



## NEW MEMBER ENROLLMENT FORM

Today's Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Class: Threes \_\_\_ Fours \_\_\_

### 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 2-3 daily helpers in the classroom, depending on class size. The general amount of helper days required per family is 1-2 days in the Threes class and 2-3 days in the Fours 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    Treasurer    Secretary    PCPO Representative

### Committee:

Fundraising    Materials    Field Trip    Outdoor and Safety

### Job:

Webmaster    Mail Checker    Parent Helper Scheduler

Social Media Rep    Laundry    Playdoh Maker

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. I understand that I'm obligated to pay half of my fundraising goal by January 15th.
4. I will serve as a Parent Helper in all areas of my child's classroom for the number of days necessary as specified on the Parent Helper Sign-up Sheet.
5. 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.
6. I will attend a membership orientation meeting held before the start of school.
7. I will serve on at least one preschool committee or hold one parent job.
8. 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.
9. I understand that there are two classroom housekeeping mornings scheduled, and I will help at one of my choice.
10. 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.
11. 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.
12. 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 one month tuition deposit for May, registration fee, a minimum of one completed Background Check Form with fee, 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 is under the age of four (4) or 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 effective 7/1/07.)

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: \_\_\_\_\_

# 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
163.115	Murder	167.075	Exhibiting an Obscene Performance to a Minor
163.185	Assault 1 in the First Degree	167.080	Displaying Obscene Materials to Minors
163.235	Kidnapping in the First Degree	167.090	Publicly Displaying Nudity or Sex for Advertising Purposes
163.355	Rape in the Third Degree	475.808	Unlawful manufacture of hydrocodone within 1,000 feet of school
163.365	Rape in the Second Degree	475.810	Unlawful delivery of hydrocodone
163.375	Rape in the First Degree	475.812	Unlawful delivery of hydrocodone within 1,000 feet of school
163.385	Sodomy in the Third Degree	475.818	Unlawful manufacture of methadone within 1,000 feet of school
163.395	Sodomy in the Second Degree	475.820	Unlawful delivery of methadone
163.405	Sodomy in the First Degree	475.822	Unlawful delivery of methadone within 1,000 feet of school
163.408	Unlawful Sex Penetration in the Second Degree	475.828	Unlawful manufacture of oxycodone within 1,000 feet of school
163.411	Unlawful Sex Penetration in the First Degree	475.830	Unlawful delivery of oxycodone
163.415	Sexual Abuse in the Third Degree	475.832	Unlawful delivery of oxycodone within 1,000 feet of school
163.425	Sexual Abuse in the Second Degree	475.848	Unlawful Manufacture of Heroin within 1,000 Feet of School
163.427	Sexual Abuse in the First Degree	475.852	Unlawful Delivery of Heroin within 1,000 Feet of School
163.432	Online Sexual Corruption of a Child in the Second Degree	475.868	Unlawful Manufacture of 3, 4-Methylenedioxyamphetamine within 1,000 Feet of School
163.433	Online Sexual Corruption of a Child in the First Degree	475.872	Unlawful Delivery of 3, 4-Methylenedioxyamphetamine within 1,000 Feet of School
163.435	Contributing to the Sexual Delinquency of a Minor	475.878	Unlawful Manufacture of Cocaine within 1,000 Feet of School
163.445	Sexual Misconduct	475.880	Unlawful Delivery of Cocaine
163.465	Public Indecency	475.882	Unlawful Delivery of Cocaine within 1,000 Feet of School
163.515	Bigamy	475.888	Unlawful Manufacture of Methamphetamine within 1,000 Feet of School
163.525	Incest	475.890	Unlawful Delivery of Methamphetamine
163.547	Child Neglect in the First Degree	475.892	Unlawful Delivery of Methamphetamine within 1,000 Feet of School
163.575	Endangering the Welfare of a Minor	475.904	Unlawful Manufacture or Delivery of Controlled Substance within 1,000 Feet of School
163.670	Using Child in Display of Sexually Explicit Conduct	475.906	Penalties for Distribution to Minors
163.675	Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child	161.405	Attempt to Commit Any of the Above-Listed Crimes
163.680	Paying for Viewing Sexual Conduct Involving a Child		
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		

## 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.





## 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>Codigo 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 \_\_\_\_\_

<b>For school/facility use only</b>
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 <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Recommended Vaccines	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):

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Diphtheria/ Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio                         | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella                     | <input type="checkbox"/> Hib         |
| <input type="checkbox"/> 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

## Enrollment Checklist

Student Name: \_\_\_\_\_ Class: Threes \_\_\_\_\_ Fours \_\_\_\_\_

### Paperwork

- Enrollment Form
- Parent Participation Form
- Social Media Release
- Membership Agreement
- Field Trip Form
- Criminal History Form
- Emergency Contact/Medical
- Oregon Cert. of Immunization

### Completed Criminal History Form Information

Name: \_\_\_\_\_ Clear Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Clear Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Clear Date: \_\_\_\_\_

### Fees

- \$60 Enrollment Fee
- May Tuition Deposit: \$110 \_\_\_\_\_ \$165 \_\_\_\_\_
- First Month Tuition: \$110 \_\_\_\_\_ \$165 \_\_\_\_\_
- \$5 Background Check x \_\_\_\_\_ = \_\_\_\_\_
- \$10 Field Trip Fee

Date Completed: \_\_\_\_\_ Received by: \_\_\_\_\_