



Enrollment and Authorization Packet 2021-2022

As required by state and federal civil rights laws and the Americans with Disabilities Act (ADA), the center shall not discriminate against any child on the basis of race, religion, color, national origin, gender, marital status of parent, or because of a need for special care.

Child's Last Name		Date Entered Care
Child's First Name		Gender
Child's Nickname		Date of Birth
School Child Attends/Grade		Any Chronic Health Problems?
ALLERGY ALERT: Does the child have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all allergies.		
Parent/Guardian Contact Information:		
Name (First, Last)	Relationship	Email
Home Address	City	Zip
Home Phone	Cell Phone	
Employer and work hours	Work Phone	
Work address	City	Zip
Name (First, Last)	Relationship	Email
Home Address	City	Zip
Home Phone	Cell Phone	
Employer and work hours	Work Phone	
Work address	City	Zip
* Do you have a court ordered custody agreement or restraining order in place? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see page 7		
Required Emergency Contacts (person other than parent/Guardian authorized to pick up child)		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Non- Emergency Contacts (person other than parent/Guardian authorized to pick up child)		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
*Anyone picking up a child must have identification and may be asked to show this identification.		
Medical/Dental Contact Information		
Insurance Provider	Name of Policyholder	
Group#	Employer	
Primary Physician Name	Phone	
Dental Provider	Phone	
Child Medical Information		
List any health conditions, including instructions for providing care for stated conditions:		
Do any of the medical conditions restrict the child's activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Explain		
<input type="checkbox"/> I have provided the IEC with my child's immunization record <ul style="list-style-type: none"> • Prior to initial attendance evidence of immunization, a medical or nonmedical exemption, or immunity documentation for each child as a condition of attendance in any school or facility, and which require exclusion from school or facility attendance until such requirements are met. • A child currently attending not be allowed to continue in attendance without complete or up-to-date evidence of immunization, immunity documentation, or an exemption. 		

*Does your child need medication administered while he is in our care?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, fill out a separate Authorization for Medication Administration form			
Other Children in Home			
Name (First, Last)	Nickname	Age	Gender
Name (First, Last)	Nickname	Age	Gender
Name (First, Last)	Nickname	Age	Gender
Name (First, Last)	Nickname	Age	Gender

Child Care Information
Has your child previously been in childcare? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type of care and for how long?
Reason you are choosing afterschool care
General Child Information
Likes and Dislikes
Eating Habits and Schedule
Play
Fears
Special Words and their Meanings or anything else we should know about your child

IEC Policy Handbook
<input type="checkbox"/> We acknowledge we have received <u>and read</u> the IEC Policy Handbook

Parent/Guardian Authorization
<input type="checkbox"/> My child may go on neighborhood walking excursions under required supervision <input type="checkbox"/> My child may be photographed (name will be kept confidential) for publicity/news purposes (on-site/off-site)

Medical Emergency Authorization
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In the event of illness or accident that requires immediate medical attention and/or treatment, every effort will be made to contact Parents/Guardians as soon as possible. In the case of such emergency, I hereby authorize and give consent to Immanuel Enrichment Center to call an ambulance or provide/arrange necessary related emergency transportation to the nearest medical facility for immediate care at Parent/Guardian expense. I consent to any routine medical tests, exams, x-rays, surgical diagnosis, anesthesiologist, dental and hospital care under the general care/advise of the on-call Physicians/Surgeons licensed under the Medical/Dental Practice Act.

I hold harmless Immanuel Enrichment Center, Immanuel Lutheran Church, the Immanuel Enrichment Center Director, Staff, Advisory Board and any other individuals or agencies associated with this program for any accident or injury that may occur to my child while attending or being transported to Immanuel Enrichment Center.

Child's current weight _____. Current height _____.

Transportation

This portion of this packet is written acknowledgment between parents and The Immanuel Enrichment Center regarding time of transport to and from school for your child, which includes notice of unsupervised time of the child at the school. If the OTSD changes routes or times we will notify you as soon as possible.

Your Child _____ attends:

*All students will be signed in on our sign in/out tablet noting the date & time

- Firwood Elementary
- Oregon Trail Academy
- Sandy Grade School
- Other _____

Firwood

If your child attends Firwood Elementary, your child will ride bus route #23 from Firwood to the our facility at 4:02pm (early release Wed at 3:02pm). A teacher will be waiting for your student. The teacher will then clock-in your child.

OTA

If your child attends Oregon Trial Primary Academy, your child will ride bus route #26 to Sandy Grade school arriving at 3:05pm (early release Wed at 2:05pm). A teacher will clock-in your child. Your child will walk with the teacher east on Pleasant St. to the Immanuel Enrichment Center.

Sandy Grade

If your child attends Sandy Grade school, a teacher will clock-in your child from the Gym at 2:30 (early release Wed at 1:30pm). Your child will walk with the teacher east on Pleasant St. to the Immanuel Enrichment Center.

*My child will not arrive at the IEC without being accompanied by IEC staff and signed in or leave the IEC without a parent/Guardian and be signed out.

I acknowledge the school specific process of how my child will be picked up from school and arrive at the Immanuel Enrichment Center.

Parent/Guardian Signature _____ Date _____

Payment Agreement

Immanuel Enrichment Center, hereafter referred to as "IEC", agrees to enroll your child for the upcoming school year or the remainder of the year if your child enrolls during the current school year. In consideration of the acceptance of the Enrollment and this agreement by IEC, the undersigned agrees to pay the required.

Tuition Rate Plans:

I agree to pay the program fees charged by IEC in accordance with the payment plan/schedule set forth by IEC as described:

\$6.50/hr for full time care = 3 or more hours/day for 4 or more days/week.

\$7.00/hr for part time care

(10% discount for siblings)

\$35.00/day for full day care on non-school days

My child's typical attendance schedule:

Days of Week and Time (drop-off and pick-up) _____

Enrollment Requirements

- Student must be 5 years old or more by September 1st or starting Kindergarten.
- Enrollment packet and state required immunizations must be up-to-date and submitted with fees paid before admittance.

Registration

- *Non-Fundable* Registration fee: \$50 for the first child and \$25 for additional children (fees are submitted with enrollment packet). Registration fees reserve your child's spot in our program and cover expenses related to the registration process.
- The registration fee and first month tuition for each student are due at time of enrollment. Your child will not be considered enrolled until registration and first month fee for each student are paid in full.

Tuition and Fees

- Tuition and any late fees are due on the 5th of each month prior to care starting in September and ending in May (charge over 9 months.)
- Families with multiple children enrolled will receive a 10% discount for each additional child's tuition.
- Tuition is based annually. No deductions in tuition or fees shall be made for holidays, inclement weather, family vacations, or in the event of illness.
- Monthly tuition payments are due on the 5th of each month and are payable by cash, check, or money order. Please make checks payable to **Immanuel Enrichment Center**. Payments may be made online at www.immanuelsandy.com by credit card or debit card with PayPal.

Late and Missed Payments

- Late Payment: Payments not received by the 15th of the month will incur a \$15.00 late fee.
- Missed Payments: Students with non-payment of 30 days will be dismissed until the balance owed is paid in full and current.
- If payment becomes thirty days delinquent, your child will be dismissed from IEC until all past due tuition is paid in full **or** other payment arrangements are agreed upon to become current. Additionally, if at the end

of the school year tuition is not current, I understand that I will not be permitted to enroll my child for the summer program or next school year program until all previously past due balances are paid in full.

- After three consecutive late payments or a consistent pattern of late payments, without prior reasonable notification, your late fee may be increased to \$25.00.

Returned Check Fee

There is a \$25.00 charge for returned checks. A return check **will not** be re-deposited. After two returned checks, we will accept only cash or money order for the remainder of payments.

Late Pickup Information

- I understand that my child is to be picked up NO Later than 6:00pm
- I understand that I will be charged a late fee if picking up my child after 6:00pm and that these late fees will be added to my next payment
- I understand the late pickup fees are as follows: \$5.00 for the first 10 minutes after 6:00pm and \$1.00 for each additional minute late.

School Closure Due to Weather

We will follow the same calendar as the Oregon Trail School District for vacation days and for inclement weather. Please check your local listings and/or the Oregon Trail School District website www.oregontrailschools.com for school closures. If OTSD has a make-up day, we will honor that day.

Note: No deductions in tuition or fees shall be made for holidays, inclement weather, family vacations, or in the event of illness.

Withdrawal Policy

A minimum of 15 calendar days advance written notice is required before withdrawing your child from IEC. If I withdraw my child after he/she begins attending IEC during the school year, I agree that tuition will be due and owing for up to 15 days from the date that I submitted a written notice (tuition cannot be prorated/refunded after withdrawal occurs within the month).

If you have any questions regarding your account, please contact the Church Administrative Assistant at 503-668-6232 Monday-Thursday from 9:00am to 1:00pm, or by email at office@immanuelsandy.com.

I hereby certify that I have read, understand, and agree to the terms and conditions of the Immanuel Enrichment Center Payment Agreement. I agree to pay the tuition and fees and other fees as outlined in this agreement and the Immanuel Enrichment Center Policy Handbook.

Child Enrolled _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

The section is to be used when there is a court ordered custody agreement or restraining order in place.

Goals for your Children

We intend to ensure the children’s optimal development by providing continuity, stability and predictability for the children, while ensuring frequent and continued contact with each parent. Because a written plan cannot address every possible situation that might occur, the parents and Immanuel Enrichment Center will implement this plan in a spirit of good faith and mutual cooperation.

** Immanuel Enrichment Center will ask for copies of the court ordered custody agreement or restraining order.

Who your children are

Write down the full legal name (do not use nickname), date of birth, age, and gender of each child of this relationship attending Immanuel Enrichment Center.

Full Name	Date of Birth	Current age	Gender (circle one)
			M / F
			M / F
			M / F
			M / F

What the weekly schedule will be

Parent A is (name)_____ Parent B is (name)_____

We will follow the schedule set forth below:

<i>Mondays</i>	<i>Tuesdays</i>	<i>Wednesdays</i>	<i>Thursdays</i>	<i>Fridays</i>
Parent _____	Parent _____	Parent _____	Parent _____	Parent _____

PERMANENT CHANGES TO THE SCHEDULE

Permanent changes to this form can be made with both parents approval and may need to be accompanied by a court ordered modification. One parent cannot change this schedule on their own without the other parents’ approval and signature.

SIGNATURES My signature below indicates that I have read and agree with what has been decided and written in this form.

Parent A Signature

Parent B Signature

_____ Date _____

_____ Date _____

Director or IEC Board Member Signature

_____ Date _____