

Checklist for Preschool

2010-2011

Valid from July 1, 2010 - June 30, 2011

Child's Name: _____

Date of Birth: _____

- Lunch Agreement Form (back of this page)
- Student Registration Form (front & back)
- Medical History (front & back)
- Emergency Contact Form (front and back)
- Home Language Survey
- Confidentiality of Student Records Form
- Permission & Release of Claims
- Permission to Photograph
- Health and Developmental History (2 pgs. front & back)
- Enrollment & Tuition Agreement
- Shot Records (written records only)
- Birth Certificate
- New* Family Registration Fee (To whom it may apply)

****Please Note: Shot Records must be verified through the school nurse and all forms completed before the child will be allowed to enter school****

School Year
2010/2011

Dear Parents/Guardians:

In the past we have experience some issues on student lunches. We would like to make sure that your child is fed a complete school lunch if they choose to have a lunch at school. It is required to always have money in your child's lunch account. Charges can not be made. If money is low in their account you will receive a notice that a deposit needs to be made. Payments can be made in the lunch room or in the office. A cheese sandwich will be given for those who are short on money. Also we need to have a total lunch count **before 9:30 AM**. After **9:30 AM** your child will be required to bring a sack lunch. A phone call is acceptable to reserve a lunch for your child if you plan on them arriving late for school.

For questions or to reserve a lunch for your child please call 520-896-3080. Thank you for your cooperation.

Please sign below.

I

Parent or Guardian Signature

understand that I must call before 9:30 AM to reserve my child a lunch or I must send my child a sack lunch if he/she arrives to school late after 9:30 AM.

Student ID # _____

ORACLE SCHOOL DISTRICT #2

ORACLE RIGE SCHOOL

725 N. Carpenter Dr.

Oracle, AZ 85623

(520) 896-3080

2010 - 2011

STUDENT REGISTRATION FORM

Student Name _____ Grade _____

Physical Address _____ *Mailing* Address: _____

Phone # ____ - ____ - ____ DOB ____ / ____ / ____ Birth Place _____ M ____ F ____

Ethnic choice: Check one you most closely identify with:

- American Indian
- African American
- Asian or Pacific Islander (Oriental)
- Hispanic (Mexican or other Spanish origin)
- White (Not of Hispanic origin)

Person to call in case of emergency:

Name: _____

Phone: _____

Special Education Information:

Was your child enrolled in any Special Education Program? If yes, please explain: _____

Does your child have special needs, Speech or ESL programs? If yes, please explain: _____

Has your child been suspended or expelled from school for any reason? If so, please provide information: _____

FAMILY INFORMATION:

	Occupation	Where employed	Phone #	Living	
Name of:				Yes	No
Father _____	_____	_____	_____	____	____
Mother _____	_____	_____	_____	____	____
Step Parent _____	_____	_____	_____	____	____
Guardian _____	_____	_____	_____	____	____

Student living with: _____ Number of children in family: _____

Is there a non-custodial parent? Yes ____ No ____ If yes, do you have custody papers? Yes ____ No ____

(If Yes you must provide!)

I will call Oracle Ridge School Office to make arrangements when another person is not listed on the Emergency Contact Form & is picking up my child. When doing so, I will give a security code number as verification.

Please provide the 4 digit security code on this line _____.

This number must be kept confidential amongst the parents/guardians and school officials.

Survey

<u>Name of brothers</u>	<u>Date of Birth</u>	<u>Name of sisters</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give my permission for my son/daughter to attend any District activity of Oracle Ridge School, such as field trips, during school year if under the supervision and if transported in a District vehicle:
Yes _____ No _____

***Please see Permission & Release of Claims Form attached in this registration packet.**

My child will be: Picked up: _____ Ride the bus to: *(physical address required)* _____

Bus stop name: _____ Bus #/Driver: _____

Name, Address and phone # of Day Care Provider: _____

I verify the above information to be accurate.

Signature of Parent/Guardian Date

FOR OFFICE USE ONLY

SCHOOL NAME: ORACLE RIDGE

Date Entered in Power School: _____

Student ID # _____

Date of Entry: _____

Entry Code _____ Matric # _____

Verify DOB: _____

Certified By: _____ () Birth Certificate
() Baptismal Certificate
() Other

**Oracle School District
2010 - 2011
MEDICAL HISTORY/ Historio Medico**

Student's Name (Nombre del estudiante): _____ Date (Fecha): _____
 School (Escuela): Oracle Ridge Birth Date (Fecha de nacimiento): _____
 Grade (Grado en escuela): _____

We request that you complete this form entirely. It will help us insure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential.
 Es necesario llenar esta forma completamente. Nos ayuda a asegurar que el estudiante reciba ayuda necesario. Esta informacion er mantenida confidencial.

Please check the following if any apply to your son/daughter:
Indique por favor si cualesquiera de estas condiciones medicas se aplican a su hijo o hija

Illness (Enfermedades)	Circle YES or No (Encierra si o no)	Date of Diagnosis MO/YR (Fecha del diagnostico)	Comments: (Comentario)
Chicken Pox/Varicella disease (Varicela o Viruela loca)	Yes or No		
Arthritis (Artritis)	Yes or No		
Asthma (Asma)	Yes or No		
Diabetes (Diabetis)	Yes or No		
Seizure disorders (Convulsiones)	Yes or No		
Bleeding disorders (Cindicion de la sangria)	Yes or No		
Anemia	Yes or No		
Heart Condition (Condicion del corazon)	Yes or No		
Rheumatic Fever (Fiebre Reumatica)	Yes or No		
Tuberculosis/Positive TBC Skin Test (Tuberculosis/Prueba de tuberculoso)	Yes or No		
Valley Fever (Fiebre del Valle)	Yes or No		
Urinary problem (Condicion urinario)	Yes or No		
Orthopedic problem (Problema ortopedico)	Yes or No		
Skin condition (Condicion de la piel)	Yes or No		
Scoliosis (Escoliosis)	Yes or No		
Frequent colds (Resfrio frecuentes)	Yes or No		
Frequent sore throats (Dolor de garganta frecuente)	Yes or No		
Nosebleeds (Sangramiento por la nariz)	Yes or No		
Persistent cough (Tos persistente)	Yes or No		
Hearing problem (Problemas de oido)	Yes or No		
Earache/Ear Infections (Dolor de oido/Infecciones de oido)	Yes or No		
Frequent headaches or migraines (Los Dolores de cabeza o migrana frecuentes)	Yes or No		
Frequent Stomach Aches (Dolor de estomago frecuentes)	Yes or No		
Frequent tooth aches (Dolor de muelas frecuentes)	Yes or No		
Surgeries(Cirugia)	Yes or No		
Serious injuries (Lastimaduras Seria)	Yes or No		
Scarlet Fever (Escarlatina)	Yes or No		
Wears glasses or contacts (Unsan lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, medica	Yes or No		

Other) (Alergia (incluir comida, medicacion, Otras cosas que causan alergias),			
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Doctor's Name _____ Phone: () _____

Dentist's Name _____ Phone: () _____

Preferred Hospital _____

Does student have any medical concerns, allergies, or chronic illnesses: If yes, please specify: _____

Does child take medication on a regular basis? If yes, please specify _____

Incase of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Form completed by: _____

Relationship to Child _____

 Parent or legal court ordered guardian signature

 Date



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: _____

Date of Birth: _____

**Parent/
Guardian Signature:** _____ **Date:** _____

(For Office Use Only)

Student ID: _____

SAIS ID:

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Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal del Estudiante excluyendo el inglés (PHLOTE)
Encuesta sobre el idioma principal del estudiante

La pregunta está en conformidad con A.R.S. §15-756. Identificación de los Alumnos que están aprendiendo el inglés

La respuesta que proporcione a la pregunta siguiente será usada para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

¿Cuál es el idioma principal que usa su estudiante?

Idioma: _____

Nombre del estudiante: _____

Fecha de nacimiento: _____

Firma del padre o tutor: _____ **Fecha:** _____

(For Office Use Only)

Student ID: _____

SAIS ID:

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ORACLE SCHOOL DISTRICT#2

ANNUAL NOTIFICATION TO PARENTS REGARDING CONFIDENTIALITY OF STUDENT EDUCATION RECORDS

Dear Parents:

The Oracle School District Governing Board has established written policies regarding the collection, storage, retrieval, use, and transfer of student educational information collected and maintained pertinent to the education of all students to ensure the confidentiality of the information to guarantee parents and students' right to privacy. These policies and procedures are in compliance with:

The family Education Rights and Privacy Act; Title 20, United States Code, Sections 1232g and 1232h; and the Federal Regulations (34CFR, Part 99) issued pursuant to such Act:

The Education of All Handicapped Children Act; Title 20, United States Code, Sections 1412 (2) (D) and 1417 ©; and the Federal Regulations (34 CFR 300.560-300.574) issued pursuant to such Act: and

Arizona Revised Statutes, title 15, Section 141.

Student education records are collected and maintained to help in the instruction, guidance, and educational progress of the student; to provide information to parents and staff; to provide a basis for the evaluation and improvement of school programs; and for legitimate educational research. The student records maintained by the district may include, but are not necessarily limited to, identifying data; report cards and transcripts of academic work completed; standardized achievement test scores, attendance data; reports of psychological testing; health data, teacher or counselor observations; and verified reports of serious or recurrent behavior patterns.

These reports are maintained in the administrative offices at Oracle Ridge and Mountain Vista and are available only to the teachers and staff working with the student. If your son/daughter should transfer to another school, these records will be sent to the new school upon their request. Otherwise, records are not released to most agencies or persons without prior written consent of the parent.

You have the right to inspect and review any and all records related to your child, including a listing of persons who have reviewed or have received copies of the information. Parents wishing to review their children's records should contact Todd Kissick , Principal, for an appointment. School personnel will be available to explain the contents of the records to you. Copies of student education records will be made available to parents when it is not practicable for you to inspect and review the records at the school. Charges for the copies of records will be actual cost of copying.

If you believe information in the record file is inaccurate or misleading, you have the right to request that a correction be made and to add comments of your own. If any time an agreement between the principal and parent cannot be reached, you may contact Todd Kissick , Superintendent, and request a hearing.

You shall be informed when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to your child. The information must be maintained for two years after the date your child was last enrolled in this school district.

Copies of the District Student Education Record Confidentiality Policies and Procedures may be reviewed in the principal's office in each school. Federal law also permits a parent to file a complaint with the Family Educational Rights and Privacy Act Office in Washington, D.C., if you feel the school is violating public school records policies and statutes.

I have had an opportunity to ask questions about the information provided on the sheet entitled "Confidentiality of Certain School Records (Psychological/Special Educational)" and understand what it means. It was provided for me in my primary language.

Parent/Guardian Name

Date

PERMISSION FORM AND RELEASE OF CLAIMS

ORACLE SCHOOL DISTRICT #2

Permission to participate in off campus activities (e.g., field trips, H.O.P.E walk, etc.)

I hereby give my child _____ permission to participate in the off campus activities operated as a part of the school curriculum.

Release of Claims

I hereby fully release and discharge the Oracle School District #2 and its officers, agents and employees from any and all claims resulting from injuries, including death personal injury, damages and losses to property sustained by my minor child arising out of or in any way connected with the activities of the program(s), except for those injuries caused by the willful and wanton acts of omissions of the District and its officers, agents or employees are not released.

Medical Treatment Permission

In the event of an emergency, I authorize the Oracle School District #2 its officers, agents, and employees to secure from any licensed hospital, physician or other medical care provider any treatment deemed necessary for my minor child's immediate care provider any treatment deemed necessary for my minor child's immediate care. I will be responsible for any and all medical services rendered.

I have read and fully understand the release of claims and the permission for medical treatment. I understand that my signature is required below in order for my child to participate in the activities of the Oracle School District #2.

Signature of Parent or Guardian

Date

Printed Name

Address

Oracle School District #2

Permission to Photograph

I give the Oracle School District my permission for my (son/daughter), _____, to be photographed and identified by name, grade and any other information for the purpose of news articles and pictures in the newspaper or through school projects, which acknowledge my child's achievements and accomplishments, as well as his/her participation in sports and other activities.

Parent signature

Date

ORACLE SCHOOL DISTRICT #2
725 N. CARPENTER DR., ORACLE, AZ 85623 (520) 896-3080

HEALTH AND DEVELOPMENTAL HISTORY

The following questionnaire requests information from you about your child's health and development. This information is necessary in order to assess the needs of your child and assist in the evaluation process. Please complete and return to your child's school as soon as possible. If you have any questions please call 896-3080

Date completed: _____

Student Name: _____ Birth Date: _____ Grade: _____

Ethnic Origin: _____ Birth place: _____

Primary Language at home: _____ of the child: _____

Mailing address: _____ City: _____ Zip Code: _____

	Family Member Names	Age	Occupation	Living at home?	Education
Biological Father:					
Biological Mother:					
Brother(s):					
Sister(s):					
Step/ Foster/ Adopted/ Guardian Mother:					
Step/ Foster/ Adopted/ Guardian Father:					

If a stepparent, what was the child's age when you became stepparent? _____

If child was adopted or is a foster child, what was the date of home placement? _____

Has child ever lived away from home? _____ If yes, please explain: _____

MEDICAL HISTORY

List any problems you had during pregnancy or birth: _____

List any serious health problems/accidents that your child had during his/her preschool years:

What age were they at the time:_____ Are there still problems:_____

Does your child have allergies:_____ If yes, please indicate: _____

Does your child take medication every day for an ongoing illness?_____ If yes, please explain:_____

Does your child take any vitamins?_____ Laxatives?_____

Please check any that may apply to your child:

- | | |
|---|--|
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Worries a lot |
| <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Frequent earaches | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Frequent stomachaches | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Hereditary disease | <input type="checkbox"/> Valley fever |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Broken bones |
| <input type="checkbox"/> Persistent hoarseness | <input type="checkbox"/> Head injuries |
| <input type="checkbox"/> Tires easily | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Angers easily | <input type="checkbox"/> Toothaches |
| <input type="checkbox"/> Fever related seizures | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Tuberculosis or contact |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Chicken pox |
| <input type="checkbox"/> Pain in legs | <input type="checkbox"/> Has fears |
| <input type="checkbox"/> Facial tics | |

Indicate date of child's last Physical Examination: _____

Were there any abnormal findings? Explain: _____

Does your child wear glasses? _____ Eye exam date: _____

Does your child have difficulty hearing? _____ If YES please explain: _____

FAMILY HEALTH

Please list any serious health problems with other members of the family: _____

BEHAVIOR

Please describe your child's behavior in the following situations:

How does your child get along with brothers and sisters? _____

How does your child react to criticism? _____

How does your child get along with peers, friends? _____

Describe self-care skills such as dressing, eating, etc.? _____

Explain sleeping habits: _____

Describe a typical day for your child: _____

DEVELOPMENTAL MILESTONES

At what age did your child start to do the following?

Sit by themselves: _____ Walk: _____ Say a complete word: _____

Toilet trained: _____

Did your child keep adding on words once he or she started to talk? _____

Did speech learning ever seem to stop for a period? _____

Has your child ever spoken better than he or she does now? _____

EDUCATIONAL HISTORY

Is there any history of parents' difficulty in school?

Mother: Reading_____ Math_____ Spelling_____

 Writing_____ Other_____

Father: Reading_____ Math_____ Spelling_____

 Writing_____ Other_____

Please list any schools your child has attended up to this date: _____

If child has previously been in school, has he/she missed a number of school days? _____

If YES please explain why: _____

Has child ever received special services? Such as:

Speech_____ ESL_____ TAG_____ OT_____ PT_____

Special Education Classes _____ Title 1_____ RT_____

Has your child ever been retained in a grade? _____ If YES, what grade? _____

HOME & NEIGHBORHOOD INFORMATION

Does child demonstrate any special skills or abilities that might be considered a talent?
(Drawing very well, fixing things, good communication skills, high vocabulary, etc.)

What are the child's special interests or hobbies? (Animals, collections, sports, etc.)

What activities does the child like to do at home? (Read, color, listen to music, watch T.V.,
model building, legos, etc.) _____

What kinds of chores does the child do at home? _____

Is your child able to go to the store, movies, library, school, and so forth alone? _____

Please explain any concerns you have: _____

ENROLLMENT AGREEMENT
ORACLE RIDGE LEARNING CENTER

(O.R.L.C.)

2010-2011

*****PLEASE READ THOROUGHLY*****

Welcome to the Oracle Ridge Learning Center. We look forward to a healthy and happy relationship with you and your family. The following policies have been created to help ensure the smooth operation of the Center and the safety of all the children enrolled.

By initialing each paragraph and signing the bottom of this agreement and enrolling my child at Oracle Ridge Learning Center, I am acknowledging my understanding and acceptance of the following:

1. _____ I understand the hours of operation at The Oracle Ridge Learning Center.
Center is open from 6:00 a.m. to 6:00 p.m., Monday-Friday.
Pre-school hours are from 8:30 am – 11:00 am & 11:30 am – 2:00 am.
Day Care hours are from 6:00 am – 6:00 am Monday – Friday and from 2:00 pm to 6:00 pm Monday, Tuesday, Thursday & Friday and Wednesday from 12:00 pm – 6:00 pm.
The Center will be closed on most school holidays throughout the year. A letter or a notice will be sent home or posted noting any exceptions.
2. _____ A one time \$25.00 registration fee per family is due at the time of a new enrollment. If your child has been withdrawn from the program and subsequently re-enrolled, a new registration fee is due at that time. A lapse of attendance of more than 12 months results of new fee.
3. _____ **Tuition is payable in advance & in full. The weekly fee will be charged for each child attending whether they are here the whole week or any part of the week. Payments are due no later than the morning before the child enters the center. You may also pay bi-weekly or monthly. Your child will not be allowed to attend until the tuition is paid. Please see the attached Tuition Schedule.**
4. _____ All returned checks will be assessed a \$25.00 fee. If a bank returns two or more checks for insufficient funds, only money orders, cash or cashier's checks will be accepted for payment.
5. _____ An after hours fee will be assessed when a child is left beyond the center's operation hours. The after hours fee does not constitute an agreement to provide after hours services. Chronic lateness at closing time may be grounds for termination of service. **A Late charge of \$1.00 per minute per child after 6:00 pm is payable at the time of pick up.** This charge will apply to any and all students/clients. Maximum charge is \$30.00.
6. _____ If you or another authorized person fail to pick up child and/or contact the center, and cannot be reached, center staff, within thirty minutes after closing time, or in accordance with state licensing regulations, we may release children to the custody of Child Protective Services or a representative of the Pinal County Sheriff Deputy.
7. _____ **To whom it may apply:** Pre-School academic hours are from 8:30 am -11:00 am and 11:30 am – 2:00 pm. Lateness to school disrupts class time. Pre-school age children must come to school on time and as often as possible. Oracle Ridge recommends your pre-schooler to be at school at least 3 days week. Pre-school students who are late will be place in the non-academic day care for the day. Charges in the non-academic day care will apply as usual.

ENROLLMENT AGREEMENT
ORACLE RIDGE LEARNING CENTER

(O.R.L.C.)

2010-2011

*****PLEASE READ THOROUGHLY*****

8. _____ ***To whom it may apply:*** If your pre-schooler will be or has been absent for more than 10 days, we must have a prior notice of vacation or proof of a medical excuse for a sickness or injury. This will inform *O.R.L.C.* to not withdrawal your child from school.

9. _____ The following items are required before your child may attend the center. Immunization records must be verified by the school nurse before entering, a copy of their birth certificate, completed and signed registration forms & Emergency form. Possible screening for hearing, vision, weight & height may be necessary before a pre-schooler enters the program.

10. _____ Field trips are a privilege for students at Oracle Ridge. Your child may have the opportunity to participate in special programs or field trips. Any student who is not on their best behavior may not be allowed to attend any field trip or participate in any special function. Notices will be posted in advance and a signed permission slip will be required in order for your child to participate.

11. _____ *O.R.L.C* staff will release your child only to you or to those persons you have listed on Emergency Form. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you would like an adult who is not on these forms to pick up your child, you must notify Center staff in advance, in writing or by phone. *When calling by phone, you may be asked to give the last four digits of your verification number that you have provided on the registration form. The Center will ask any person other than yourself who picks up your child to provide photo identification. For safety, accuracy and maintenance of emergency records, it is critical to ***sign*** children ***in*** and ***out*** of the building using your assigned PIN number. To ensure the safety of our Center and yourself, do not share your PIN number.

12. _____ The Center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the Center from opening on time or at all will be posted.

13. _____ The center reserves the right to alter the policies and fees for the program status at anytime.

I have read, understand and accept all terms and conditions described in this agreement.

Child's Name: _____

Parent/Guardian

Signature _____ ***Date*** _____

Parent/Guardian

Signature _____ ***Date*** _____

TUITION PAYMENT SCHEDULE AND FEES

Oracle Ridge Learning Center

2010 – 2011

Tuition must be payable in full. The weekly fee will be charged for each child attending whether they are here the whole week or any part of the week. Payments are due no later than the morning before the child enters the center. You may also pay bi-weekly or monthly. Your child will not be allowed to attend until the tuition is paid.

All returned checks will be assessed a \$25.00 fee. If a bank returns two or more checks for insufficient funds, only money orders, cash or cashier's checks will be accepted for payment.

An after hours fee will be assessed when a child is left beyond the center's operation hours. The after hours fee does not constitute an agreement to provide after hours services. Chronic lateness at closing time may be grounds for termination of service.

A late charge of \$1.00 per minute per child after 6:00 pm is payable at the time of pick up.

This charge will apply to any and all students/clients.
Maximum late charge is \$30.

q Full Day- \$120 per week

q Half Day- \$60 per week

I have read, understand and accept all the terms and conditions described in this Tuition Payment Schedule and Fees.

Child's Name: _____

Parent/Guardian

Signature: _____