

CLASSROOM _____
ENTRY DATE _____
WEEKLY TUITION _____
SCHEDULE _____

----- DIRECTOR - INFORMATION - AREA-----

SORRENTO DAY CARE, INC.

12650 SW BROCKMAN RD.
BEAVERTON, OR 97008
503-524-3972

STUDENT INFORMATION:

CHILD'S NAME _____ DOOR CODE# _____

BIRTH DATE _____ PUBLIC SCHOOL _____

HOME ADDRESS _____

HOME PHONE _____

PREVIOUS SCHOOL(S) _____

PLEASE GIVE US ANY SPECIAL INFORMATION REGARDING HOME LIFE OR TRANSITIONS THAT YOUR CHILD MAY BE EXPERIENCING THAT WILL HELP US IN SUPPORTING A SUCCESSFUL INTEGRATION TO OUR PROGRAM _____

PARENT/GUARDIAN INFORMATION:

1. NAME _____

HOME ADDRESS: _____

CELL PHONE: () _____

SOCIAL SECURITY# _____

EMPLOYER _____

OCCUPATION _____

WORK ADDRESS: _____

WORK PHONE NUMBER _____

WORK HOURS _____

2. NAME _____

HOME ADDRESS: _____

CELL PHONE: () _____

SOCIAL SECURITY# _____

EMPLOYER _____

OCCUPATION _____

WORK ADDRESS: _____

WORK PHONE NUMBER _____

WORK HOURS _____

OTHER CHILDREN IN THE HOME:

_____ AGE _____

_____ AGE _____

ALTERNATE PERSON(S) WHO ARE AUTHORIZED TO PICK UP MY CHILD IN AN EVENT OF OUR ABSENCE:

NAME / RELATIONSHIP _____ PHONE _____

NAME / RELATIONSHIP _____ PHONE _____

NAME / RELATIONSHIP _____ PHONE _____

NAME / RELATIONSHIP _____ PHONE _____

I understand my child must be picked up from SORRENTO DAY CARE, INC. if he/she is ill, per the Oregon Child Care Division Rules and Regulations. Examples of illness: A fever of 100 DEGREES under the arm, an unexplained rash, 2 or more runny bowel movements in an hour or two, vomiting, excessive coughing, etc. and may not return until my child has been symptom free for 24 hrs or has a Doctor's note to return to care. I further understand that in an event of an emergency, SORRENTO DAY CARE, INC. will call 9-1-1 and may have my child transported in an ambulance at my expense.

Signature of Parent/Guardian

Date

MISCELLANEOUS:

ALL CHILDREN UNDER THE KINDERGARTEN AGE OF 5 YEARS OLD WILL NOT BE TRANSPORTED IN THE FIELD TRIP VAN OR PRIVATE MOTOR VEHICLE AT ANY TIME. ALL CHILDREN OF **3 YEARS OLD TO 12 YEARS OLD** TAKE WALKING FIELD TRIPS TO NEARBY PARKS AND SCHOOLS THROUGHOUT THE YEAR. KINDERGARTEN (5 YEARS OLD) TO SCHOOLAGE (12 YEARS OLD) WILL BE PERIODICALLY TAKING TRIPS ON THE FIELD TRIP VANS AND PRIVATE MOTOR VEHICLES.

_____ YES _____ NO MY CHILD MAY BE TAKEN ON FIELD TRIPS OR WALKS ACCORDING TO THE INFORMATION STATED ABOVE.

_____ YES _____ NO MY CHILD MAY HAVE HIS/HER PICTURE TAKEN AND USED FOR PUBLICITY OR NEWS PURPOSES...SUCH AS BROCHURES, OR THE COMPANY WEBSITE, TV OR RADIO.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Tuition Contract Agreement

I understand that I will be required to choose a contracted schedule between 3 and 5 days per week and That I will be responsible for payment of that schedule regardless of attendance or school closures unless I have previously arranged with the Director to use my 1 week per year allowable tuition free vacation time, 2 weeks in advance. I understand if I am to leave Sorrento Day Care at any time, or go on a leave of absence, I am to submit a 2 week notice in written form and be current with my payments for my child's care/schooling. I understand and agree to pay for the listed supply and summer fees listed on the tuition schedule as they pertain to or become relevant to my child's currently enrolled classroom.

I WILL BE PAYING TUITION IN ADVANCE: _____ WEEKLY _____ BI-WEEKLY _____ MONTHLY

I understand tuition is due on Monday/Tuesday by 6PM of the week of care for my child to attend Sorrento Day Care. Any changes to my payment schedule will be approved by the Director. If payment is not paid timely, I understand services for my child's daily child care and schooling will be suspended until payment is received. Any outstanding balances can be submitted to a credit agency at anytime. If I were to re-enroll my child at a later time, the REGISTRATION FEE cannot be waived.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

BILLING INFORMATION – CASH, MONEY ORDERS AND CHECKS ONLY – SORRY NO VISA/DEBIT

ALL TUITION IS DUE IN ADVANCE OF CARE: **BY MONDAY /TUESDAY AT 6:00PM**

ANYTHING AFTER TUESDAY AT 6PM WILL BE CHARGED A **LATE FEE OF \$25.00.**

IF YOU HAVE A **NON-SUFFICIENT FUNDS CHECK** THERE IS A (NSF FEE) OF AN ADDITIONAL **\$25.00 AND** A LATE FEE OF **\$25.00** FOR NOT PAYING TIMELY IS ADDED TO ANY NSF CHECK FEE, MAKING A **TOTAL OF \$50.00.** ANY FAMILY THAT HAS UP TO **2 NSF CHECKS** WILL BE REQUIRED TO PAY BY **MONEY ORDER OR CASH ONLY** AND WILL NEED TO RECEIVE A RECEIPT UPON PAYMENT.

PLEASE CHECK THE APPROPRIATE SCHEDULE FOR YOUR CHILD/CHILDREN:

INFANT FULL TIME: 3-5 DAYS MON TUES WED THU FRI

WOBLER FULL TIME: 3-5 DAYS MON TUES WED THU FRI

TODDLERS (2 years) thru SCHOOL AGE (12 years)

Please check days of needed care/schooling below:

DAYS OF ATTENDANCE: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TODDLER (24 mos. to 36 mos.)

FULL TIME: 3-5 DAYS: MON TUES WED THU FRI

PRESCHOOL /PRE-KINDERGARTEN (3 years to 4 years)

MORNING PRESCHOOL 8:30-12:30 Includes Lunch and P/U before Nap

HALF DAYS 6:30-11:30 AM OR 2:00-6:00 PM

FULL DAYS 6:30-6:00 (10 hr. MAX)

ELEMENTARY SCHOOL VAN RUNS (K'S AND S/A)

MORNING CARE/DROP-OFF 6:30-7:45/8:00AM

AFTERNOON CARE/PICK-UP 2:30-6:00PM

BEFORE AND AFTER SCHOOL CARE 6:30-7:45/8:00AM and 2:30-6:00PM

Child Information

Child's Name _____

Nickname _____

Has your child been in care previously? No Yes

If So, what type of care and how long? _____

Reason for requesting Care: _____

Child General Information- Please Include any information you feel would be helpful.

Likes and dislikes _____

Eating Schedule and Habits/Challenges _____

Toileting Schedule and Habits/Challenges _____

Sleeping Schedule and Habits/Challenges _____

Play _____

Fears _____

How does your child feel comforted? _____

Language(s) Spoken at Home: _____

Any special words or communication skills used by the child _____

Is there any family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us? _____

Does your child have any education special needs (IFSP, etc.) No Yes If So, please list any health partners or providers you would like us to know about _____

CREDIT INFORMATION – CONFIDENTIAL AND PRIVATE

1. NAME _____ SS# _____ - _____ - _____
CURRENT ADDRESS _____

DO YOU OWN OR RENT? _____
LANDLORD OR MORTGAGEE _____
PHONE NUMBER _____

PREVIOUS ADDRESS _____

HOW LONG WERE YOU THERE? _____
NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATION _____
ADDRESS _____
PHONE NUMBER _____

2. NAME _____ SS# _____ - _____ - _____
CURRENT ADDRESS _____

DO YOU OWN OR RENT? _____
LANDLORD OR MORTGAGEE _____
PHONE NUMBER _____

PREVIOUS ADDRESS _____

HOW LONG WERE YOU THERE? _____
NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATION _____
ADDRESS _____
PHONE NUMBER _____

CREDIT REFERENCES (Used only to locate you in the event of an unpaid balance upon departure)

NAME _____ ADDRESS _____

PHONE # _____

NAME _____ ADDRESS _____

PHONE # _____

NAME _____ ADDRESS _____

PHONE # _____

