

Kids Down South Preschool

400 East 19th Ave Eugene, OR 97401 (541) 790-8069/ 790-8000

Enrollment Form

Child's Name _____ Birthday(m/d/y) _____ Sex _____

Address _____

City _____ Zip _____ Phone _____

Mother's Name _____

Employer _____

Address (if different) _____

Work Phone _____

Cell Number _____

Email Address: _____

Father's Name _____

Employer _____

Address (if different) _____

Work Phone _____

Cell Number _____

Email Address: _____

Children in Family _____ Age _____ Sex _____

_____ Age _____ Sex _____

_____ Age _____ Sex _____

Emergency Information: Person(s) who can take care of your child when parents are not available.

Name: _____ Phone _____

Relationship to child _____

Child's Doctor _____ Address _____

Phone _____

Special Needs of your child? Explain

Previous program(s) your child has attended _____

I would like to enroll my child for:

_____ Daily Program Mon-Fri. (8-12:00/12-4:00) \$354.00

_____ Daily Program Mon-Fri. (8:00-4:00) \$708.00

_____ Full Day Tues/Thurs (8:00-4:00) \$304.00

_____ Full Day Mon, Wed, Fri (8:00-4:00) \$420.00

_____ Kids Day Out:

_____ Tuesday and Thursday (8-12:00 or 12:00-4:00) \$152.00

_____ Mon, Wed, Friday (8-12:00 or 12:00-4:00) \$210.00

Lunches can be purchased if you want from the 4J Food Services. Checks need to be written directly to them for monthly lunch payments. \$2.90 a meal. Morning and afternoon snacks provided by Kids Down South.

Emergency Information, Authorization and Field Trip Information

As parent or legal guardian of _____, I hereby
(child's name)

authorize Kids Down South Preschool/SEHS to consent to any medical or surgical treatment of the above named child, which such person deems advisable, if a parent or legal guardian can not be located when the child is brought for treatment. During school hours the parent or legal guardian will be at the following :

Location: _____, _____

Phone(s) _____, _____

If parent or legal guardian can not be reached, contact person to be called:

Name: _____ Phone _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Health Insurance Co. _____ Group Number _____

_____ In an emergency, Kids Down South Preschool, has my permission to call 911 to secure an ambulance, take my child to any available physician or hospital at my expense, or call the SEHS school nurse for immediate medical treatment and consult.

_____ I do not wish my child to receive any medical treatment.

_____ My child may be taken on field trips or excursions by a Eugene 4J School District van with seat belts or private motor vehicle under proper supervision and in a child approved car seat properly installed.

Signature: _____ **Date:** _____

(Signature of parent or legal guardian)

The above authorization will be effective as of 9/7/16 and will expire 6/20/17

Health Information

We need this enrollment form prior to your child(ren)'s enrollment. We will need the most recent immunization records on file within two weeks of enrollment. If you want to discuss reasons for opting out of some immunizations, please talk to Mindy Rimbey.

Circle the following if your child has or has had in the past:

German measles (3 day) Measles, Mumps, Chicken Pox

Asthma: explain below

Epileptic Seizures

Hearing/Vision Services

Operations: _____

Allergies to

Insect Stings, Food Allergies,

Medication, Poison oak

Explain asthma treatments and any allergies and reactions or other medical needs below:

Enrollment Procedure for New Children

We require a \$50.00 Non-Refundable deposit with each application. This deposit will guarantee your child an available space in our program. The \$50.00 will be applied to September's tuition. Families presently enrolled and staff members with children are given priority for the following year's class list if the \$50.00 deposit is paid prior to June 8, 2012.

Tuition Policy

A tuition bill will be placed on your child's sign in sheet on the first of the month. Tuition payments are due on or before the fifteenth of the month. Late tuition payments will be charged a \$5.00 late fee.

Tuition is based on a full academic year of ten months. Tuition is divided into equal payments for October through May based on possible attendance days during the school year October-June. This payment type is referred to as prorated tuition payment. An another tuition option is to pay in advance for each month based on the slotted days(3x a week, 5x a week, etc.) and hours per day you have reserved for your child. Full tuition may be charged for December and/or March even though these months have scheduled vacations dependent on the district's end of school year date. The extra weeks paid for the vacations in these months, pay the June tuition. Our year end is usually the Thursday or Friday before Finals week, but snow days can impact this. If school is closed for snow days, the days will be added back at the end of the school year.

We offer a 5% family discount for two or more children who are enrolled a minimum of three days a week. A 10% family discount will be given for two or more children who are enrolled full time.

I agree to the above enrollment conditions and accept financial responsibility for the tuition costs of my child's enrollment. Please sign this form and return with the requested deposit.

Parent's signature: _____

Date: _____