

WELCOME TO THE IVY SCHOOL **GRANTS PASS LOCATION**

We are so excited that you have chosen to apply to The Ivy School in Grants Pass and we cannot wait to get you started. Please note that the Ivy School is licensed for ages 3-5 and can not have a child start in the program until their third birthday. The Ivy School has been operating in Medford for the last 12 years. We began as a small half day program and have grown to be one of the largest centers in the Rogue Valley. We operate 11 classrooms in Medford and are so excited to be opening a campus in Grants Pass.

Below is the process that we will be going through to get your child enrolled in our program. We will do our best to get all of this completed as quickly as possible. However because we are new to Grants Pass there will be a hold on processing Applications as we sort classroom size, staffing and community interest. You can help with this process by being patient with our small team of administrators and keeping an eye on your email for messages from us. All communication for enrollment in our program is done through email. If this presents a challenge for your family or at any point in this process you have any questions please do not hesitate to reach out to Preschoolenrollment@tcmsso.org or call The Ivy School at 541-494-0323.

Ivy School Enrollment Process

Listed below is the process The Ivy School will go through to complete enrollment for your child at our Grants Pass Location. The Ivy School will:

- Receive applications and confirm eligibility for our program
- Process Enrollment Applications once Classroom size, staffing and funding is secure.
- Acquire ROI (If a student receives services such as speech, occupational therapy, counseling, etc from another provider)
- Meet/connect with other providers (if applicable)
- Award placement with The Ivy School and financial aid if applicable
- Send Ivy School Enrollment Confirmation and Enrollment Meeting Invitation
- Conduct mandatory Enrollment Meeting with Parent/Guardian & The Ivy School
- Determine Start Date

The First step in enrollment is filling out The Ivy School Application for Enrollment. This application is a Fillable document. If you have not already, please **DOWNLOAD** this document so that you can fill it out digitally. If you need or would prefer a paper copy of the document please email Preschoolenrollment@tcmsso.org or call The Ivy School at 541-494-0323 to request a copy. Please make sure to fill this out in its entirety and return it to The Ivy School as soon as possible. Applications can be returned in two ways, via Email to Preschoolenrollment@tcmsso.org or dropped off/mail it to our Medford Children's Museum Campus located at 413 W Main St, Medford, Oregon, 97501.

STAFF USE ONLY

Date Child Entered Care: ____ / ____ / ____ Age at Entry to Care: ____ Student ID # ____

Site: ____ Classroom: ____ Assigned Schedule: ____

Early Drop Off ____ After Hours ____

The Ivy School Application for Enrollment

Locations in Grants Pass and Medford

1

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 6 and complete an allergy care plan upon application acceptance.)

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.):

- | | | |
|---|--|---|
| <input type="checkbox"/> Has IFSP | <input type="checkbox"/> Needs Bathroom Asst. | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Behavioral Concern | <input type="checkbox"/> Concern/Trauma |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Developmental Concern | |
| <input type="checkbox"/> Condition/Disorder | | |

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

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

SCHEDULE REQUEST

At our Ivy School Grants Pass Campus we are planning on offering both full day and partial day preschool programs. However these offerings could be subject to change due to community interest, construction timelines and scholarship availability. It is always our goal to tailor our program to the needs and interests of the community, as we learn more, we will keep updated. If you would like to have your child attend The Ivy School at our Grants Pass Museum Campus please select the schedule you would like for your child below. If you are open to more than one schedule please rank the schedules in the order you would most like them. With 1 being the most desirable:

<u>Full Day</u>	<u>Half Day AM</u>	<u>Half Day PM</u>
___ Tues-Fri 7:45-3:00	___ Tues-Fri 8:00-11:00	___ Tues-Fri 12:00-3:00
___ Tues/Thur 7:45-3:00	___ Tues/Thur 8:00-11:00	___ Tues/Thur 12:00-3:00
___ Wed/Fri 7:45-3:00	___ Wed/Fri 8:00-11:00	___ Wed/Fri 12:00-3:00

If you would like your child to attend our program and feel the length of the schedule will not meet your child's needs, we may be able to work with your family to **shorten** your child's schedule by reducing the days they attend and/or reducing the length of their day. If this is an option you would like to explore for your child, please indicate below what schedule you feel would best fit their needs. Please note that we do not adjust tuition if you choose to modify your child's schedule. Instead we hold your child's full time spot so that there is room to expand their schedule if and when they are ready.

Currently we do not have financial assistance available at our Grants Pass Campus. However we are working on partnerships and scholarships to fund financial aid opportunities. Please select the option below that best describes your family.

- | | |
|--|--|
| <input type="checkbox"/> We will not need financial assistance | <input type="checkbox"/> We will need full financial assistance. |
| <input type="checkbox"/> We will need partial financial assistance | <input type="checkbox"/> We are uncertain of our need at this time |

Our Ivy School Grants Pass Museum Campus does not currently offer after School Care. Please select the option that best reflects your family's need for After School Care.

- | | |
|---|--|
| <input type="checkbox"/> We do not need Extended care for our child | <input type="checkbox"/> We do not need extended care but would enroll in it if it was available |
| <input type="checkbox"/> We need extended care in order for our child to attend | <input type="checkbox"/> I would like to learn more |

STUDENT SUPPORT QUESTIONNAIRE

Please rank the following supports by the priority they have for your family. With 1 being your first choice and 5 being your last. If you do not feel a need should be taken into consideration for your family please enter "X" to indicate it does not need to be considered when choosing a site for your child.

___ **Social/Emotional Support:** this may be a priority to families whose child experiences big emotions, tends to shut down, struggles to self regulate or is processing trauma they have experienced.

___ **Extra Classroom Support:** this may be a priority for families whose child has challenging behaviors and needs some extra support in the classroom, with transitions, peer interactions, or physically expressing emotions.

___ **Language Support:** this may be a priority for families whose child is bilingual, who does not speak english, or who has a speech delay and would need extra support with speech/communication in the classroom.

___ **Bathroom Support:** this may be a priority for families whose child who is not yet potty training or is still potty training and needs extra support in the bathroom

___ **Mobility or Elopement Support :** this may be a priority for families whose child has less mobility or tends to frequently elope, hide or run from adults

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: _____

EMERGENCY CONTACT INFORMATION Please provide up to two emergency contacts **(NOT PARENT/ GUARDIAN LISTED ABOVE)** 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: _____

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.

5

MEDICAL CONTACT 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: _____

Does your child have any chronic health issues or specific care needs (such as previous serious illness or injuries)? If yes, please note you will need to complete a written care plan upon enrollment

☐ Yes

☐ No

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

Does your child regularly need medication, or have medication prescribed for continuous long term use?

☐ Yes

☐ No

*If yes, please explain: _____

Please list non-allergy food sensitivities or difficulties we should be aware of. Please be specific about food restrictions (example: no liquid milk vs no dairy):

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: _____

Please list any developmental concerns you may have for your child? _____

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? _____

6

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 brief description of what your child's/your experience was like at their previous child care center or preschool:

Child's Likes/Interests/or things they like to do or play with: _____

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

Eating Habits: _____

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 experiences, etc)?

7

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: _____ School Attending: _____

Name: _____ DOB: _____ / _____ / _____

Relationship to child: _____ School Attending: _____

Name: _____ DOB: _____ / _____ / _____

Relationship to child: _____ School Attending: _____

Name: _____ DOB: _____ / _____ / _____

Relationship to child: _____ School Attending: _____

8

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

My child may be taken on neighborhood walks. Note: A signed permission slip is required for all field trips out of the neighborhood.

☐ Yes☐ No

My child may use sunscreen

☐ Yes☐ No

My child may apply their own sunscreen under supervision.

☐ Yes☐ No

My child may participate in religious or cultural events described in center policy, including special occasions where food is being served.

☐ Yes☐ No

I have received a written copy of the program's child care policies.

☐ Yes☐ No

In an emergency, The Ivy School and The Children's Museum 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 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 _____

9

CONSENT FOR AGES & STAGES QUESTIONNAIRE

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period. With this in mind The Ivy School fills out the appropriate ages and stages questionnaires for each of our students to gauge where your child is developmentally. This information is used to better tailor our curriculum to your child's individual needs as well as a tool to discuss any individual services that may benefit your family.

☐ I DO grant permission for my child's teacher to fill out an ASQ on my child

☐ I DO NOT grant permission for my child's teacher to fill out an ASQ on my child

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

Child's Name: _____

PERMISSION TO SHARE INFORMATION

By signing BELOW, I understand and agree that the pertinent information on this form may be shared with entities and individuals involved with The Ivy School, including Preschool Promise, previous care providers, Head Start & other Oregon Pre-kindergarten programs like Oregon Child Development Coalition, Coordinated Enrollment Committees, Early Learning Hubs, Education Service Districts, Early Intervention/Early Childhood Special Education programs, Child Care Resource & Referral agencies, and the Department of Early Learning and Care, for the purpose of better supporting your child in our program.

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

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

The Ivy School in Grants Pass follows the School District's calendar for all Preschool Classes, with one additional closure in February for training. 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 20th 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 \$125.00 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 follows the School District's calendar for all of their Preschool Classes, with one additional closure in February for training. I understand that I am receiving a scholarship that covers all or part of my 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 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.

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

10

PHOTO RELEASE FOR CLASSROOM MANAGEMENT AND FAMILY COMMUNICATION

Please read and sign.

I hereby grant The Ivy school/The Children's Museum 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

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

Child's Name: _____

PHOTO RELEASE Please read and sign.

I hereby grant The Ivy school/The Children's Museum 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, 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 understood 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

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

Child's Name(s) _____

VIDEO RELEASE Please read and sign.

I authorize The Ivy school/The Children's Museum 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)

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

Child's Name: _____

11

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. 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 such as Fever or Cough for 24hrs before they may return to school. I understand that with GI symptoms such as Vomiting or Diarrhea my child must be free of symptoms of 48hrs before returning 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 and other highly contagious illnesses 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.

_____ 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. In addition I understand that The Ivy School is not responsible for the loss or damage of any Toy that is brought to school.

Enrollment Form Annual Review or Update(s): A Center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: _____ Parent Initials: _____

Date: _____ Parent Initials: _____

Date: _____ Parent Initials: _____

Date: _____ Parent Initials: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. Fax: (833) 256-1665 or (202) 690-7442; or
3. Email: Program.Intake@usda.gov

This institution is an equal opportunity provider