



Welcome to the Early Education Program!

We are delighted to have your child enrolled in our preschool program this year!

Enclosed you will find a lot of paperwork. You will need to fill out our registration forms and mail them to the EEP office **BEFORE** your child starts school.

Please use the envelope we've included to **MAIL** the following forms:

- *EEP Registration Form*
- *Parental Approval for Emergency Medical Treatment*
- *Permission to Videotape and Photograph Your Child*
- *Field Trip Permission Form*
- *Pick Up Permission Form*
- *Tuition Agreement (one copy to return, one for you to keep)*
- *"A Little About My Child"*

Up to date immunizations are required by law for your child to attend preschool. Enclosed is a flyer from the state with details about which immunizations are necessary for a pre-K program like ours.

Please ask your child's doctor for immunization records be faxed to EEP. Our fax number is 541-485-6166.

We look forward to having your child attend our preschool this year! If you have questions or concerns, do not hesitate to call your child's teacher. You can also call our main office at 541-485-0368.

Here's to a wonderful year!

Best,

Ashly Milliot
Administrative Support

Monthly Tuition: \$_____



The Early
Education
Program

EEP REGISTRATION FORM

Today's Date ____/____/____

| | | |
|-----------------------------------|---------------------------------|-------------------|
| _____ Child's Name | _____/_____/_____ Birth Date | Sex: M or F |
| _____ Address | _____ City | _____ Zip Code |
| _____ Mother's/Guardian's Name | _____ Home/Cell Number | |
| _____ Address (if different) | _____ Email | |
| _____ Employer | _____ Work Phone | |
| _____ Father's/Guardian's Name | _____ Home/Cell Number | |
| _____ Address (if different) | _____ Email | |
| _____ Employer | _____ Work Phone | |

Best way(s) for your child's teacher to communicate with you (e.g. call mother's cell phone, text father, email)

If different addresses, who should receive mailed information? (e.g. Mother, Father, both) _____

FAMILY INFORMATION

Marital Status: (Circle One)

Single

Married

Divorced

Separated

Widowed

List additional children living in your home. Including age, sex, and relationship to child.

Who else lives in your home? List and describe relationship to child. _____

Other family information:

This anonymous information may be used to secure additional money from grants or to provide data for existing grants. If you have questions, please contact EEP Director, Georgia Layton, at 541-915-1887.

Household Income: (Circle One)

0-\$24,999

\$25,000-\$49,999

\$50,000-\$99,999

\$100,000+

Household Size (adults & children): (Circle One)

2 3 4 5 6 or more

Ethnicity, Race: (Circle all that apply)

Caucasian Hispanic African American Asian American Indian/Alaska Native

Native Hawaiian/Pacific Islander Multi-racial Other:

MEDICAL INFORMATION

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Are there other physician's currently involved in your child's care? List and give phone numbers: _____

Does your child have any allergies? If yes, please describe and tell how to handle these.

Does your child have any medical conditions we should know about? If yes, please describe and tell how to handle these.

Does your child take any medication that we should know about? If yes, please help us know the name of the medication, amount given, schedule, and possible side effects.

| Name of Medication | Amount Given | When is it given? | Possible Side Effects |
|--------------------|--------------|-------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Please include any additional medication on a separate piece of paper.

OTHER CHILDCARE

Will your child attend another child care program in addition to EEP? If yes, please give the name and phone number of the child care provider and the approximate schedule.



Parental Approval for Emergency Medical Treatment

Child's First & Last Name

____/____/____
Birth Date

As the parent/legal guardian, I hereby authorize the Early Education Program, 99 W. 10th Ave, Suite 340, Eugene, OR 97401, (541) 485-0368, to consent to any medical or surgical treatment of the above-named child, which such person deems advisable, if a parent or legal guardian cannot reasonably be located when the child is brought for emergency treatment.

In case of an emergency, how can we reach you **during preschool hours**?
Include home, work, or cell number(s) as appropriate.

Parent/Guardian

Phone Number

Parent/Guardian

Phone Number

If parent/guardian cannot be reached, who should we contact next? Please list two others.

Name

Phone

Relationship to child

Name

Phone

Relationship to child

Child's Doctor's Name & Phone Number: _____

Child's health insurance company: _____ Group or medical card #: _____

Chronic illnesses or allergies of the above named child: _____

Current medications: _____

Date of last DTP shot: _____

Date of last Polio shot: _____

****I give permission for my child to be transported by ambulance should an emergency arise and paramedics recommend it. Name of hospital you prefer: _____**

Signature of Parent or Guardian: _____ Today's Date: ____/____/____

The above authorization will expire on **October 1 of the following year.**

Permission to Videotape and Photograph Your Child

EEP requests your permission to video or photograph your child.

There are a few reasons we may want to video and/or take a picture of your child:

- To provide training to staff within our program.
- To help others get to know or better appreciate our program via our newsletters and/or our website.
- To send pictures or videos of your child to you and other EEP families as part of our Class Dojo communication app.

Child's First & Last Name

Please initial which uses you give consent to:

- _____ Permission is given to video or photograph my child for EEP staff training.
- _____ Permission is given to video or photograph my child for use in EEP newsletters, on EEP's website and/or facebook page, and for other EEP promotional materials.
- _____ Permission is given to video or photograph my child as part of our classroom communication app, CLASS DOJO. Class Dojo allows your child's teachers to share photos, videos, and messages with you and the families of your child's classmates throughout the school day.
- _____ Permission is **NOT** given to video or photograph my child for any reason.

Printed Name of Parent or Guardian

_____/_____/_____
Today's Date

Signature of Parent or Guardian

The above authorization will expire on **October 1 of the following year.**

Field Trip Permission Form

Child's First & Last Name

____/____/____
Birth Date

My approval is hereby given for my child to participate in planned educational field trips during the current school year. I understand that notes will be sent home with my child telling me about each trip and that I have the right to request that my child not participate at any time.

Printed Name of Parent or Guardian

____/____/____
Today's Date

Signature of Parent or Guardian

The above authorization will expire on **October 1 of the following year.**



Permission to Pick Up

Child's First & Last Name

____/____/____
Birth Date

For your child's safety, we would like a list of the people who have permission to pick up your child from school.

Please list those who have your permission:

Table with 2 columns: Name of person, Relationship to your child. Includes four rows of blank lines for entry.

I understand that this form gives permission to the above named individuals to leave EEP with my child.

Please know that EEP staff will ask to see identification from any person to confirm that they are on this list. Your child will not be released to anyone other than those individuals listed above.

Please be sure to notify your child's teacher if there are any changes to this list.

Printed Name of Parent or Guardian

____/____/____
Today's Date

Signature of Parent or Guardian

The above authorization will expire on October 1 of the following year.



The Early
Education
Program

ENROLLMENT AND TUITION POLICY

Office Copy

Enrollment Procedures

New children:

A \$50.00 registration fee is required with each application. This registration fee guarantees your child an available space at EEP and is non-refundable.

The \$50.00 deposit will be applied to your September tuition.

Currently Enrolled Children:

Parents of children currently enrolled are asked to confirm enrollment for the next school year by June 1 to receive priority. Beginning June 15, spaces for fall are filled on a first-come, first-served basis.

Tuition Policy

Tuition is based on approximately 35 weeks (137 days in Tuesday - Friday classrooms and 136 days in Monday - Thursday classrooms) from September through June, divided into nine equal amounts, and paid monthly. You will be billed on the 15th of each month for the next month's tuition. Payment is due by the 5th of the month. If full payment is not received by the 5th, a \$20.00 late fee may be assessed. Your child may be excluded from the program if full payment is not made by the 15th of the month.

Please do not hesitate to contact the office if special arrangements need to be made.

EEP offers a limited scholarship program. Please call the office for more information: 541-485-0368.

Please give 30 days notice to the office when withdrawing your child.

If you fail to give notice, tuition may be due for the last month your child attends.

There is a 10% discount if you pay tuition for the entire year by October 1. There is also a 10% family discount if two or more paying children are enrolled. Only one discount can be requested each year.

Absences/Vacation

Everyday absences will not be subtracted from your tuition. For an extended illness or vacation of one week or more, your tuition may be adjusted. In that event, please call our office.

I agree to the above enrollment conditions and accept the financial responsibilities for the tuition costs of my child's enrollment.

Printed Name of Parent or Guardian

____/____/____
Today's Date

Signature of Parent or Guardian

EEP is a private, non-profit, tax-exempt educational organization.



ENROLLMENT AND TUITION POLICY Parent Copy

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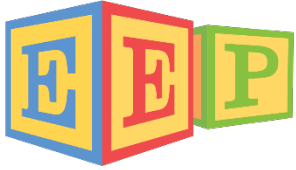
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A Little About My Child

Child's Name: _____ Nickname: _____

The people in my child's family & what my child calls them:

My child's pets: _____

| | |
|---------------------------------------|--|
| My child's favorite book: | My child's favorite color: |
| My child's favorite TV show or video: | My child likes to do this inside: |
| My child's favorite food: | My child likes to do this outside: |
| My child's favorite character: | What my child wants to be: |
| My child's favorite animal: | The most special thing about my child: |
| My child doesn't like: | My child is afraid of: |

My Family's Thoughts About Me...

My child's strengths:

My child's greatest needs:

In the bathroom, my child:

I'd love for my child's teachers to focus on:

My greatest concern(s) about my child in the classroom:

Anything else: