



Enrollment Packet

Completion of this enrollment packet and acknowledgment is required for your child to enroll in The Little Farm Playschool (TLFP). An enrollment packet is required for each individual child. These forms meet the Oregon Office of Childcare compliance rulings as well as aid TLFP in better understanding your child and his/her specific developmental needs. Please read the entirety of the materials provided, making sure to complete all parts prior to submitting. Incomplete enrollment packets will not be processed until completion. The Little Farm Playschool also needs each child's vaccination records in order to enroll.

Child Information			
First Name:		Middle Name:	Last Name:
Child's Age:	Birthdate:	Sex: Male Female	Primary Language:
Physical Address:		City:	State: Zip Code:
Family Information			
(Enrolling Party) Parent/Guardian #1:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:		City:	State: Zip Code:
Primary Email:			
(Enrolling Party) Parent/Guardian #2:		Relationship to Child:	
Home Phone #:	Work Phone #:	Cell Phone #:	

Primary Parent/Guardian Signature: _____ Date: _____



Physical Address:	City:	State:	Zip Code:
Primary Email:			

Emergency Contact & Alternate Pick-Up Person(s)

The person(s) listed in this section will be contacted by in The Little Farm Playschool in the event the primary parent/guardians(s) cannot be reached. Our staff will only release your child to you or to the person(s) listed below. For the safety of your child, we request that all authorized pick-up person(s) with whom staff is not familiar provide photo identification at the me of pick-up. There will be no exceptions to this rule. Please notify both the administrative office and your child’s teacher(s) of any additions or removals to your alternate pick-up person(s). Any revisions must be corrected on this form.

Alternate Pick-Up Person #1:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:
Alternate Pick-Up Person #2:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:
Alternate Pick-Up Person #3:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:

Primary Parent/Guardian Signature: _____ **Date:** _____



Alternate Pick-Up Person #4:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:
Alternate Pick-Up Person #5:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:

Medical Acquisitions & Consent

1. At the time of enrollment, I understand that I must provide The Little Farm Playschool with a current and up-to-date immunization record or approved exemption status issue by the local Health Authority. 2. I agree to provide/disclose information to in The Little Farm Playschool about any medical, psychological, physical, emotional and/or developmental behaviors/conditions diagnosed or undiagnosed that may affect your child's participation in regular classroom activities or require individualized care beyond the scope of state standards in order to participate fully in a group care setting.
3. I understand that in The Little Farm Playschool follows all state compliance standards and rulings for illness exclusion, and that if you are asked to pick up your child from care due to illness, your child must be picked up within the me frame indicated at the me of the notification. I also understand that if my child is absent for three or more days from care due to illness, that a doctor's release to return to school will be required.
4. In case of a medical emergency, the staff will first evaluate the incident and decide whether the parent/guardian or EMS should be contacted first. Every attempt will be made to contact the parent/guardian as soon as is safely possible. I understand and give permission to the following in the case of medical emergency:
 - A. I consent to the use of first aid and/or CPR with my child.
 - B. I consent to the transportation of my child to a local hospital or urgent care facility by emergency vehicle. I acknowledge I will be responsible for any medical expenses associated with the above emergency medical interventions.
5. In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

Please initial all the following products you consent to in The Little Farm Playschool to use on your child. Please

Primary Parent/Guardian Signature: _____ Date: _____



indicate any alternatives you will provide for your child.

- Sunscreen (brand determined by TLFP)
- Toothpaste (brand determined by TLFP)
- Children's Acetaminophen (Tylenol)
- Diaper Rash Cream (brand determined by TLFP)
- Lotion (brand determined by TLFP)

Acknowledgment and Consent:

Parent/Guardian Signature: _____

Media Release

Photographs of children in care are integral to the documentation TLFP uses in the Curriculum Model. Photographs may also be posted on TLFP social media platforms. Please indicate your consent to the following:

- My child may have photographs taken with classmates for the purpose of curriculum documentation.
- My child may have photographs taken for the purpose of curriculum documentation by TLFP private social media platforms.
- My child may have photographs taken for the purpose of curriculum documentation ONLY ON SITE.

Medical and Developmental Profile

Height:	Weight:	Hair Color:	Eye Color:
Distinguishing Marks:			

Primary Parent/Guardian Signature: _____ Date: _____



Does your child have any medical, cognitive, physical, emotional or developmental conditions or behaviors that may/would affect their ability to participate in regular classroom activities? YES NO

If yes, please give a detailed description:

Please list a brief history of your child's serious injuries or hospitalizations:

Will your child need to be administered recurring medication doses while in the care of TLFP? YES NO

If yes, please attach care instructions, parental authorization and a physician's statement to this application packet.

Does your child have any special medical dietary needs diagnosed and documented by a physician?

YES NO

If yes, please explain, list your alternative request, and each a physician's statement to this application packet.

Medical and Developmental Profile Continued

Primary Parent/Guardian Signature: _____ Date: _____



<p>Chronic Illness History:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vision Disturbance <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Constipation (IBS) <input type="checkbox"/> Diarrhea (IBS) <input type="checkbox"/> Asthma/Breathing Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Skin Rashes <input type="checkbox"/> Sore Throats <input type="checkbox"/> Ear Infections <input type="checkbox"/> UTI's <input type="checkbox"/> Seizures <input type="checkbox"/> Mouth Sores <input type="checkbox"/> Fainting <input type="checkbox"/> Persistent Cough <input type="checkbox"/> Other: _____ 	<p>Disease History:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Bronchitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Diphtheria <input type="checkbox"/> Influenza <input type="checkbox"/> Meningococcal Infection <input type="checkbox"/> Bacterial Meningitis
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Allergies:

Does your child have any life threatening allergy diagnosed by a physician: YES NO If so, please explain.

Does your child have an allergy that is NOT life threatening that has been diagnosed by a physician?
YES NO

If so, please list the allergen, your child's associated reactions and what, if any, medications are used to counteract the effects of the reaction.

Primary Physician's Name:	Name of the Practice/Clinic:	Phone #:	
Practice/Clinic Address:		City:	State:
Zip Code:			
Primary Dentist Name:	Name of the Practice/Clinic:	Phone #:	
Practice/Clinic Address:		City:	State:
Zip Code:			

Primary Parent/Guardian Signature: _____ Date: _____



Registration & Financial Policies

Tuition is calculated taking into account all possible service days per calendar year and divided across all 12 months of the year. Tuition prices remain the same each month regardless of pre-planned school closures, as well as inclement weather, and other various closures. Please see our website for more information.

In order to secure an enrollment “spot” one month’s tuition AND a \$150.00 initial enrollment/supply fee is due at the time of registration/waitlist forecast (with a confirmed and scheduled start date) and again annually upon enrollment renewal. The enrollment/supply fee is not applied to any future tuition charges and is non-refundable or eligible for credit towards unpaid tuition balances.

Multi-child discounts are unavailable at this time. There will also be a \$150 enrollment/annual supply fee that will be charged per child due by September first of each year they are enrolled in The Little Farm Playschool.

Scholarships are not available currently. This is subject to change without notice.

Tuition is due prior to services being rendered. ERDC (DHS) clients must provide The Little Farm Playschool with confirmation of eligible subsidy outlining authorized hours and co-pay amounts prior guaranteed registration and placement.

Billing invoices are generated via email on the 25th day of the month prior . Invoices are payable no later than the 15th of the month. Unpaid invoices at this date will be applied a \$50.00 late fee.

Tuition payments will be charged through the ACH form, which is located in this packet. Families have the option to either have the payment automatically come from a credit/debit card or a checking/savings account.

Returned checks and insufficient fund returns on recurring payments are subject to a \$45 non-refundable fee, on top of the late charge.

If you need to make changes to your enrollment status (extended absences, permanent schedule changes, dropping care), you must contact The Little Farm Playschool by email and fill out a explain your “change of status” no later than 30 days in advance of the change/withdraw from care. Changes made less than 30 days prior does not excuse financial liability of services. Families will be billed in accordance with this 30 day policy.

In most cases your initial enrollment payment will be applied to your child’s last month of care. If you did not pay last month’s tuition ahead of time this will be billed to you. You must give The Little Farm Playschool a written notice at least 30 days in advance to discontinue care. We will charge you otherwise.

Primary Parent/Guardian Signature: _____ Date: _____



Registration & Financial Policies Continued

If balances are unpaid and no arrangement has been made or satisfied by the last business day of the month, suspension of care will occur until the balance is paid in full or satisfactory arrangements have been met.

A late pick up fee will be applied to your next billing invoice for every late pick up occurring after 2:30pm. in the amount of \$5 per minute per child.

A diaper supply fee of \$2 per diaper will be applied to your next billing invoice.

Drop in fees apply for students who wish to send on a non-regularly scheduled/contracted day. There is no guarantee of space availability for drop in care days. \$150 per day for all ages will be billed on the next billing invoice for any additional days beyond regularly scheduled/contracted care.

ERDC subsidy clients are responsible for any tuition charges/differences not covered by ERDC. Families are responsible for knowing and reporting to The Little Farm Playschool their current authorized number of hours per month, their co-pays amount, and any changes that occur in their case.

Families are responsible for keeping and recording all payments made to The Little Farm Playschool. A receipt will be given during the payment. A W-10 form will be given to families at the start of the new year for tax purposes however, we reserve the right not to calculate all past payments made throughout the year.

I, _____ have read and understand the above listed registration and financial policies, and rules and agree to adhere to them.

Registration Policy Acknowledgments & Contract Approval

ABUSE OF A CHILD INVESTIGATIONS CONDUCTED ON DISTRICT PREMISES

The Department of Human Services (DHS) or a law enforcement agency has the authority to conduct an investigation of a report of child abuse on school premises according to Oregon Revised Statute (ORS) 419B.045. The school administrator must be notified that the investigation is to take place, unless the administrator is a subject of the investigation. The investigator is not required to reveal information about the investigation to the school as a condition of conducting the investigation.

If the investigator provides adequate identification, school staff shall allow access to the child and provide

Primary Parent/Guardian Signature: _____ Date: _____



a private space for conducting the interview. The investigator shall be advised by a school administrator or a school staff member of a child’s relevant disabling conditions, if any, prior to any interview with the child. The school administrator or designee may, at the investigator's discretion, be present to facilitate the investigation.

School Staff may only notify DHS, the law enforcement agency, or school employees that are necessary to enable the investigation. School staff may not notify any other persons, including the child’s parent(s) or guardian(s) by law.

REGISTRATION AGREEMENT AND APPROVAL

Information and policies regarding registration contained in this agreement/contract may be subject to change and I understand that I will receive any addendums in writing as they occur.

I further understand that any questions, comments, or concerns related to any part of this registration agreement can and should be directed to the The Little Farm Playschool administrative team.

By signing below, I certify that I understand and agree that it is my responsibility to read and familiarize myself with all policies, procedures, and terms related to registration and attendance that are outlined in this agreement and the Family Handbook if applicable (available and updated September 1st).

Primary Parent/Guardian Signature: _____

Date: _____

Rate Agreement & Financial Plan
Responsible Financial Party #1: Email:
Responsible Financial Party #2: Email:

Primary Parent/Guardian Signature: _____ Date: _____



Private Pay Clients Base Tuition: _____ Multi-Child Discount: _____ Scholarship Discount: _____
ERDC Subsidy Client Base Tuition: _____ Co-Pay Amount: _____ Authorized Hours: _____
Enrollment/Supply Fee Paid: \$150.00 YES NO Multi. Child Waived: YES NO

Contracted Attendance		
Day of the Week	Drop Off Time	Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Start Date: _____ Classroom Placement: _____

Primary Parent/Guardian Signature: _____ Date: _____