

Hands On Art & Play - Preschool 2018

503.239.8521

Preschool Registration Form

CHILD'S NAME: _____

AGE (IN SEPTEMBER): _____ BIRTHDATE: _____

PARENTS' NAMES: _____

EMAIL ADDRESSES: _____

PHONE NUMBERS: _____

SCHOOL DIRECTORY:

This class email & phone list is only shared with Hands On families.

Yes we would like to be included! No we would NOT like to be included!

PHOTOS OF CHILD/CHILDREN:

We take lots of photos and add them to the newsletters and website. Your child's name will **never** be shared on the site or in any publications.

Yes, my child's photo/s may be included! No, my child's photo/s may NOT be included!

PLEASE CHECK THE DAYS* YOU WOULD LIKE YOUR STUDENT TO ATTEND:

MORNING PRESCHOOL (9am-12:30pm):

1 st Choices -	Mondays	Tuesdays	Wednesday	Thursdays	Fridays
2 nd Choices -	Mondays	Tuesdays	Wednesday	Thursdays	Fridays

AFTERNOON PRESCHOOL (12:30pm-3pm):

Tuesday Thursday

To register, mail/email completed forms and send a non-refundable deposit of \$40 to:

Hands On Art & Play, Inc.
2800 SE Harrison St.
Portland, Or. 97214

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Emergency Information

CHILD'S NAME: _____ BIRTHDATE: _____

KNOWN ALLERGIES: _____

PHYSICIAN: _____ PHONE NUMBER: _____

HEALTH INSURANCE CO.: _____ HEALTH INSURANCE ID #: _____

PARENTS' NAMES: _____

ADDRESSES: _____

EMAIL ADDRESSES: _____

HOME PHONE #: _____

WORK PHONE #: _____

CELL PHONE #: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

PEOPLE AUTHORIZED TO PICK UP CHILD OTHER THAN THOSE LISTED ABOVE:

NAME: _____ NAME: _____

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FIELD TRIP/OUTDOOR PLAY PERMISSION SLIP

When the weather is nice the classes enjoy walking around the block or playing at Hosford and Edwards Schools. In order for your child to take part in this part of our day we need to have a permission slip on file. Any other field trips will have their own permission slips and parents will be informed and invited to attend.

I give permission for my child, _____, to play at the School Playground and to go for walks with their class.

SIGNATURE: _____ DATE: _____

MEDICAL EMERGENCY TREATMENT CONSENT FORM

I, _____, (*name of parent/guardian*) give permission to the staff of Hands On to give consent for all emergency medical, dental, or other care for my child,

_____ (*name of child*). This care may be given under whatever conditions are necessary to preserve life, limb, or well-being.

SIGNATURE: _____ DATE: _____

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TUITION:

- Morning preschool hours are **9 -12:30PM**, afternoon preschool hours are **12:30-3 PM**
- Tuition is based on the actual number of school days between **September 5 and May 24**.
- There are 9 equal monthly tuition payments for the school year.
- Tuition payments are due by the first of each month beginning September 1 and ending May 1.
- A late fee of \$25 will be added to payments made after the 5th of each month.

Morning Preschool Tuition Rates:

1 day=\$167/mo., 2 days=\$288/mo., 3 days=\$399/mo., 4 days=\$500/mo. and 5 days=\$600/mo.

Afternoon Preschool Tuition Rates:

1 day=\$110/mo., 2 days=\$220/mo.

**Sibling discounts available.*

Early care begins at 8:30 AM and is \$5 per use. Children attending 4 or 5 days get complimentary early care.

**Music class is an annual fee of \$125 for children attending Tuesdays or Wednesdays.*

If your child attends both days your total music payment is still only \$125.

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