



Parent Letter

Dear Parents,

Thank you for your interest in enrolling your student(s) at **Beginnings Preschool**. Please take the time to carefully read all of the enclosed information and complete all information thoroughly, thoughtfully and carefully.

This registration packet contains the following:

- ☐ Registration & Contact Info
- ☐ Medical Information & Release
- ☐ School Activity Release
- ☐ Tuition Agreement

Please make sure to return the complete packet with copies of these items:

1. Child's current immunization record, including Oregon State Certificate of Immunization Status.
2. Any reports from testing for physical disorders or learning difficulties.
3. Birth Certificate

Applications will be accepted on a first-come, first-served basis and must be accompanied by the non-refundable registration fee of \$100.00 payable to Beginnings Preschool.

Please drop off all forms to:

Beginnings Preschool
Foundry Church
60 NW Oregon Ave
Bend, OR 97703

Sally Sherfey, Head Teacher / Director



Registration Packet

Child's Name _____

Date of Birth _____

Allergies: _____

Parent or Guardian's Information

Name/Relationship to Child _____

Address _____

Home Phone _____ Cell Phone _____

Employer Name _____

Employer Phone _____ Work Hours _____

Email _____

Parent or Guardian's Information

Name/Relationship to Child _____

Address _____

Home Phone _____ Cell Phone _____

Employer Name _____

Employer Phone _____ Work Hours _____

Email _____

Emergency Contact #1

Name/Relationship to Child _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contact #2

Name/Relationship to Child _____

Address _____

Home Phone _____ Cell Phone _____

Other Adults Authorized to Pick Up Your Child

Name/Relationship/Phone _____

Name/Relationship/Phone _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

☐ No ☐ Yes—if yes, please list his/her name and attach the required documentation.

Name/Relationship to Child _____

Are there any custody or visiting agreements we need to be aware of?

☐ No ☐ Yes—if yes, please list his/her name and attach the required documentation.

Medical Provider _____

Phone _____

Insurance Information (if applicable) _____

Parent Signature _____ **Date** _____

Emergency Care – Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____, however, if I cannot be reached, I hereby authorize

Beginnings to transport my child to the hospital and to secure for my child the necessary treatment. I understand the teachers at the preschool are trained in the basics of first aid and I authorize them to give my child first aid and CPR when appropriate.

Parent Signature _____ **Date** _____

Emergency Evacuation Information Sheet

Child's Name _____ DOB _____

Parent/Guardian _____ Phone _____

Child's Name _____ DOB _____

Back up/emergency people who are authorized to pick up your child in case of an emergency if parents/guardians cannot be reached:

Name/Relationship/Phone _____

Name/Relationship/Phone _____

If emergency medical care is necessary, I give **Beginnings**, its staff, and/or its management permission for any treatment deemed necessary.

I hereby warrant to **Beginnings** that I am entitled to legal custody and possession of my child and accordingly am authorized to place my child in your care and custody and further am authorized to sign this emergency evacuation information form.

Parent Signature _____ Date _____

Permission/Consent Form

I hereby give my permission for my child to be cared for by **Beginnings** and for my child to use all of the play equipment and participate in all activities of the school.

Parent Signature _____ Date _____

I hereby give permission for my child to leave the school premises under the supervision of the staff members for study trips and planned neighborhood walks.

Parent Signature _____ Date _____

I hereby release and hold harmless **Beginnings**, its staff and agents, from any loss or damage to toys, clothes, or any other personal items or articles. I relieve the school of all responsibility for accidents and injuries, claims, damages or other liabilities for injuries to or damage by my child both on and off the premises, which are not a result of gross negligence by the school, its staff or agents.



Parent Signature _____ **Date** _____

I grant permission for my child to be included in evaluations and pictures connected with the preschool program. My child may be photographed for publicity or news purposes.

☐ On site ☐ Off site

Parent Signature _____ **Date** _____

Which church does your family currently attend? _____

Tuition Agreement

Payment for contract is due on the 1st week of the month.

There is no credit given for holidays or days absent due to illness, vacation, or otherwise.

Please make arrangements ahead of time if payment will be late. Otherwise, payments after the 10th of the month will be considered late and will be charged \$25.00 late fee.

Returned checks are subject to bank fees. Returned checks must be redeemed with cash or a money order within 24 hours of notification or arrangements will be made immediately to reprocess your check. The preschool may require that further tuition payments are made through money orders.

All tuition payments are to made to **Beginnings Preschool**.

I understand and accept that there is no credit for absences and days that the school is closed and that the registration fee is non-refundable. All fees and policies are subject to change without notice. When possible 30 days written notice will be given.

Parent Signature _____ **Date** _____

I have read and accept the conditions outlined in the Registration Packet and the Tuition Agreement. This contract is effective for the duration of my child's enrollment at **Beginnings**.

Parent Signature _____ **Date** _____

Beginnings does not discriminate against individuals on the basis of sex, race, religion, national origin, ancestry, creed, or physical, mental, emotional, or learning disability. Federal law prohibits discrimination in education and employment on the basis of age , race, color.