

# The Ivy School Registration Form

Locations at The Children's Museum of Southern Oregon, Talent Elementary School, Jackson Elementary School, Howard Elementary School, Griffin Creek Elementary School, Washington Elementary School, Oak Grove Elementary School and Ruch Outdoor Community School

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## CHILD INFORMATION

Child's Full Name: \_\_\_\_\_

Preferred name you would like your child to go by at school (This name will go on cubbies and art work and will be the name we will teach your child to write in class) : \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_

Primary language spoken in the household: \_\_\_\_\_

**ALLERGY ALERT:** Does your child have any allergies? \_\_\_ Yes \_\_\_ No (If yes, list all allergies on page 3)

Please check all that apply to your child/family (Your response will not affect your acceptance or enrollment in our school. This information will be used to better plan for your child's education and care in our program):

Has IFSP \_\_\_ Medical Condition \_\_\_ Psychological Condition/Disorder \_\_\_ Needs Bathroom Asst. \_\_\_

Behavioral Concern \_\_\_ Developmental Concern \_\_\_ Social/Emotional Concern/Trauma \_\_\_

\* Have you applied for/intend to apply for the Preschool Promise program: \_\_\_ Yes \_\_\_ No

### STAFF USE ONLY

Date Child Entered Care: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age at Entry to Care: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Site: \_\_\_\_\_ Classroom: \_\_\_\_\_ Assigned Schedule: \_\_\_\_\_

Early Drop Off \_\_\_\_\_ After Hours \_\_\_\_\_

Parent Signature confirming schedule: \_\_\_\_\_

Which of the following describes your child's racial or ethnic identity? (Please check all that apply)

#### American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South America

#### Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Micronesian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

#### Middle Eastern/Northern African

- Northern African
- Middle Eastern

#### White

- Eastern European
- Slavic
- Western European
- White/Caucasian
- Other White

#### Asian

- Asian Indian
- Korean
- Chinese
- Laotian
- Filipino/a
- South Asian
- Hmong
- Japanese
- Vietnamese
- Other Asian

#### Black or African American

- African American
- African (Black)
- Caribbean (Black)
- Other Black

#### Hispanic or Latino/a

- Hispanic or Latino/a Central American
- Hispanic or Latino/a Mexican
- Hispanic or Latino/a South American
- Other Hispanic or Latino/a

#### Other Categories

- Other (Please List) \_\_\_\_\_
- Don't Know/Unknown
- Decline/Don't want to answer

The Ivy School does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or financial status, in any of its activities or operations. We are not affiliated with any organized religious, ethnic or political groups. We encourage all families to apply for participation in any of our school programs to meet your child's learning needs. Our non-discrimination policy is also strictly adhered to in relation to any and all employment opportunities and all employees in our organization. Complaints of discrimination on the basis of race, color, religious creed, disability, ancestry, national origin or sex may be filed with any of the following:

Brittain Zimmerman, Director of Education  
Sunny Spicer, Executive Director  
413 W. Main St., Medford, OR 97501  
Phone: 541-772-9922

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**PARENT/GUARDIAN INFORMATION**

**First Parent/Guardian Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives at address: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not at all

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Second Parent/Guardian Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives at address: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not at all

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION** Please provide up to two emergency contacts for us to reach out to **after attempting to reach parent(s)/guardian(s)** listed above. These will be added to your approved pick up list.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

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**PICK-UP LIST** Please list anyone **other than the parents/guardians and emergency contacts**, who has your permission to pick up your child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

**Please list anyone who is NOT allowed to pick up your child?**

Name(s): \_\_\_\_\_  
*If the person listed above is a parent/guardian of your child, we will need copies of the legal documents that restrict this person from picking up your child.*

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**MEDICAL INFORMATION** Please provide the following information regarding your child's health:

Doctor name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Dentist name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Other Health Care Provider you feel we should be aware of:

Providers Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Type of care provided: \_\_\_\_\_

List any of your child's known allergies (including medicine or food) and any related medical protocols we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

List all health problems or medical concerns. Please note if any problems/conditions restrict your child's activities: \_\_\_\_\_

\_\_\_\_\_

Does your child have any developmental concerns? \_\_\_\_\_

\_\_\_\_\_

Please list non-allergy food sensitivities or difficulties we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Is your child in pull ups or diapers? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child need assistance in the bathroom? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what type of assistance is needed? \_\_\_\_\_

\_\_\_\_\_

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**CHILDS GENERAL INFORMATION** Please provide the following information:

Has your child previously been in a child care center or preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes,

Name of Center: \_\_\_\_\_ Length of time in Care: \_\_\_\_\_

Please provide a description of what your child's/your experience was like:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Likes/Interests: \_\_\_\_\_  
\_\_\_\_\_

Child's dislikes, fears or things that cause anxiety: \_\_\_\_\_  
\_\_\_\_\_

Eating Habits and Schedule: \_\_\_\_\_  
\_\_\_\_\_

Things your child likes to do or play with: \_\_\_\_\_  
\_\_\_\_\_

Ways your child likes to be comforted: \_\_\_\_\_  
\_\_\_\_\_

Rituals or practices unique to your child that would help us to care for or comfort them:  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any recent or upcoming changes, big events or experiences in your child's life (moves, new family/household members, custody changes, a death, vacations/traveling, schedule/routine changes, exciting or scary experience, etc)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FAMILY INFORMATION**

Annual Household Income: \$ \_\_\_\_\_ Household size: \_\_\_\_\_

Please list all members of the household **NOT** including the parents/guardians listed (If your child resides in two houses please list all the members of both households).

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION** Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision.

Restriction: \_\_\_\_\_

My child may be given non-prescription medication as indicated on the container. This may include: sunscreen, children’s pain reliever, antibacterial first aid cream and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. **(The child's parent or guardian will be contacted prior to administering non-prescription pain relievers.)**

Restriction: \_\_\_\_\_

My child may be given prescription medications as indicated by a doctor. Prescription medications must be current and the container clearly labeled by the issuing pharmacy with the doctor’s name, your child’s name, and complete dosage directions. **These will only be administered as directed with a signed medical consent form from the parent.**

Restriction: \_\_\_\_\_

In an emergency, The Ivy School and The Children’s Museum of Southern Oregon have my permission to call 911 and initiate ambulance transport of my child to the hospital, at my expense, to obtain medical treatment. (In most emergencies 911 is called, and the child is transported to the nearest hospital and treated by the on-call physician. The parent(s)/guardian(s) of the child will be notified as soon as possible.)

If it is needed, The Ivy School/The Children’s Museum of Southern Oregon has my permission to transport my child to an available physician or medical treatment facility and be treated by medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

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**TUITION AGREEMENT** Please read and sign if you will be paying tuition to The Ivy School.

The Ivy School at The Children’s Museum of Southern Oregon follows the School District’s calendar for all Preschool Classes. Our Annual Tuition has 3 different payment options that you can pick from upon registration. You can pick from a 1 month payment plan, 9 month payment plan or 10 month payment plan. The monthly installment is payment toward the yearly cost. Students enrolling mid-year will pay a prorated yearly cost determined at time of enrollment. There is no reduction of tuition due to illness, absences, or school closure days. Any payment received after the 20<sup>th</sup> of each month will be considered late and will be subject to a \$25 late fee. If we do not receive payment by the end of the month your child’s placement will be suspended. A non-refundable, \$75.00 Registration Fee, is due at the time of registration to hold your child’s place. A \$100.00 Materials Fee is due August 1st or within 30 days of your child’s start date. The Ivy School will closely follow the School District for holiday closures and/or emergency/weather closures. Tuition is not adjusted for scheduled closures or emergency/weather closures.

I understand and agree to the Ivy School Tuition Agreement.

I will not be paying tuition of any kind. My tuition is fully covered by financial aid or scholarship award.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Scholarship and Financial Aid Agreement** Please read and sign if you will be receiving a scholarship or financial aid from The Ivy School. The Ivy School at The Children’s Museum of Southern Oregon follows the School District’s calendar for all of their Preschool Classes. I understand that I am receiving a

scholarship that covers all or part of my 2023/2024 tuition fees. I understand that late pick-up fees are not covered by my scholarship and any expansion of my schedule will not be automatically covered by my scholarship. I understand I will be responsible for paying additional fees if they occur. I understand that The Ivy School at The Children's Museum of Southern Oregon will follow the School District for holiday closures and/or emergency/weather closures and tuition is not adjusted for scheduled closures or emergency/weather closures. I understand that an 85% attendance rate is required to receive the scholarship and is assessed monthly. I understand that the failure to meet the 85% attendance rate at any point during the school year could result in the loss of scholarship and placement at The Ivy School. (Please check the box that applies to your family)

- I understand and agree to The Ivy School's Scholarship/Financial Aid Agreement.
- I am not receiving aid of any kind.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**PHOTO RELEASE FOR CLASSROOM MANAGEMENT AND FAMILY COMMUNICATION** Please read and sign.

I hereby grant The Ivy school/The Children's Museum of Southern Oregon permission to take and use my child's photograph in connection with school activities, field trips and projects, for use in their private portfolio, classroom displays, brightwheel profile image, documentation and communication, and other private communication with our family. (Please make your selection below)

- I DO grant permission for my child to be photographed
- I DO NOT grant permission for my child to be photographed

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

**PHOTO RELEASE** Please read and sign.

I hereby grant The Ivy school/The Children's Museum of Southern Oregon permission to take and use my child's photograph in connection with school activities, field trips and projects, for use in school displays, publications and web site posts related to The Ivy School/The Children's Museum of Southern Oregon, without payment or any other consideration in perpetuity. These photographs are used for internal communication and projects, preschool/museum promotion, and as shared content amongst preschool families. I have read and understand the above. (Please make your selection below)

- I DO grant permission for my child to be photographed
- I DO NOT grant permission for my child to be photographed

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name(s) \_\_\_\_\_

**VIDEO RELEASE** Please read and sign.

I authorize The Ivy school/The Children's Museum of Southern Oregon to use short video clip footage of my child taken during their school day. These videos are for educational purposes, and will be shown to staff and our parent community only. They will not be used for marketing or distributed to the public through any social media outlets (Please make your selection below)

- I DO grant permission for video to be taken of my child(ren)
- I DO NOT grant permission for video to be taken of my child(ren)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

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**Please FULLY Read and Initial your agreement to the following statements:**

\_\_\_\_\_ I understand I will receive a copy of The Ivy School calendar. I acknowledge that The Ivy school follows the School District for closure dates with the exception of the first day of school which is Sept 5th, 2023. I understand that I am responsible for finding care for my child during these closures and any other closures that may occur. I understand that there will be an additional closure date in February, for teacher training, and that emergency closures may occur. I understand staff/teachers will contact me through Brightwheel and I am responsible for checking Brightwheel so that I am aware of closures.

\_\_\_\_\_ I have read and understand the tuition agreement and have confirmed my child's schedule. I understand that I cannot drop-off my child more than **5 minutes before** the start of their class. I am aware that I cannot drop my child off more than **60 minutes late** without pre-arranging it with my child's teachers. I understand that if I pick-up my child more than 5 min late, a fee will be added to my account.

\_\_\_\_\_ I understand I will receive The Student Handbook and I am responsible for reading the policies and procedures that are outlined within it.

\_\_\_\_\_ I understand that my child will go outside, as part of their daily schedule, in **all** weather conditions (rain, snow, high and low temperatures). I will send my child to school in weather-appropriate clothing. If my child's clothing restricts their ability to go outside, I understand I may be called to bring my child clothes, jacket, shoes, etc. (If you need help acquiring shoes or other weather specific-clothing, please let us know.)

\_\_\_\_\_ I understand that I am responsible for providing a full, weather-appropriate change of clothing for my child. I understand that if my child does not have an appropriate change of clothing that I may be called to bring clothes or pick-up my child from school.

\_\_\_\_\_ I understand that as a part of my child's everyday curriculum they will interact with materials such as dirt, mud, paint, water, glue, ink, etc. that may stain or damage clothing. I understand that messy experiences are often encouraged and the importance of these experiences, and will send my child in clothing that will allow them to be active participants in all the activities of their classroom.

\_\_\_\_\_ I understand that if my child's behavior heavily impacts their ability to participate in class or creates an unsafe environment for other students we may ask for immediate parent involvement and assistance, as well as a meeting with our director. Behaviors that might require immediate parent involvement include but are not limited to: extreme lethargy, inconsolable crying, consistent refusal to eat, physically harming staff or students, screaming, resistance to diaper change, use of inappropriate language and running from staff.

\_\_\_\_\_ I understand The Ivy School illness policies. I understand that my child must be free of active symptoms for 24hrs before they may return to school. I understand that if active symptoms occur at school, I will be contacted for an early pick-up. I understand that COVID-19 symptoms and exposures have separate rules from the illness policy. I understand that in some illness situations my child may not be allowed to return to school without a doctor's note or quarantine period and they must have been without symptoms for 24hrs.

\_\_\_\_\_ I understand The Ivy School Toy policy. I will not bring or allow my child to bring toys to school without first receiving approval from my child's teacher.

**OFFICE USE ONLY**

**CHILD'S NAME:** \_\_\_\_\_

Date Registration Approved \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New Student \_\_\_\_\_

Returning Student \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Materials Fee: \$ \_\_\_\_\_

Primary Schedule: \_\_\_\_\_

Extended Schedule: \_\_\_\_\_

Primary Schedule Cost: \$ \_\_\_\_\_

Extended Schedule Cost: \$ \_\_\_\_\_

Scholarship Amount: \$ \_\_\_\_\_

Total Monthly Tuition: \$ \_\_\_\_\_

Preschool Administrator Signature: \_\_\_\_\_

Date Registration Fee Paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Materials Fee Paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_