



Start Here! Preschool is a parent cooperative program. Our school is managed and maintained by parents.

P.O. Box 1132 / 348 NW 7th Street Redmond, OR 97756 (541) 548-1656

Registration Form 2019-2020

DATE RECEIVED: _____

To reserve your child a space at Start Here Preschool for the next school year, please complete this form and return it to the school or to the PO Box above with a \$120.00 non-refundable enrollment fee per child.

Child's Name (First/Middle/Last): _____

Name child prefers to be called if different than above: _____

Child's Date of Birth: / / Gender: __Male__Female

Primary Contact: Name _____ Phone _____ Email _____

____ **3 Year old Preschool** (3 yrs. by Sept. 1st) Mon. & Tue. 9:00-11:30; Tuition: \$1150/yr

____ **3 DAY PRE-K** (4 yrs. by Sept 1st) Wed.-Thur.-Fri. 9:00-11:30; Tuition: \$1350/yr

____ **4 DAY PRE-K** (4 yrs. by Sept 1st) Mon.- Tues.-Wed.-Thur. 12:30-3:00; Tuition: \$1550/yr

How did you hear about us? _____

____ WE ARE A CURRENT FAMILY:
Current Child's Name(s) and years attended _____

____ WE ARE A RETURNING FAMILY:
Previous Child's Name(s) & years attended _____

If the **4 day PRE-K** class is full, would you like to automatically be placed in the **3 day PRE-K** Class? _____ YES _____ NO Comments _____

If the class that you desire is full, would you like to be placed on the waiting list?
____ 3 YR Old Class _____ 3 DAY PRE-K only _____ 4 DAY Pre-K only

I understand the \$120 enrollment fee is **non-refundable**: _____

(Signature & Date)

SECTION ONE

Parents / Legal Guardians:

*Please indicate primary contact for child if parents/guardians are in more than one household.

Parent/Legal Guardian _____ Relationship: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (e-mail) _____

Place of employment: _____ Phone: _____

Parent/Legal Guardian _____ Relationship: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (e-mail) _____

Place of employment: _____ Phone: _____

Childcare provider: _____ Phone: _____

Address: _____

In case of an emergency, whom do we contact if parents/guardians cannot be reached:

Name/Relationship: _____ Phone: _____

SECTION TWO

1.) Allergies, medical or physical conditions we should be aware of: _____

2.) Please tell us the names and relationships of others who share the child's home, as well as any other information about his/her home you think would be helpful to the teachers.

3.) Many of life's experiences affect our children and their behavior. As teachers, we would like any information that would help us interact with your child more effectively. Examples include: recent move, deaths, divorce, marriage, expecting another child, illness of parent or sibling, change in jobs, etc....

SECTION THREE

Permission/Denial To Pick Up:

In addition to myself, _____ and _____,
(Parent / Legal Guardian) (Parent / Legal Guardian)

the following people have my permission to pick up _____:
(Child's Name)

1.) _____ 2.) _____

3.) _____ 4.) _____

The following person(s) may NOT pick up _____:
(Child's Name)

1.) _____ 2.) _____

SECTION FOUR

Initial the following: that indicates approval

Participation Agreement:

_____ I understand that this is a cooperative preschool and I agree to assist in the classroom a minimum of thirteen times during the school year, bring snack when assigned, and complete my family duty within the year.

SECTION FIVE

Field Trip Permission:

_____ I give permission for my child to be transported on field trips by teachers and other parents who have appropriate licenses and insurance.

SECTION SIX

Medical Release:

In emergencies due to an accident or illness, every effort will be made to contact parents/legal guardians. In extreme cases, we need your permission to transport your child to the emergency room of St. Charles Hospital of Redmond.

_____ My child may be taken to SCMC (Red.) for treatment in case of an emergency.

SECTION SEVEN

Photo Release:

_____ My child may be photographed for publicity or news purposes

SECTION EIGHT

Injury Release:

_____ I release Start Here! Preschool from any liability if my child becomes injured while participating in authorized, supervised school activities.

GUARDIANSHIP:

I certify that I am the legal guardian of _____ and that all of the above is true to the best of my knowledge. (child's name)

Newsletters/Reminders: Please circle the form you prefer for receiving information from the school: **(email or paper)**.

Signature

Date