

Date Child Entered Care: ____/____/____

Age at Entry to Care: _____

Ivy School Summer Preschool Registration Form

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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, 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)

I would like to enroll in The Ivy School Summer Preschool. I understand it is a 9 week program from June 20st - August 17th, that runs Monday-Thursday from 8:00am-2:00pm, With no school on Monday June 19th, July 3rd or 4th.

Please check all that apply to your child/family (Your response will not affect your acceptance or enrollment in our preschool program, this information will be used to better support your child while in our care):

Has IFSP____ Medical Condition____ Psychological Condition/Disorder____ Needs Bathroom Asst.____

Behavioral Concern ____ Developmental Concern____ Social/Emotional Concern/Trauma____

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: _____

Name: _____ Relationship: _____

Phone:(_____) _____ - _____ Email: _____

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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: _____

Name: _____ Relationship to child: _____

Phone:(_____) _____ - _____ Email: _____

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? _____

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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/The Children's Museum of Southern Oregon has 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 _____

Sunscreen Authorization (please read and sign)

I understand that I am expected to apply sunscreen to my child every morning before drop off. I will provide a non-aerosolized sunscreen, in its original packaging, labeled with my child's name. By signing below I authorize The Ivy School Staff to assist with applying sunscreen to any bare skin surfaces throughout the day, including the face, tops of ears and bare shoulders, arms, legs, and feet, 15-30 min before outdoor activity. I understand that sunscreen will not be applied to any broken skin and I will be notified if a skin reaction has been observed. By signing below I agree to all of the above statements.

Childs Name _____

Parent/Guardian Signature: _____ Date: ____/____/____

Tuition Payment Agreement Please read and sign.

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The Ivy School Preschool Summer Program starts June 20th and ends August 17th. It is a M-TH program that runs from 8:00-2:00. The program Tuition is \$1,450.00 for the entirety of the program. Tuition payments are broken into 3 equal payments. The first due by June 12th, the second due July 3rd & the third due July 31st.

There is no reduction of tuition due to illness, absences, or school closure days. Any payment received 4 days after it is due will be considered late and will be subject to a \$25 late fee. A non-refundable, \$50.00 Registration Fee, is due at the time of registration to hold your child's place and will go towards your child's tuition for the program. Tuition is not adjusted for scheduled closures or emergency/weather closures

I understand that I am responsible for paying my Summer Preschool tuition by the due date(s) listed for the payment option I choose and I agree to the Ivy School Summer Preschool Tuition Payment Agreement.

Signature: _____ Date: ____/____/____

PHOTO RELEASE FOR CLASSROOM MANAGEMENT AND FAMILY COMMUNICATION

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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 camp activities 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 camp activities, and projects, for use in 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, and preschool/museum promotion. 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 Read and Initial your agreement to the following statements:

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_____ I understand I will receive a copy of Summer Preschool Dates and times. If any changes occur I will be notified by email. I understand that I am responsible for checking my emails and contacting The Ivy School at The Children's Museum of Southern Oregon if I have any questions or concerns.

_____ I have read and understand The Ivy School Tuition Payment 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 **25 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 that my child will go outside, as part of their daily schedule, in **all** weather conditions (rain, wind, 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.

_____ 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 summer preschool 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 The Ivy School's 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 have separate rules from the illness policy.

_____ 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.