



Rising Stars Preschool



Registration

Child's Name: _____ Nickname: _____

Date of Birth: _____ Male or Female (*circle one*)

Physical Address: _____

Mailing Address: _____

Home Phone Number: _____ E-Mail Address: _____

Mother's Name

Father's Name

Mother's Occupation

Father's Occupation

Mother's Place of Employment

Father's Place of Employment

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Please Circle Class Requested:

AM $\frac{3}{4}$ Blend Class / PM $\frac{3}{4}$ Blend Class



Child Care Provider Information

Name

Phone

Physical Address

Emergency Contact Information

In case of emergency, we will contact in the order listed below.

Name

Relationship to child

Home Phone / Cell Phone

Name

Relationship to child

Home Phone / Cell Phone

Name

Relationship to child

Home Phone / Cell Phone

Physician Contact Information

Physicians Name

Phone Number

Medical Organization / Location



In the event that an injury or illness is so severe that immediate medical treatment is necessary, school officials will exercise good judgment by calling 911 for emergency medical service. The parent / guardian will be contacted as soon as possible. We will contact a parent/guardian 1st and if we are unsuccessful in our attempt, we will refer to your child's emergency contact information as listed.

Parent and/or Guardian's phone number during the day _____.

Health considerations for children are ever changing. Please help us make sure we have a workable plan for your child if current health status warrants special considerations. For the welfare of your student, this information must be updated each school year or if there is a change during the school year.

Please check any current conditions your child may have:

Asthma Diabetes Heart Disease Seizure Disorder

Bee Sting Allergy Other Allergies (Identify) _____

Other special conditions the school needs to be aware of, such as hearing, vision, speech, physical limitations, etc. For each condition please describe as indicated.

Rising Stars Preschool is registered with the State of Oregon and is able to provide support for children with special needs in our classroom. We work closely with High Desert Education Service District to provide appropriate care for every child and family whom qualifies to receive services through the service district. If you feel your child is in need of support in the classroom and would like to either have an evaluation or are already receiving services, our staff will assist you.

Please see the Director if you have any questions or concerns.

For any condition marked above, will the program require a protocol?

YES or NO. If yes, you will be asked to provide a written agreement to be signed and filed to insure the well being of your child.

Parent/Guardian Signature

Date



Tuition and Registration Fee

Registration Fee: A non-refundable \$35.00 registration fee will be collected annually upon registering your child for preschool. This fee will aid in the cost of classroom supplies throughout the school year.

Tuition: *A Deposit is due in August (or month registered if later than August), *please refer to deposit information below for your child's deposit requirement.* * Payment is due the 5th of the month. ***No exceptions, i.e. no post-dated checks. Returned checks for insufficient funds will be subject to a \$35.00 fee along with any applicable bank fees.*** If payment is not received in full by the 15th of the month an additional \$50.00 late fee is required along with full payment. If payment is not received by the 20th of the month we will no longer be able to extend services to your child unless full payment along with late fee is collected by the 20th of the month.

Tuition can either be delivered to the payment box in the classroom, or mailed to:
Rising Stars Preschool P.O. Box 866 La Pine, OR. 97739.

Tuition is as follows:

AM 3/4 Yr. Class \$125.00 per month
PM 3/4 Yr. Class \$125.00 per month

***A Deposit of \$65.00 will be collected in August for early registrants or along with 1st months tuition if registering later than August. Regular Tuition payments will begin September and end in May.**

Rising Stars Preschool works diligently to be able to offer families scholarship opportunities so that every child is able to attend. If your family would benefit from a scholarship to aid in the cost of tuition, please see the Director for an application.

We have a program in place for parents to receive a discount in tuition by way of volunteering in the classroom. In order to qualify for a \$20.00 volunteer discount you will need to sign up on the "Volunteer Calendar", sign in upon your arrival, and spend two full class days per month assisting in the classroom. Your child's teacher must confirm that you indeed volunteered before credit is applied. In addition you must attend an annual mandatory "Volunteer Training" which will be offered twice per year in August and in January. Successful completion of a Criminal History Background Check is also required before permitted to volunteer in the classroom.

I understand and agree to abide by the guidelines as listed above.

Parent/ Guardian Signature

Date



**Permission to Video Tape, Photograph or Audiotape
For Public Relations Purposes**

Child's Name: _____

Child's Class: _____

I give my permission for my child to be photographed, audio taped, or videotaped while at Rising Stars Preschool for the purposes of publicity, fundraising, and/or other public relation purposes.

Parent/Guardian Signature

Date

My child may NOT be videotaped, photographed or audio taped for public relations purposes. My child may only participate in photographs, video or audio taping for classroom use only.

Parent/Guardian Signature

Date



Permission to Release Student

Below are authorized persons 18 years of age or older whom have permission to pick up my child from school upon my absence.

*** We will not release your child to anyone not listed below, without written consent from parent or guardian.**

If you need to update this release form, please see your child's teacher.

Parent/ Guardian

Parent/ Guardian

Contact Phone

Contact Phone

Name of Authorized

Name of Authorized

Phone

Phone

Name of Authorized

Name of Authorized

Phone

Phone

Signature of Parent/Guardian

Date