
EMERGENCY CONTACT INFORMATION

1. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

2. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

3. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

AUTHORIZED ALTERNATIVE PICK-UP CONTACTS

1. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

2. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

RESTRICTED & UNAUTHORIZED CONTACTS

1. Full Name:

Relation to Child:

2. Full Name:

Relation to Child:

Additional Info:

EATING HABITS

Your Child's General Attitude Towards Eating:

If Your Child Refuses to Eat; How is This Generally Handled?

Favorite Foods:

Least Favorite Foods:

Other Important Information/Details:

SLEEPING HABITS

Your Child's General Attitude Towards Sleeping:

If Your Child Refuses to Sleep/Nap; How is This Generally Handled?

Average Number of Naps per Day and Length:

Other Important Information/Details:

BATHROOM HABITS

General Time(s) Your Child is Taken to the Bathroom:

Does Your Child Tell You When They Need to Go?

Yes No

Can Your Child Take Themselves?

Yes No

Other Important Information/Details:

SPEECH AND PHYSICAL GROWTH

Your Child Speaks:

Well Fairly Well Not Very Well Not at All

At What Age Did Your Child Become Mobile?

Crawling?

Walking?

Please Describe Your Child's Comforting Habits and Methods (If Applicable):

Is There Any Other Information You Believe We Should Know About Your Child (Fears, Other Habits, Schedule/Routine etc.)?



MEDICAL AUTHORIZATION

FULL NAME OF CHILD

DATE OF BIRTH

Are your child's immunizations current? Yes No

If no, has an exemption form been completed? Yes No

Does your child have any allergies? Yes No

If yes, please list cause, symptoms, and type of response required in the event of an allergic reaction:

Does your child have any medical conditions? Yes No

If yes, please list them and their symptoms:

Please list any other pertinent information such as child's blood type, special medications, etc.

NAME OF PRIMARY PHYSICIAN:

PHONE:

MEDICAL INSURANCE NAME:

POLICY #:

POLICY HOLDER'S NAME:

As the parent/legal guardian of the child named on this form; I hereby grant permission for any staff member of Sunriver Preschool to take any necessary step(s) to obtain medical care for my child if deemed warranted. Should attempts to contact me, the parent and/or guardian, fail; these aforementioned steps may include:

1. Attempt to contact those listed on the authorized contact list I have provided.
2. Attempt to contact my child's physician.
3. If all attempts to make contact with the above parties fail; SRPS staff may do any or all of the following:
 - a.) Call another physician
 - b.) Call paramedics/ambulance
 - c.) Have the child taken to the emergency hospital under the direct supervision of an SRPS staff member.

I have read and understand this form completely. I agree that by signing this form I am accepting full responsibility for any medical expenses incurred under Step 3 of this section.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

Please print out, sign, and return this form in its entirety to Sunriver Preschool.



REQUEST FOR ADMINISTRATION OF MEDICATION

If medications can be given at home or after school hours, please do so. However, if medication administration is absolutely necessary to be given while your child is under Sunriver Preschool's direct supervision; this form must be completed prior to any medication being administered.

Permission is hereby granted to Sunriver Preschool's Director or his/her designee to supervise my child in taking the following prescribed medication.

I hereby release and discharge Sunriver Preschool personnel from any and all liability in case of accident or any other mishap in supervising said medication due to any side effects, illness, or other injury which might occur to my child through supervising said medication. I hereby release aforementioned personnel from any liability because of any injury or damage which might occur.

I give the above-mentioned personnel permission to contact my child's health care provider and/or pharmacy to acquire medical information concerning my child's diagnosis, medication, and other treatment(s) required.

I understand that:

- Medications must be in the original container.
- Parent/Guardian must provide specific instructions (including drugs and related equipment) to the Director or his/her designee.
- It will be the responsibility of the parent/guardian to inform the Sunriver Preschool of any changes in pertinent data. New medications will not be given unless a new form is completed.
- All medication will be taken directly to the office by the parent or guardian. Students may not have medication in their possession, except with the prescribing physician's order.
- Do not send medication to school which needs to be given daily or two/three times a day unless the prescribing physician specifically states a time during the school day which it is to be given.
- Sunriver Preschool personnel will not give medication that contains aspirin to any student due to the correlation with Reyes Syndrome. Examples of medicines containing aspirin: Bayer, Anacin, Excedrin, Dristan, Pamprin, and Pepto-Bismol.
- A daily record shall be kept on each medication administered. This record will include the child's name, date, medication is administered, time, and signature of authorized personnel who supervised.
- **MEDICATIONS MUST BE PICKED UP BY PARENT/GUARDIAN.** Any medication not picked up from the school by the end of the last school day of the year will be considered abandoned. Abandoned medication will be properly discarded in accordance with local, state, and federal laws/rules.

The safety and well-being of your child are our main concern. With your understanding and cooperation we can eliminate much of the unnecessary medications that are brought to school and ensure that our students who do need to take medication at school will receive it appropriately. If you have any questions regarding medications, please consult with your doctor prior to returning this form.

FULL NAME OF CHILD:

DATE OF BIRTH:

MEDICATION NAME(S):

PRESCRIBING DOCTOR:

PHONE:

DOSAGE & TIME OF ADMINISTRATION:

STOP MEDICATION ON:

As the parent/legal guardian of the child named on this form; I hereby grant permission for my child to receive this medication during the time(s) indicated above, by any Sunriver Preschool staff authorized by its Director.

I have read this form in its entirety, and understand that by signing, I agree to all the terms and conditions this form has presented.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

Please print out, sign, and return to Sunriver Preschool.



ENROLLMENT CONTRACT

FEES: Include an annual registration fee and curriculum fee, both due at enrollment.

TUITION: Charged monthly on an annual basis from September - August. All holidays, breaks, and in-service days are accounted for in each student's tuition.

PAYMENTS: Tuition is due on the 25th of every month for the following month.

RETURNED CHECKS: A \$25.00 fee for every returned check, as well as any bank fees incurred by The Preschool.

WITHDRAWAL POLICY: Parents/Guardians are responsible for 30-days tuition from the day of withdrawal notification.

TERMINATION OF ENROLLMENT: Sunriver Preschool ("Preschool") reserves the right to terminate this contract at any time.

LATE PICK UP FEES: Parents/Guardians who are late picking up children after 5:30 p.m. will be charged a late fee of \$1.00 per minute, per child, with no cap. Late pick-up fees will be billed to main account balances.

REFUNDS: Tuition/curriculum fees and tuition, are non-refundable.

VACATION: Tuition remains the same every month, regardless of if/when students go on vacation.

ABSENCES: Parents/Guardians are required to pay for all days their child(ren) are absent due to illness, snow days, holidays, or other personal reasons. Full monthly tuition reserves the available spot.

SNOW DAYS: The Preschool follows the Bend-La Pine School District on weather delays and all other weather-related closures.

ILLNESS AND SICK DAYS: In order to control communicable illness from spreading; any child(ren) who display symptoms of illness that compromise the health and safety to other children/staff, will be sent home immediately. The Preschool follows Oregon State guidelines for exclusionary conditions. ALL children must be free of fever without medication for at least 24-hours prior to their return.

IMMUNIZATIONS: In the interest of both your child(ren)'s health and the health of all other children; you are required to submit current immunization records prior to your child(ren)'s enrollment. These records must be updated in accordance with Oregon State law(s).

SUNSCREEN: If deemed necessary, The Preschool's staff is authorized to apply sunscreen to my child(ren) prior to going outside.

DIAPERS AND POTTY TRAINING: Parent/Guardians must provide diapers, wipes, and an extra change of clothes for every child they've enrolled.

MEALS AND SNACKS: All meals will be provided by the Parent/Guardian. A healthy snack will be offered in the morning, and whole milk at lunch for ages 2-5 years old.

SUNRIVER PRESCHOOL CLOSURES/OBSERVANCES:

- New Year's Day • Martin Luther King Jr. Day • President's Day • Memorial Day • Independence Day
- Labor Day • Veteran's Day • Thanksgiving (including Friday) • week of Christmas

I/We have read, understand, and fully accept responsibility for all information on the **Student Enrollment Form**, **Medical Authorization Form**, and **Enrollment Contract** for Sunriver Preschool.

I/We have examined the and understand the above **Enrollment Contract** and, to the best of my/our knowledge and belief, affirm that all information given is true, correct, and complete.

PARENT/GUARDIAN SIGNATURE:

DATE:

PARENT/GUARDIAN SIGNATURE*:

DATE:

**Both parents/guardians must sign if applicable. Please print out, sign, and return this contract to Sunriver Preschool.*

OFFICE USE ONLY

DATE RECEIVED:

DATE RECEIVED/REVIEWED

PAYMENT METHOD:

AMOUNT:

DATE RECEIVED/REVIEWED

PAYMENT METHOD:

AMOUNT:

START DATE:

VACCINATION PAPERS RECEIVED:

This form must be retained for one year after the child's withdrawal date.

TERMINATION DATE:

NOTES/REASON FOR WITHDRAWAL: