Village Preschool of Portland, Inc.
Application Packet

Date this form was submitted: _____

Please return completed forms, along with the $100 non-refundable application fee by mail to: Village Preschool of Portland, P.O. Box 19449, Portland, OR 97280. You may also return your completed forms via email to info@villagepreschoolofportland.com

Your Child

Child's Name (first, middle, last)		
What name does your child prefer to go by?		
Birth Date:	Gender: Male Female	
Which class is your child applying for? (circle one)	If your child is 3 years old by Nov. 1st & *potty trained*, they are eligible for the Junior Class	If your child is 4 by Sept. 1st they are eligible for the Senior Class
Number of School Days ____ *We make our best effort to honor family preference for school days.*	Juniors may choose 2-4 days a week. Please rank your preferred school days 1-4. Mon.___ Tues.___ Wed. ___ Thurs.___	Seniors may choose 3-5 days a week. Note that ***Fridays are Seniors Only***. Please rank your preferred school days 1-5. Mon.___ Tues.___ Wed. ___ Thurs.___ **Fri.___**

Family and Contact Information

Name of Parent/Guardian #1	Name of Parent/Guardian #2
Address	Address (if different than #1)
Phone #1 Phone #2	Phone #1 Phone #2
email	email
Preferred Method of Communication (please circle one): Phone Text Email *This information will be included on class rosters.	Preferred Method of Communication (please circle one): Phone Text Email *This information will be included on class rosters.

This information might be helpful for members interested in setting up childcare exchanges, getting to know the community etc.

Sibling Name	Sibling Birth Date

Any special characteristics (physical or emotional) of your child? Any specific concerns (extended illness, speech problems, allergies, medications, death in the family, divorce, etc.)? Please use the back side of this form or attach another page as needed.

***Village Preschool does not discriminate on the basis of race, color, national or ethnic origin.**

Village Preschool of Portland

Health and Emergency Authorization Form

Date completed: _____

Child's Name (first, middle, last)	
Birth Date:	Weight:
Parent/ Guardian #1	Parent/ Guardian #2
Address	Address (if different from #1)
Home Phone	Home Phone
Cell Phone	Cell Phone
Work	Work

Emergency Contact Numbers

(List phone numbers in the order you wish the school to call, in case of an emergency.)

	Name	Relationship to the child	Phone Number	Description of Number (Mom cell, Dad work, Grandma, etc.)
#1				
#2				
#3				
#4				
#5				

Medical/Dental

Pediatrician	Phone
Dentist	Phone
Please list any other medical professionals your child has that may need to be contacted by medical staff in an emergency (allergist, cardiologist …etc.)	
Name	Phone

Insurance

Insurance	
Employer	Employer Phone
Subscriber	Subscriber ID
Group ID	

Consent for Medical Treatment

_____ By my initials, I hereby authorize Village Preschool of Portland, Inc. (VPS) to give consent for all medical and/or surgical treatment that may be necessary for my child during my absence or unavailability.

Health

Existing Medical Conditions
Current Medications and Dosages
Allergies *If your child has food allergies, please contact the VP/Membership Chair for additional forms.
Any special characteristics (physical or emotional) of your child? Any specific concerns (extended illness, speech problems, allergies, medications, death in the family, divorce, etc.)? Please attach another page if necessary.

The above-named child has had the proper immunizations and is physically fit to attend Village Preschool. Parent Signature:

_____ Date: _____

Authorized Pick Up List

Please list the **first and last name and phone number** of anyone (e.g., babysitter, neighbor, another Village parent, grandparent) who is authorized to pick your child up at school.

First Name	Last Name	Relationship to the Child	Phone Number(s)

Revised 1.05.23

Village Preschool of Portland, Inc.
Membership Agreement Form

Child's Name: _____

Village Preschool, a cooperative preschool, provides a wonderfully enriching experience for children and parents alike. Of course, a "cooperative" preschool by definition demands the active participation of all of its members. The following is Village Preschool's membership agreement, a covenant that ensures the smooth operation of the entire school program.

By signing below, you demonstrate your willingness to become a member of Village Preschool and fulfill your family's obligations to the school. More importantly, you make a commitment to creating the best possible learning environment for your child.

AS A MEMBER OF VILLAGE PRESCHOOL, I AGREE TO:

1. Turn in registration, health and emergency authorization, immunization forms, and any other required paperwork to the Vice President or other appropriate person before my child begins attending Village Preschool.

2. Read the school handbook carefully, and complete page 1 for my records. The handbook will be distributed at the Fall Orientation Meeting. (Please contact the Membership Chair for the current year's handbook if you wish to read it before signing below).

3. Complete an Oregon Department of Education Criminal History Background Check request form for everyone who will parent help or drive on field trips. The results of the background check will be confidential and will be handled on a case-by-case basis.

4. Perform my Village Preschool job, including reading and consulting my job folder and asking for guidance from the appropriate person if I do not understand my duties.

5. Pay the operating fee, any other fees, and first month's tuition by Fall Orientation. The operating fee is typically collected at the Spring Membership Meeting of the preceding year.

6. Pay tuition by check by the 1st of each month and no later than the 10th of the month.

7. Attend all mandatory meetings (up to five) or agree to pay the appropriate fee for my absence, or make up the absence with an outside job as assigned by the Lead Teacher or Board if available.

8. Arrive at school by 8:45 a.m. on the days I am scheduled to parent help in the classroom.

9. Arrange in advance to swap parent help shifts if necessary, using the emergency alternate only in the case of a true emergency.

10. Fulfill the $500 fundraising requirement for the year, as well as participate in and attend the Silent Auction fundraiser. In the event that our family is unable to meet the fundraising requirement, we agree to reach out to the Fundraising Chair to identify an alternative arrangement.

11. Sign up and participate in work party requirements (2 per family per year or 1 per Board Member family per year).

Parent's Name: _____ Date: _____

Signature: _____