



## Enrollment Application

1. \_\_\_\_\_ Enrollment fee is \$100 per student, a one time fee, not part of tuition.
2. \_\_\_\_\_ Fee is not refundable, unless a position is not available.
3. \_\_\_\_\_ This application is valid when accompanied by \$100 enrollment fee.
4. \_\_\_\_\_ Once tuition has been paid, slot will be held for the student.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Guardian's Name: \_\_\_\_\_ Referred From: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Cell Carrier: \_\_\_\_\_

**Monday:** \_\_\_\_\_ - \_\_\_\_\_

**Tuesday:** \_\_\_\_\_ - \_\_\_\_\_

**Wednesday:** \_\_\_\_\_ - \_\_\_\_\_

**Thursday:** \_\_\_\_\_ - \_\_\_\_\_

**Friday:** \_\_\_\_\_ - \_\_\_\_\_

Requested Start Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Tuition Child 1        \$ \_\_\_\_\_

Tuition Child 2        \$ \_\_\_\_\_

Total                    \$ \_\_\_\_\_

I/We (parent/guardian) \_\_\_\_\_, as Client(s) agree to pay \$ \_\_\_\_\_ per month to Bend Immersion Preschool for the time in the schedule below for (student) \_\_\_\_\_ under the terms and conditions specified in the school handbook. Tuition is assessed monthly and must be pre-paid before childcare/preschool begins. Tuition rates are based on the amount of days and hours selected on this form.

- \_\_\_\_\_ I agree to pay the Late Pay charge of \$20 per day, each day my payment is late.
- \_\_\_\_\_ My payment is due on the 1st of this month for next month.
- \_\_\_\_\_ Tuition increase is for January tuition each year.
- \_\_\_\_\_ Notice given this month, makes NEXT month, your last month. Notice is for dropping hours, moving onto kindergarten or moving out of the area.
- \_\_\_\_\_ Adding hours will mean the new tuition needs to be paid and a new tuition form signed, prior to attending.
- \_\_\_\_\_ Accounts not in good standing will be sent to collection. Client agrees to pay all associated fees with collection or court costs.

I have understand and agree to abide by the terms of this agreement.

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

Paid by: Cash Check \_\_\_\_\_ Date Contacted for Enrollment \_\_\_\_\_

Date of Enrollment Meeting \_\_\_\_\_ Tuition paid \_\_\_\_\_ Start Date \_\_\_\_\_



# Child Enrollment Authorization

<b>Child's Name (Last, First)</b>		<b>Child Nickname</b>
<b>Date of Birth</b>	<b>Date Entered Care</b>	<b>Age at Entry</b>
<b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies on back side of form.		
<b>Parent or Guardian Contact Information</b>		
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Address (Street, City, Zip)	Work Phone
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Address (Street, City, Zip)	Work Phone
<b>Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>		
<b>Name (First, Last)</b>	<b>Phone</b>	<b>Relationship</b>
<b>Name (First, Last)</b>	<b>Phone</b>	<b>Relationship</b>
<b>Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>		
<b>Name (First, Last)</b>	<b>Phone</b>	<b>Relationship</b>
<b>Name (First, Last)</b>	<b>Phone</b>	<b>Relationship</b>
<b>Medical/Dental Contact Information</b>		
Insurance Provider and Policy Information (if applicable)		
<b>Primary Physician Name</b>	<b>Phone</b>	
<b>Dental Provider</b>	<b>Phone</b>	
<b>Parent or Guardian Authorization</b>		
Please list any restrictions to permission of the following:		
My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form). <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard). <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child may be photographed for publicity or news purposes <input type="checkbox"/> Yes <input type="checkbox"/> No This applies to <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photography.		
<b>In an emergency</b> , the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.		
_____	_____	
Parent/Guardian Signature	Date	

Continued on back



# Child Information

Has your child previously been in child care? **No**  **Yes**  If yes, what type of care and for how long?

**Reason for requesting care**

**Child General Information** – please include all information that will assist us in providing quality care for your child

**Likes and dislikes**

**Eating habits and schedule**

**Toileting habits and schedules**

**Sleeping habits and Schedule**

**Play**

**Fears**

**How your child like does to be comforted when upset?**

**Child's home language**

**Special word and their meanings**

**Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?**

**Does your child have any educational special needs (IFSP, etc.)** **No**  **Yes**  If yes, List any health partners or providers you would like us to know about.

**Child Medical Information**

**Does your child have special medical needs?** **No**  **Yes**  If yes, List any health partners or providers you would like us to know about.

**Does your child have allergies** **No**  **Yes**  If, yes list below **Has your child had chicken pox** **No**  **Yes**

**Other Children in the Home**

**Name (first, Last)**

**Age**

**Gender**

**Name (first, Last)**

**Age**

**Gender**

**Name (first, Last)**

**Age**

**Gender**

**Name (first, Last)**

**Age**

**Gender**

# EMERGENCY CONTACTS

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

TELEPHONE NUMBERS: HOME \_\_\_\_\_ WORK: \_\_\_\_\_

CELLPHONE /TEXT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE# \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

TELEPHONE#HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CELLPHONE/TEXT#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK# \_\_\_\_\_

## EMERGENCY CONTACTS

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

## PERSON'S AUTHORIZED TO PICK UP CHILD/REN

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

**WE MUST HAVE A WRITTEN PERMISSION FOR ANYONE ELSE NOT LISTED AND  
PROOF OF ID.**



# Signatures and Authorization

I understand & consent that...

\_\_\_\_\_ Teachers and substitutes present and in the past 12 months, may not babysit, nanny or otherwise be caring for Bend Immersion Preschool students off site. School has a signed agreement with each teacher that works with the students.

\_\_\_\_\_ By enrolling and signing here, I consent to have my child given first aide and CPR by the staff at Bend Immersion Preschool. I will be responsible for all charges not covered by my insurance. I consent for the emergency contact person listed in my paperwork to act on my child's behalf until I am available.

\_\_\_\_\_ Video monitoring is used on site.

\_\_\_\_\_ My Child may be taken by vehicle, bus or on foot on supervised field trips.

\_\_\_\_\_ My child may participate in water activities.

\_\_\_\_\_ All children will be offered a quiet time of no less than 30 minutes per day.

\_\_\_\_\_ I may gain access to the school during my agreed upon schedule, by using the door code. (not for children's use)

\_\_\_\_\_ My child may appear on Bend Immersion Preschool Facebook, Instagram, Twitter, website newsletter or other promotional pages & publications.

\_\_\_\_\_ I must provide napping materials, 3 boxes of wipes, (diapers if needed), a backpack with 3 changes of clothing for my child daily.

\_\_\_\_\_ Sick Children stay at home. All children must be 24 hours medication free and fever free before returning to care.

\_\_\_\_\_ Notice given in the current month, makes the next month, the last month of attendance. Ex: Notice given in June, makes July the last month.

\_\_\_\_\_ I will bring NON AEROSOL sunscreen for my child, to wear as needed.

\_\_\_\_\_ Holidays and days off are included in my parent handbook. Tuition is the same monthly. I have read and noted these days.

\_\_\_\_\_ Supply Fee is \$100 Yearly due August 1.

\_\_\_\_\_ Rates increase each year for January 1 tuition.

\_\_\_\_\_ I agree to receive text updates. My cell phone carrier is \_\_\_\_\_.

Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# Oregon Certificate of Immunization Status

## Certificado de estado de vacunación

Oregon law requires proof of immunization or exemption signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority.

*La ley de Oregon requiere que se entregue un comprobante de vacunación o de exención firmado antes de que un(a) menor asista a la escuela, al preescolar, a un centro de cuidado infantil o a una guardería. Esta información se recopila en nombre de la Autoridad de Salud de Oregon y la escuela o el centro infantil, y puede divulgarse a la Autoridad o al departamento local de salud pública, si la Autoridad la solicita.*



Child's last name <i>Apellido del/de la menor</i>	First name <i>Primer nombre</i>	Middle name <i>Segundo nombre</i>	Birth date <i>Fecha de nacimiento</i>
Parents' or Guardians' names <i>Nombre de los padres o tutores</i>		Phone number <i>Número de teléfono</i>	

Write the dates the child received the vaccines  
*Indique las fechas en las que el/la menor recibió las vacunas*

Vaccines / Vacunas	Dose 1 <i>Dosis 1</i>	Dose 2 <i>Dosis 2</i>	Dose 3 <i>Dosis 3</i>	Dose 4 <i>Dosis 4</i>	Dose 5 <i>Dosis 5</i>
Diphtheria/Tetanus/Pertussis <i>Difteria/tétanos/tos ferina</i> (DTaP)					
(Tdap)					
Polio (IPV)					
Varicella (Chickenpox) <i>Varicela</i>			<input type="checkbox"/> Check if child had chickenpox disease <i>Marque aquí si el/la menor ha tenido varicela.</i> Date / Fecha _____		
Measles/Mumps/Rubella (MMR) <i>Sarampión/paperas/rubéola</i>					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B <i>Tipo B (Hib)</i>					

I certify that the information on the form is an accurate record of this child's immunizations.  
*Certifico que la información en el formulario es un registro exacto de las vacunas de este(a) menor.*

Signature* <i>Firma*</i>		Date <i>Fecha</i>	
Update signature <i>Actualizar la firma</i>		Date <i>Fecha</i>	

\* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.

\* *El padre, la madre, el/la tutor(a), un estudiante de por lo menos 15 años de edad, un proveedor médico o un miembro del personal del departamento de salud del condado puede firmar para verificar las vacunas.*

Child's last name <i>Apellido del/de la menor</i>	First name <i>Primer nombre</i>	Middle name <i>Segundo nombre</i>	Birth date <i>Fecha de nacimiento</i>

Other vaccines received <i>Otras vacunas recibidas</i>		Medical exemptions and immunity documentation <i>Documentación sobre las exenciones médicas y documentación de inmunidad.</i>
Vaccine name <i>Nombre de la vacuna</i>	Date <i>Fecha</i>	
		<p>Medical exemptions and immunity documentation require a letter signed by a licensed physician submitted to your child's school or child care. For the requirements go to <a href="http://www.healthoregon.org/medicalexemptions">www.healthoregon.org/medicalexemptions</a></p> <p><i>La documentación sobre las exenciones médicas y documentación de inmunidad exige que se le entregue a la escuela o centro de cuidado infantil de su hijo(a) una carta firmada por un médico autorizado. Para ver los requisitos, visite <a href="http://www.healthoregon.org/medicalexemptions">www.healthoregon.org/medicalexemptions</a></i></p>

**Nonmedical exemption / Exención no médica**

I have received information regarding the benefits and risk of immunizations. I understand my child may be excluded from school or child care if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

The vaccine module approved by the Oregon Health Authority  
 A health care practitioner

*He recibido la información relacionada con los beneficios y los riesgos de las vacunas. Entiendo que pueden excluir a mi hijo(a) de la escuela o del centro de cuidado infantil si se presenta un caso de enfermedad que podría prevenirse con una vacuna. Adjunto el documento requerido de parte de (marque una opción):*

*El módulo de vacunas aprobado por la Autoridad de Salud de Oregon*  
 *Un proveedor de atención médica*

I request that my child be exempted from the following required immunizations (check all that apply):  
*Solicito que se exente a mi hijo(a) de las siguientes vacunas requeridas (marque todas las opciones que correspondan):*

Diphtheria/Tetanus/Pertussis / *Difteria/tétanos/tos ferina*     Polio     Varicella / *Varicela*  
 Measles/Mumps/Rubella / *Sarampión/paperas/rubéola*     Hepatitis B     Hepatitis A  
 Hib

**Optional / Opciona**  
Immunizations are being declined because of:  
*Se están rechazando las vacunas debido a lo siguiente:*

Religious belief / *Creencias religiosas*     Philosophical belief / *Creencias filosóficas*  
 Other / *Otro*

Signature <i>Firma</i>		Date <i>Fecha</i>	
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## Authorization to Disclose and Receive Medical Records

I \_\_\_\_\_, provide my authorization to Bend Immersion Preschool to discuss my child/ren \_\_\_\_\_ medical condition with my child/ren physicians and their authorized staff, emergency medical staff, with government agencies as required by law. I also authorize Bend Immersion Preschool to release a copy of my child's medical information to those same parties and to receive the same.

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

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Phone Number During the Hours of School: \_\_\_\_\_

The information is limited and will be used only for the following purpose(s): In the event of injury and emergency care; to discuss a child's illness so that Bend Immersion Preschool can determine the health of the child and continued care with Bend Immersion Preschool; to ensure that other children are not made ill by an illness of the child named above; and to comply with the required government rules and regulations.

The information is limited and pertains only to medical conditions that pertain to the health of the child while under the care of Bend Immersion Preschool and it's staff.

By signing I agree to authorize Bend Immersion Preschool and it's staff to discuss this information with the parties noted above and to receive/release medical information regarding the child's health condition. This authorization may be revoked at any time. The only exception is when the action has been taken in reliance on the authorization.

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

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

## Sunscreen Permission Form

Date: \_\_\_\_\_

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

Name of Sunscreen and SPF #: \_\_\_\_\_

Please apply sunscreen to your child every morning before drop off. As needed throughout the day, your child's care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 min before outdoor activity. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

\_\_\_\_\_  
Parent Signature

**Special Instructions:**

\_\_\_\_\_ I do not want my child to use any sunscreen other than the one that she/he brings.

\_\_\_\_\_ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

\_\_\_\_\_  
Parent Signature