



PRESCHOOL REGISTRATION

NEW STUDENT FORM 2018-2019

CHOOSE ONE: SESSION 1: 8:20 am - 11:00 am SESSION 2: 11:40 am - 2:20 pm

STUDENT INFORMATION (PLEASE PRINT)

Student: _____ (_____)
Last First Middle Nickname

Gender: MALE FEMALE Age: _____ DOB: ____/____/____

Ethnicity: Caucasian African American Asian Hispanic Native American Other _____

One Friend Request: 1. _____ School attended last year: _____

Previous Year Grade: _____

Every family is required to use an email account provided by the school whether at home or via another source. All school announcements and teacher communications are posted on our website and distributed through email.

CONTACT INFORMATION (PLEASE PRINT)

Marital Status: Married Single Divorced (Custodial parent: _____)

Mailing Address _____
Street/PO City State Zip

Home Phone _____ Primary E-mail _____

Mother/Guardian _____

Place of Work _____ Cell Phone _____

Father/Guardian _____

Place of Work _____ Cell Phone _____

Church Attending _____ Church Affiliation _____

EMERGENCY CONTACT (PLEASE PRINT)

Name _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

PHOTO CONSENT: I hereby give permission to the Phonics Phactory to release the student's name and photo/video for use in their publications and presentations. _____ (initial)

SCHOOL DIRECTORY: All families are automatically included in the school directory unless initialed below that you DO NOT want your contact information published.

_____ (initial) I DO NOT give permission to the Phonics Phactory to release family contact information for use in the school directory.

ENROLLMENT POLICY: The Phonics Phactory admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the bases of race, color, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school administered programs. Note: Phonics Phactory is not staffed to handle students with severe learning disabilities or those who have severe behavior issues.

FOR OFFICE USE ONLY

Date Registered _____/2018

Registration Fee (\$75/Student)

Pre/Kindergarten Release Form

Tuition (if paid in full)

Returning Family

New Family

Book Rental/Science Fee (\$75)

**FINANCIAL AGREEMENT FORM****PRESCHOOL 2018-2019**

ALL TUITION PAYMENTS are collected by FACTS Tuition Company. Each family is required to set up a financial account with FACTS (even if paying in full). FACTS offers 3 payment plans:

- 1. Monthly: a \$46/year service fee**
 - 2. Semi-Annual: Due by Sept. 5th and January 5th, a \$26/year service fee**
 - 3. Full Payment: Due by Sept. 5th, there is no service fee (Pay directly to school)**
- _____ **INITIAL**

Completed Registration Forms, Registration Fees, and Book & Supply Fees are required to hold a student slot and are **NON-REFUNDABLE**.

INITIAL

FEES:

Registration Fee per child.....\$75 (**NON-REFUNDABLE**)
Book & Supply Fee.....\$75 (**NON-REFUNDABLE**)

TUITION:

\$1665 per year, 9 monthly installments (Sept-May) of \$185/month
\$1485 per year, \$165 month (NEW FAMILY SPECIAL)

TERMS FOR TUITION PAYMENTS:

- 1. Payment Schedule:** _____ **INITIAL**
 - a. Tuition may be paid in full by Sept 5, 2018, or in 9 monthly payments starting September 5, 2018. Payments are due on the **FIFTH DAY** of each month for 9 months.
 - b. Payments start September 5, 2018, and run through May 5, 2019.
 - c. Tuition payments are made to FACTS.
- 2. Delinquent Tuition:** _____ **INITIAL**
 - a. Tuition payments received after the 5th of the month will incur a \$25 late fee.
 - b. Delinquent tuition for more than 30 days automatically results in dismissal until the account is resolved.
 - c. Unpaid accounts will result in the denial of report cards and re-enrollment for the next school year.
- 3. Late Pickup Charges:** _____ **INITIAL**
 - a. Students picked up late will be charged \$3 for every five minutes.
 - b. Payment is due when the student is picked up and payable to the teacher.

I/WE UNDERSTAND AND AGREE TO FOLLOW THE OUTLINED PROCEDURES FOR PAYMENT.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

If a student is withdrawn before the end of the month, tuition for the entire month is forfeited. If tuition has been paid in advance, there may be a refund minus the tuition for the current month. Books remain the property of the school. Tuition payments received after the 5th of the month will be assessed a late fee of \$25 per student. If the student account becomes 30 days delinquent, it will be cause for dismissal. Delinquent accounts of any amount after April 5th, 2019, students will not be able to attend school until the account is resolved. There will be a \$25 fee for any returned check. Students will not be admitted to the new school year unless all past school tuition and fees have been paid in full no later than July 1st after the previous school year ended. Uncollected fees will be subject to collection by a third party collection agency and reported to the Credit Bureau. Gresham OR, 97030.

_____ **INITIAL** **Waiting List:** Payment of the Registration Fee is required to be placed on the waiting list. Any student not placed by the first day of school will receive a refund of any fees paid.

HEALTH HISTORY
FIELD TRIP PERMISSION FORM
2018-2019

Student Name (print) _____ D.O.B. ____/____/____

Insurance Company _____ Policy Number _____

HEALTH HISTORY:

Please (x) any of the following conditions your child has experienced and circle NO / YES:

____ Hearing Problems Describe: _____

____ Vision Problems Wears glasses? (circle) No / Yes Wears contacts? (circle) No / Yes

____ Allergies List: _____

What happens? _____

Is EpiPen prescribed for allergies? (circle) No / Yes If yes, parent must provide EpiPen.

____ Bee Sting Allergy What happens? _____

____ Is EpiPen prescribed for bee stings? (circle) No / Yes If yes, parent must provide EpiPen.

____ Asthma - Is an inhaler used? (circle) No / Yes How often? _____

List medications taken for asthma _____

Name of asthma doctor _____ Phone _____

____ Diabetes - Name of diabetes doctor _____ Phone _____

____ Seizures - What type? _____ Last seizure (date) _____

Medication taken _____

Name of seizure doctor _____ Phone _____

____ Hospitalizations - For what? _____

____ Episode of loss of consciousness (circle) No / Yes When? _____

____ Bone/Joint problem or fracture? (circle) No / Yes Is a brace worn? (circle) No / Yes

What bone or joint and when? _____

List any recurrent medical problem or unusual illness of which you want the nurse to be aware.

List any activity restrictions _____

_____ **MY CHILD IS HEALTHY AND HAS NO HEALTH PROBLEMS**

PERMISSION for over-the-counter medication during the school day and/or school related activities

I authorize the school nurse and Phonics Phactory staff to administer the following OTC medications at their discretion. PLEASE CHECK MEDICATIONS PERMITTED.

____ Acetaminophen (Tylenol) ____ Diphenhydramine HCL (Benadryl) ____ Anti-itch skin creams
____ Ibuprofen (Advil, Motrin) ____ Antacids (Tums, Mylanta) ____ Cough medicine/drops

Physician's name _____ Phone _____

Location of offices _____

Mother/Guardian (print) _____

Home Phone _____ Cell Phone _____

Signature _____ Date _____

Father/Guardian (print) _____

Home Phone _____ Cell Phone _____

Signature _____ Date _____

Neighbor or relative _____ Phone _____

PERMISSION FOR MEDICAL TREATMENT / FIELD TRIPS:

I hereby consent to have my child, _____, participate in field trips supervised by the teaching staff away from the school grounds to local points of interest.

I hereby authorize the Phonics Phactory to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by the Phonics Phactory, may treat and do whatever is necessary for the health and well being of my child.

It is understood that a conscientious effort must be made to notify me (the parents) before such action will be taken. I also agree to accept responsibility for the cost of above medical services, and that any school insurance is secondary to my own primary insurance coverage.

Mother _____ Date _____

Father _____ Date _____

Legal Guardian _____ Date _____

This form must have two signatures. If your child is in the custody of one parent, please indicate.