

Echo Preschool Enrollment Application

Enrollment Opens April 9th @8:00am

2024 - 2025

CHILD INFORMATION

Child's Name		Date of Birth	Age as of August 1st 2024	
Address			City/State/Zip	
Home Phone			Resident School District	
Child lives with:	Mother	Father	Both Parents	Guardian

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Parent/Guardian Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
Employer		Employer	
Employer Address		Employer Address	
Employer Phone	Ext.	Employer Phone	Ext.

ADDITIONAL INFORMATION

Is your child FULLY POTTY TRAINED? (Please circle one) **YES NO**

Desired Session: _____ (Please circle one below)

Full Day Program - 4 Days a Week -YES(\$425 per month)

Half Day Program - 2 or 4 Days a week -YES (\$225 per month)

Full Day Program - Runs from 7:45 am until 5:00 pm

Half Day Program - Can be half days or two days a week

**** Income Based Paid Program Through Oregon Preschool Promise has 9 free slots.**

EMERGENCY CONTACTS/AUTHORIZED PICK-UP

The following people are authorized to pick up my child and may be contacted in an emergency or illness in the event I cannot be reached. **PERSONS LISTED MUST NOT BE A PERSON WITH WHOM CHILD RESIDES. *Required Field**

*Name	Authorized to pick up YES NO	*Name	Authorized to pick up YES NO
*Home Number	*Work Number	*Home Number	*Work Number
Cell/Other Number	Relationship to child	Cell/Other Number	Relationship to child
*Home Address		*Home Address	

PERSON'S NOT AUTHORIZED FOR PICK-UP

Please Note: Echo Preschool must have a copy of the legal custody order in order to detain pick up from a parent.

Name		Name	
Home Number	Work Number	Home Number	Work Number
Cell/Other Number		Cell/Other Number	
Relationship to child		Relationship to child	

EMERGENCY MEDICAL INFORMATION

In the event parents/guardians cannot be reached for medical emergency attention, I/We authorize Echo Preschool to contact the following:

Physician Name	Dentist Name
Phone Number	Phone Number
Address	Address
Preferred Hospital	Phone Number
Address	

*I understand a signed **Health Form** and an **Immunization Record** must be filed with the preschool before admission is completed. I also understand that **ALL FORMS ARE TO BE RENEWED EACH YEAR** my child is enrolled. I have read the Policy Handbook and agree to follow the policies in place at Echo Preschool. I also understand that Tuition is due on the **1st of every month**, and that a **\$10.00 per day** late fee will be assessed for any payments received after the first of the month. **I also understand tuition is based on the amount of in-school days, and there isn't a reduction in the monthly tuition.***

Tuition for my child(ren) will be \$ _____/month.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Health Evaluation Form

****This form MUST be completed by your child's physician prior to your child's first day. Only if there is a health condition we need to be aware of!****

Center Name: Echo Preschool	Director Name: Raymon J. Smith
Address: 600 Gerone St. Echo Oregon 97826	Phone Number: 541-376-8436

Dear Physician:

The completion of this statement is necessary for school records.

Child's Name: _____ Sex: _____ Birth date: _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns:)

Significant Health Concerns:

- None Seizures Diabetes Vision
 Hearing Hospitalizations Severe Allergies Other _____
 Reactive Airways Disease Developmental Delays

Explain Significant health concerns: _____

If Tuberculin Test Given: Date: _____ Result: _____

If Chest X-rayed: Date: _____ Result: _____

Surgery, Accidents, Illnesses, Chronic or Handicapping Problems: _____

Current Medication or Special Diets: _____

Physical Findings (include, if tested vision and hearing) _____

Next Well Child Visit:

Per *AAP Guidelines Age _____

** The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.*

Date _____

Doctor's Signature

Office Stamp:

Doctor's Address

Doctor's Telephone Number

Transportation & Field Trip Permission

I hereby request that my child(ren), _____ and _____ be permitted to participate in field trips to the park, or any other activities that would involve taking the child outside of the preschool for his/her benefit in attendance at this facility. I understand I will be notified before hand of any said activities. In automobiles, children will be secured in car seats, as supplied by the center, with a safety belt as appropriate for their age.

I hereby expressly waive any claim for injury or damage to such child arising out of such field trip and expressly agree to hold **Echo Preschool**, harmless.

Date: _____

Persons signing contract are responsible for payment:

Parent/Guardian (Mother) _____

Parent/Guardian (Father) _____

Photograph Authorization

_____ **I authorize** Echo Preschool to photograph my child(ren).

I understand that such photographs may be used for promotional materials including, brochures, newsletters and Echo Preschool's website. No last name or specific identifying information will be included in any sort of material. If I do not want any photo on the website for any reason, I understand we will gladly remove it as soon as possible.

_____ **I do not authorize** Echo Preschool to photograph my child(ren).

Child(ren)'s Name

Parent/Guardian Signature

Date

Media Authorization

_____ **I authorize** my child for Media Usage at Echo Preschool. I understand this includes (but not limited to) television viewing (such as Disney Channel or Nick Jr. 7:00- 7:30), age appropriate internet and computer software usage (with teacher supervision), music, and occasional age appropriate movies. As stated in the Policies Handbook, I understand these activities are very limited, and if used, will not exceed 60 minutes per day.

Child(ren)'s Name

Parent/Guardian Signature

Date
