox"/>
NAME: _____	CELL: _____	DAY TIME: _____	Emergency contact <input type="checkbox"/>
NAME: _____	CELL: _____	DAY TIME: _____	Emergency contact <input type="checkbox"/>

Please list names of person(s) who **MAY NOT pick up your child** under any circumstances. (Court order is required if person is a parent.)

NAME: _____
 NAME: _____
 NAME: _____
 NAME: _____
 NAME: _____

Legal Guardian Signature: _____ **Date:** _____

Child's Name: _____ (2017-18)

Enrollment Continued

I have received the ELC Handbook and I understand the policies and procedures as stated in the ELC Handbook and agree to abide by any of those which pertain to me or my child.

Signature: _____ Date: _____

Health Report

General Health	Comment (indicate if your child has experienced any of these and any helpful details)	General Health	Comment
Hospitalizations		Frequent colds	
Asthma		Hay Fever	
Rash		Fevers	
Vision/Eye Infections		Stomach Aches	
Dietary specifications		Item necessary for daily activities	
Physical limitations/special considerations		Allergies	
Ear Infections/ Hearing		Speech	
Nosebleeds		Temper Tantrums	
Epilepsy or Seizures		Hyperactive	
Headaches		Eating Habits	

Any other diseases, chronic illness, or comments about the child's health: _____

School Experience

What previous school or program experiences has your child had? _____

How do you hope preschool will benefit your child? _____

Additional comments or information you feel would benefit the teachers concerning your child's preschool experience? _____

Are further assessments recommended in any of the following areas?

Vision Yes No Speech Yes No Hearing: Yes No Motor Coordination: Yes No

The above child generally has good health: Yes No

Comments: _____

Child's Name: _____ (2017-18)

Families as Partners Questionnaire

To help us do our best work in preparing the ELC classroom and curriculum for your child, we would like to know more about your child through your eyes as a parent, guardian, family member, grandparent, or “other” who enjoys a close relationship with this ELC student.

Person(s) completing questionnaire: _____

Relationship to ELC Student: _____

1. Child's interests

What attracts your child's attention? What brings him or her joy? What engages your child for extended periods of time?

2. Child's sense of humor:

What makes your child laugh? What amuses and delights your child?

3. Child's sensitivities:

What kinds of situations have you noticed can hurt your child's feelings, evoke sadness, or emotional distress?

4. Child's relationships

What relationships (peoples, animals, nature, objects, arts) are important and valued by your child?

5. Child's qualities and abilities:

What gifts, abilities, qualities, and competencies have you noticed emerging in your child?

Child's Name: _____ (2017-18)

6. Child's growth and development:

What do you see as challenges for your child? What areas of growth are more demanding, intense?

7. Your relationship with the ELC student?

What do you admire about your child? What is something you truly appreciate? In what ways has he/she made your life richer and more meaningful?

8. Family Culture?

What are important components of your family life/culture that would help us understand and know your child better?

Critical information we need to know:

Are there any food issues/concerns/allergies?

What medical issues or concerns do we need to know about?

Other information or issues that would be helpful to know about?

Thank you for taking the time to give our Early Learning Center staff a window into your child's world through your eyes.

Child's Name: _____ (2017-18)



Contact Information

Warner Pacific College
Early Learning Center Preschool
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Portland, OR 97215

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