

Enrollment Form Instructions

Due to Covid, we've had to adjust how we collect enrollment documents. Please use the following instructions to enroll your student. If you have any issues, please email your registrar.

1. Fill out enrollment forms
2. Mail **ONLY** the **Criminal History Verification of Applicants** form and your enrollment fee check of \$80 (made payable to Milwaukie Preschool) to:
Milwaukie Preschool c/o Registrar
PO Box 220007
Milwaukie, Oregon 97222
3. Send the rest of your enrollment packet via email to info@milwaukiepreschool.com AND registrar@milwaukiepreschool.com



NEW MEMBER ENROLLMENT FORM

Today's Date: _____ Start Date: _____ Class: 3's/4's ___ Pre-K ___

Child's Information

First Name _____ Last Name _____
Nickname _____ Gender _____
Address _____ Phone _____

Parent/Guardian Information

Name _____ Email _____
Cell Phone _____ Work Phone _____
Employer _____ Title _____

Parent/Guardian Information

Name _____ Email _____
Cell Phone _____ Work Phone _____
Employer _____ Title _____

Emergency Contacts - *Who can be reached if parent(s) not available*

Name _____ Relationship _____
Phone _____ Alt Phone _____
Name _____ Relationship _____
Phone _____ Alt Phone _____

Other

What languages are spoken at home? _____
Names/ages of other children in the family? _____
Previous experience with other children? _____
Special needs / allergies? _____

Parent Participation:

As a cooperative preschool, each family works to support the school. We have 3 daily helpers in the classroom, depending on class size. The general amount of helper days required per family is 2-3 days in the 3's/4's class and 2-3 days in the Pre-K class. Other parent responsibilities include participating in fundraising and cleanup days, and serving on the board or a committee or doing a job.

Who will be participating on parent help days? _____

What Board/Committee position or job are you most interested in? **(circle all choices):**

Board:

President VP Registrar (2 Positions) Treasurer Secretary
PCPO Rep Webmaster

Committee:

Fundraising/Auction/Social Events Field Trip Outdoor and Safety

Job:

Auction Chair Fundraising Chair Scheduler (One in each class)
Social Media Rep Laundry Playdoh & Slime Maker
Classroom Organizer Supplies Coordinator

Below is a list of some skills that are valuable to our program. Please check any that you have:

- Bookkeeping
- Creative art or music
- Field trip planning
- Fundraising/auction
- General handyman/repairs
- Grant writing
- Photography
- Marketing
- Website design/maintenance
- Classroom/materials organization
- Scheduling parent helpers
- Leadership/management
- Experience serving on a board of directors, if so, where and what position?

 CPR/First Aid certified, valid until date: _____

Other: _____

Social Media Release:

I hereby agree to allow my child, _____, to be photographed/videotaped, and for his/her image and likeness to be used in Milwaukie Preschool approved photographs, videos, publications, news media, and web pages for special projects or publicity.

Signature: _____ Printed Name: _____

Membership Agreement

I understand that the Milwaukie Preschool is a parent-run cooperative preschool and I agree to accept the following duties and responsibilities:

1. I will pay my monthly tuition by the first of every month or on the first school day following a school break.
2. I agree to all late fees imposed as a result of not paying my tuition on time.
3. I will meet my fundraising obligation by participating in the offered fundraising projects, or by donating the amount of profit which would have been made from fundraising.
4. I will serve as a Parent Helper in all areas of my child's classroom for the number of days necessary as specified.
5. I will show up to my shift on time and communicate otherwise with the teacher.
6. If I am unable to serve for any reason on the assigned day, I will make every effort to find an acceptable replacement to serve for me.
7. I will attend a membership orientation meeting held before the start of school.
8. I will serve on at least one preschool committee or hold one parent job.
9. I will attend the annual meeting and the two general meetings of the membership. I understand that special meetings of the membership may be called, and I am obligated to attend.
10. I understand that there are two classroom housekeeping mornings scheduled, and I will help at one of my choice.
11. I will not send my child to school if he/she shows any signs of contagious illness as noted in the Student Health section of the Milwaukie Preschool Policies and Procedures.
12. If I decide to withdraw my child from Milwaukie Preschool, I will give the President or Vice-President 30 days written notice. If I do not give the required notice, I agree to forfeit my last month's pre-paid tuition.
13. I will abide by all decisions, policies, and by-laws as adopted by the Board of Directors and the membership of Milwaukie Preschool.

I have read the above and understand if I fail to fulfill these requirements, I will be dropped from the membership and my child will be unable to attend Milwaukie Preschool.

Signature: _____

Signature: _____

Note: To enact membership, this agreement must be accompanied by a non-refundable Registration Fee, Background Check Form, Oregon Certificate of Immunization Status Form, and completed New Enrollment Form.

Field Trips

Field trips are scheduled periodically throughout the year. If you do not want your child to participate in any field trip, the child must stay home that day. No supervision will be provided in the classroom.

My child, _____ (student's full name), has permission to accompany Milwaukie Preschool representatives on supervised field trips. I understand that volunteer parents will drive their private vehicles to provide transportation. Seat belts or other safety restraints will be used in all cases. If my child weighs less than 40 pounds, I understand that it is my responsibility to provide a car seat. I will provide a booster seat for my child who is over 40 pounds and under 4 feet 9 inches tall (and under 8 years old, consistent with Oregon and Washington laws)

Signature: _____ Signature: _____

Date signed _____

If you are willing and available to drive children to and from field trip destinations, please complete the following:

VERIFICATION OF INSURANCE

We understand that our personal automobile insurance is the primary liability coverage in effect while we are transporting children during Milwaukie Preschool activities. We confirm that we do carry automobile insurance policies for all vehicles that may be used for transporting children. We agree to maintain continuous coverage throughout the school year. School policies require the following minimum level of coverage: As required by Oregon Law.

Carrier _____ Policy # _____
Expiration _____ Agent Name _____
Agent Phone _____

We understand the school may request documentation of current coverage in effect. All drivers participating in field trips must have a current driver's license and proof of insurance coverage. If any of the above information changes, we will notify the Field Trip Committee representative immediately.

Signature: _____ Driver's License #: _____
Expiration Date: _____

Signature: _____ Driver's License #: _____
Expiration Date: _____

Emergency Contact and Medical Information

_____ Child's Name	_____ Date of Birth	M	F
		Sex	
_____ Parent's/guardian's Name	_____ Parent's/guardian's Name		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address	_____ Address		
_____ City, State Zip Code	_____ City, State Zip Code		

Alternative Emergency Contacts

_____ Primary Emergency Contact	_____ Secondary Emergency Contact
_____ Home Phone	_____ Home Phone
_____ Work Phone	_____ Work Phone
_____ Address	_____ Address
_____ City, State Zip Code	_____ City, State Zip Code

Medical Information

_____ Hospital/Clinic Preference	
_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number
_____ Allergies/Special Health Concerns	

Authorization for Medical Treatment

I, _____ give my permission for my child _____ to receive medical treatment if any emergency should arise at school or on a field trip in my absence.

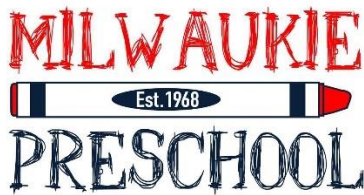
Signed

Authorized for Pick-up

Full Name	Relationship to child	Phone Number

People whose names are listed above may pick up my child, _____, from Milwaukie Preschool.

Signature: _____ Printed Name: _____



Fees

Enrollment Fee: \$80

Non-refundable fee due with enrollment forms

Supplies Fee: \$40

Annual fee due with first tuition payment

3-4's class tuition: \$165/month

Pre-K class tuition: \$250/month

First and last month's tuition is due on the first day of school.

Covid-19 Disclosure

We are very excited to welcome families back to Milwaukie Preschool for the 2021/2022 school year! As we get closer to the fall, we may have more guidance from the state about school restrictions and safety. It is possible that our pricing will need to shift to accommodate. We will be sending out updated policies regarding health and safety closer to the start of school.

Any pricing changes will need to be board approved, and board meetings are always welcome to families.

Signature _____ Printed Name _____

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N CRIMINAL HISTORY VERIFICATION FOR PRE-EMPLOYMENT AND VOLUNTEERS COVER FORM, ALONG WITH A SCHOOL CHECK IN THE AMOUNT OF \$5.00 PER APPLICANT. ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE OREGON DEPARTMENT OF EDUCATION; OTHERWISE, THEY WILL BE RETURNED.

Please type or print clearly.

As Appears on License

Name: Date of Birth: Sex:
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used:
(includes Maiden Name)

Social Security No.: Driver License/Identification Card No.:

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial. If you do provide the number, the Oregon Department of Education will use it as an additional identifier to search for any criminal record you may have within the State of Oregon. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address:
Full Street Address/Post Office Box

City: State: Zip + 4:

Advisory: An in-state check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the following questions. If you answer no to any of the questions below, and a criminal conviction exists, this will result in a "No" determination by ODE.

Convictions of misdemeanor or felony crimes DO NOT automatically drop off your record after a period of time. If you believe a crime has been removed from your record and you are mistaken, it will result in a finding that you knowingly made a false statement.

1. Have you EVER been convicted of ANY crimes listed under **1** on the reverse side of this form? Yes No
If yes, was the crime in Oregon or a similar crime in another state?
2. A crime includes a felony or misdemeanor. Have you EVER been convicted of **ANY** other crime **NOT** included in the list under question **1**, this includes major traffic violations (including DUII, etc)? Yes No

The applicant is entitled to inspect and challenge the accuracy of their Oregon criminal record through the Oregon State Police procedures by contacting Oregon State Police directly under ORS 181A.230(3) and OAR 257-10-0035.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form for the purpose of pre-employment and/or volunteering purposes at an Oregon school and/or institution.

I acknowledge reading and receipt of this notice.

Applicant's Signature: _____ Date: _____

**CRIMES RELATING TO QUESTION 1
OREGON LAWS**

163.095	Aggravated Murder	167.062	Sadomasochistic Abuse or Sexual Conduct in Live Show
163.107	Murder in the First Degree		
163.115	Murder in the Second Degree		
163.185	Assault in the First Degree	167.075	Exhibiting an Obscene Performance to a Minor
163.235	Kidnapping in the First Degree	167.080	Displaying Obscene Materials to Minors
163.355	Rape in the Third Degree	167.090	Publicly Displaying Nudity or Sex for Advertising Purposes
163.365	Rape in the Second Degree	475.808	Unlawful manufacture of hydrocodone within 1,000 feet of school
163.375	Rape in the First Degree	475.810	Unlawful delivery of hydrocodone
163.385	Sodomy in the Third Degree	475.812	Unlawful delivery of hydrocodone within 1,000 feet of school
163.395	Sodomy in the Second Degree	475.818	Unlawful manufacture of methadone within 1,000 feet of school
163.405	Sodomy in the First Degree	475.820	Unlawful delivery of methadone
163.408	Unlawful Sex Penetration in the Second Degree	475.822	Unlawful delivery of methadone within 1,000 feet of school
163.411	Unlawful Sex Penetration in the First Degree	475.828	Unlawful manufacture of oxycodone within 1,000 feet of school
163.415	Sexual Abuse in the Third Degree	475.830	Unlawful delivery of oxycodone
163.425	Sexual Abuse in the Second Degree	475.832	Unlawful delivery of oxycodone within 1,000 feet of school
163.427	Sexual Abuse in the First Degree	475.848	Unlawful Manufacture of Heroin within 1,000 Feet of School
163.432	Online Sexual Corruption of a Child in the Second Degree	475.852	Unlawful Delivery of Heroin within 1,000 Feet of School
163.433	Online Sexual Corruption of a Child in the First Degree	475.868	Unlawful Manufacture of 3, 4-Methylenedioxymethamphetamine within 1,000 Feet of School
163.435	Contributing to the Sexual Delinquency of a Minor	475.872	Unlawful Delivery of 3, 4-Methylenedioxymethamphetamine within 1,000 Feet of School
163.445	Sexual Misconduct	475.878	Unlawful Manufacture of Cocaine within 1,000 Feet of School
163.465	Public Indecency	475.880	Unlawful Delivery of Cocaine
163.515	Bigamy	475.882	Unlawful Delivery of Cocaine within 1,000 Feet of School
163.525	Incest	475.888	Unlawful Manufacture of Methamphetamine within 1,000 Feet of School
163.547	Child Neglect in the First Degree	475.890	Unlawful Delivery of Methamphetamine
163.575	Endangering the Welfare of a Minor	475.892	Unlawful Delivery of Methamphetamine within 1,000 Feet of School
163.670	Using Child in Display of Sexually Explicit Conduct	475.904	Unlawful Manufacture or Delivery of Controlled Substance within 1,000 Feet of School
163.675	Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child	475.906	Penalties for Distribution to Minors
163.680	Paying for Viewing Sexual Conduct Involving a Child	161.405	Attempt to Commit Any of the Above-Listed Crimes
163.684	Encouraging Child Sex Abuse in the First Degree		
163.686	Encouraging Child Sex Abuse in the Second Degree		
163.687	Encouraging Child Sex Abuse in the Third Degree		
163.688	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the First Degree		
163.689	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the Second Degree		
164.325	Arson in the First Degree		
164.415	Robbery in the First Degree		
166.005	Treason		
166.087	Abuse of Corpse in the First Degree		
167.007	Prostitution		
167.008	Patronizing a Prostitute		
167.012	Promoting Prostitution		
167.017	Compelling Prostitution		
167.057	Luring a Minor		

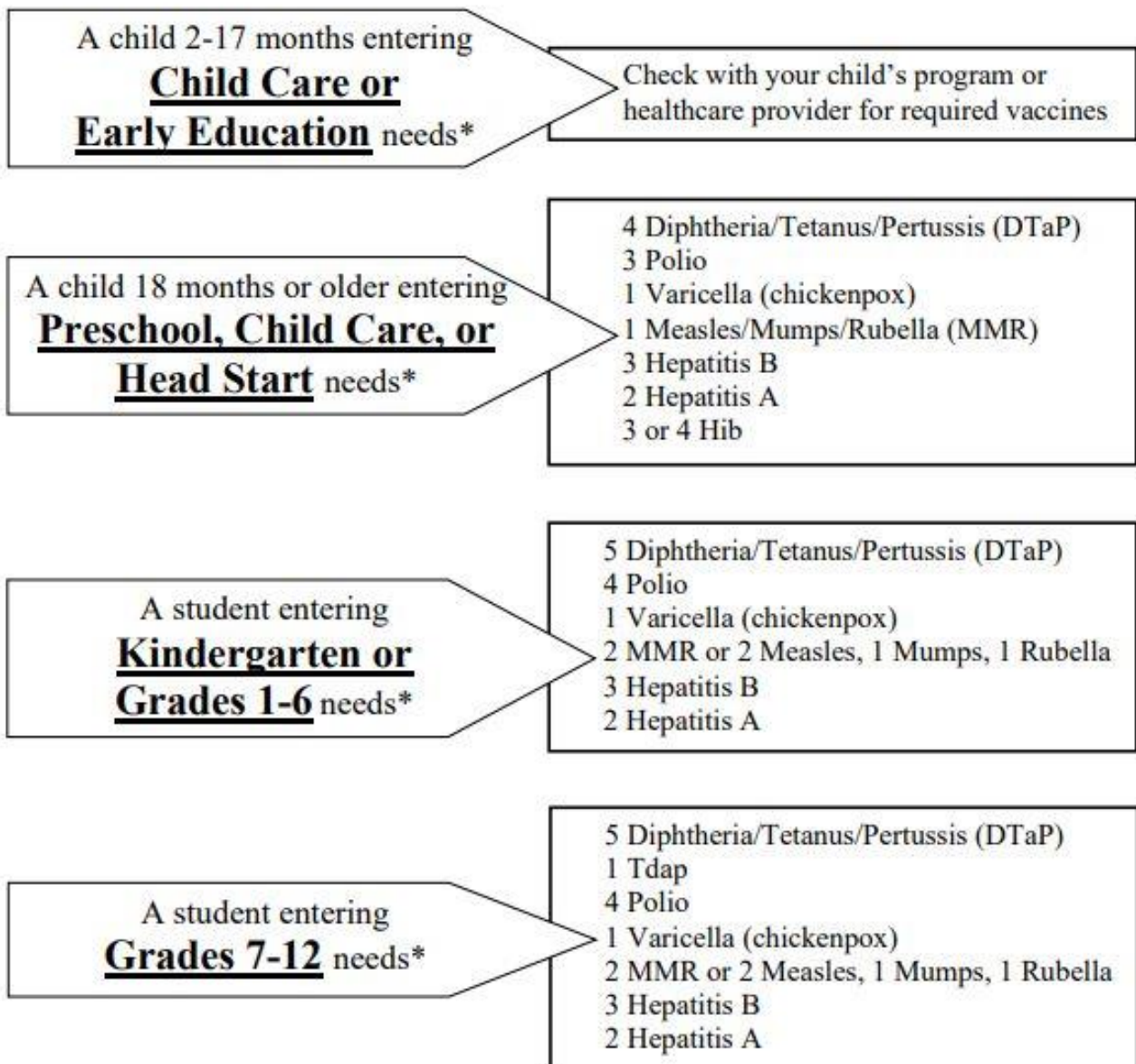
Parents, don't let your child get left behind!



School Year 2021-2022



Oregon law requires the following shots for school and child care attendance*



**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.*

1/2021

Instructions for completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Recommended vaccines (Back):

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be 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, Immunization Program 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. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all
 Up-to-date
 Medical
 Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

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

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

Child's Last Name *Apellido* First *Primer Nombre* Middle Initial *Segundo Nombre* Birthdate *Fecha de Nacimiento*

Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:

Please submit a **letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:

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

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

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- Diphtheria/ Tetanus/Pertussis
- Hepatitis B
- Polio
- Hepatitis A
- Varicella
- Hib
- Measles/Mumps/Rubella

Signature of Parent or Guardian _____

Date _____

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- Religious belief Philosophical belief Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

How to claim a nonmedical exemption in Oregon

1. Complete the required education from online vaccine education module at www.healthoregon.org/vaccineexemption or from a health care practitioner.
2. Print the Vaccine Education Certificate at the end of the online module or get the certificate from the health care practitioner.
3. Write your child's name and date of birth on the Vaccine Education Certificate.
4. Fill out the nonmedical exemption section of the Certificate of Immunization Status, available at <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Documents/SchCISform.pdf>
5. Turn in the Vaccine Education Certificate *and* the Certificate of Immunization Status to your child's school or child care.

Helpful hints for claiming a nonmedical exemption:

- If you have multiple children for whom you'd like a nonmedical exemption, you need to make a copy of the Vaccine Education Certificate for each child.
- Keep a copy of the Vaccine Education Certificate for your own records.
- The date on the Vaccine Education Certificate and Certificate of Immunization Status must be within 12 months of claiming the exemption.

Oregon Health
Authority

2019/11

<p>Vaccine Education Certificate</p> <p>Date of Completion: August 19, 2019</p> <p>Parent/Guardian Name: <u>Sample Parent</u></p> <p>Child's Name: _____ Date of Birth: _____</p> <p>Vaccination Areas Reviewed: Haemophilus influenzae type B</p> <p>The person named above has completed the vaccine education module approved by the Oregon Health Authority pursuant to rules adopted under ORS 433.273, for the vaccine-preventable diseases listed above.</p> <p>Directions for claiming a nonmedical exemption with this certificate:</p> <ol style="list-style-type: none">1. Write your child's name and date of birth on the line above.2. Turn in this certificate to your child's school or childcare facility.3. Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child care facility. You may decline one or more of the vaccinations listed above. On the CIS, be sure to check each vaccine for which you are exempting your child. <p>Optional: ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:</p> <p><input type="checkbox"/> Religious belief <input type="checkbox"/> Philosophical belief <input type="checkbox"/> Other</p> <p>Oregon Health Authority</p>
