



**West Linn-Wilsonville School District
2012-2013 Preschool Program**

West Linn-Wilsonville School District will offer preschool programs at three of our primary schools, two in Wilsonville and one in West Linn. Programs offered at the three locations are detailed below. Registration paperwork can be picked up at any of our primary schools or downloaded from the district website. A non-refundable deposit (\$125.00) is required with registration and goes towards the first month's tuition. In the event that a class does not fill and an alternate placement cannot be made for your child, we will notify you as soon as possible and return your deposit. Parents will need to provide transportation for their child. Out-of-district enrollment will be accepted on a space-available basis.

Registration begins January 10, 2012. For further information, please call one of the schools listed below.

BOLTON PRIMARY SCHOOL 5933 SW Holmes Street, West Linn (503) 673-7900	
Age	THREE or FOUR years old on or before September 1, 2012
Session	5 day Morning program: Monday – Friday, 8:45 a.m. – 11:45 a.m.
Tuition	\$3,850.00 (Payment may be made in 9 monthly installments of \$428)
Age	FOUR years old on or before September 1, 2012
Session	5 day Afternoon program: Monday – Friday, 12:30 p.m. – 3:30 p.m.
Tuition	\$3,850.00 (Payment may be made in 9 monthly installments of \$428)
Age	THREE or FOUR years old on or before September 1, 2012
Session	3 day Morning program: Tuesday, Wednesday, and Thursday, 8:45 a.m. – 11:45 a.m.
Tuition	\$2,320.00 (Payment may be made in 9 monthly installments of \$258)
Age	First Teacher: Parent and Toddler Together Class 12 – 36 MONTHS OLD on or before September 1, 2012
Session	1 day a week program: Monday or Friday, 9:00 a.m. – 11:00 a.m.
Tuition	\$800.00 (Payment may be made in 8 monthly installments of \$100)
BOONES FERRY PRIMARY SCHOOL 11495 SW Wilsonville Road, Wilsonville (503) 673-7300	
Age	FOUR years old on or before September 1, 2012
Session	5 day Morning program: Monday – Friday, 8:00 a.m. – 11:00 a.m.
Tuition	\$3,850.00 (Payment may be made in 9 monthly installments of \$428)
Age	FOUR years old on or before September 1, 2012
Session	5 day Afternoon program: Monday – Friday, 11:45 p.m. – 2:45 p.m.
Tuition	\$3,850.00 (Payment may be made in 9 monthly installments of \$428)
LOWRIE PRIMARY SCHOOL Please register at Boones Ferry Primary School (address and phone number above)	
Age	THREE or FOUR years old on or before September 1, 2012
Session	3 day Morning program: Tuesday, Wednesday, and Thursday, time TBD
Tuition	\$2,320.00 (Payment may be made in 9 monthly installments of \$258)
Age	FOUR years old on or before September 1, 2012
Session	5 day Afternoon program: Monday – Friday, time TBD
Tuition	\$3,850.00 (Payment may be made in 9 monthly installments of \$428)

Name: _____
(Last Name then First Name)

West Linn - Wilsonville School District #3Jt Registration Form

For Office Use Only:

Teacher/Counselor: _____

Last Name: _____ **First Name:** _____
Middle Name: _____ **Preferred Name:** _____
Grade Level: _____ **Date of Birth:** _____
Gender: ___ Male ___ Female **Birthplace:** _____
Ethnicity: Hispanic/Latino? ___ Yes ___ No
Race (check all that apply) : ___ Amer Indian/Alaskan Native ___ Asian
 (You must select at least one.) ___ Black or African American ___ Native Hawaii/Pac Islander
 White

Student Cell Phone/Texting: Schools may begin contacting students via cell phone or text messaging. Please provide the following information if your student has a cell phone or text messaging device.
Cell Number: _____ **Service Provider:** _____
 ___ I do NOT approve of the school using my child's cell phone or text messaging for communications.

Parent/Guardian Info: *The address provided must be the student's primary residence.*
Relationship: Mother / Father / Other (Please Specify): _____
Last Name: _____ **First Name:** _____
Home Address: _____ **City/Zip:** _____
Mailing Adr: _____ **County:** _____
Email: _____
Initial to Confirm the Above Address is the Student's Residence: _____
Home Phone: _____ **Work Phone:** _____
Home Phone Unlisted? Yes No **Employer:** _____
Cell Phone: _____ **Occupation:** _____
Additional Parent/Guardian (at same address):
Relationship: Mother / Father / Other (Please Specify): _____
Last Name: _____ **First Name:** _____
Work Phone: _____ **Employer:** _____
Cell Phone: _____ **Occupation:** _____
Email: _____

Extra Mailing Information:
 Under certain circumstances, the district is willing to send second mailings, for example, to non-custodial parents. If a second mailing is desired, please provide the information below:
Last Name: _____ **First Name:** _____
Relationship: _____ **Email:** _____
Home Address: _____ **City/Zip:** _____
Mailing Adr: _____
Home Phone: _____ **Work Phone:** _____
Home Phone Unlisted? ___ Yes ___ No **Employer:** _____
Other Phone: _____ **Occupation:** _____
 Describe the circumstances that you believe warrant a second mailing:

Legal/Custody Documents:
 Please list the names of anyone who has legal guardianship of this child: _____
 Are there legal documents concerning the custody of this child? ___ Yes ___ No
 If Yes, you will need to provide copies of the documents when submitting this form.

Other Emergency Contacts: The parties (include the Day Care Provider, if appropriate) listed below are authorized to pick up this child from school and to make decisions regarding cases of emergency, serious illness, or accident.

Name	Home Phone/Work Phone/Other Phone	Relationship
_____ / _____ / _____	_____ / _____ / _____	_____
_____ / _____ / _____	_____ / _____ / _____	_____
_____ / _____ / _____	_____ / _____ / _____	_____

Siblings: Please list the names, ages, grades, and schools of any siblings:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous School(s) (Name, Location, & Dates): _____

Medical Information: (Please include first and last names of Doctor and Dentist.)
Doctor: _____ **Phone:** _____
Dentist: _____ **Phone:** _____
 I hereby authorize school personnel to obligate me for Emergency Medical Services and Transportation.
 ___ Yes, my child should be taken to _____ (Indicate Preferred Hospital/Clinic).
 ___ No
 Objection to Medical Treatment: ___ Yes ___ No Last Tetanus immunization date: _____
Medical Conditions: Please check all conditions that apply and elaborate below:
 ___ Life-Threatening Allergies ___ Heart disease ___ Orthopedic problems
 ___ Asthma ___ Kidney disease ___ Hearing problems
 ___ Seizure disorder ___ Diabetes ___ Vision problems
 Details/Other Health Concerns: _____

Medications Taken/Dosage: _____
Insurance:
 Company: _____ Policy Number: _____

Permission Denials: (Initial each item for which you deny permission):
 ___ I do not approve of my child being photographed or videotaped for educational purposes, including usage of such on the school or district website.
 ___ Some schools produce a school phone directory. I do not approve of my student being included in the directory.
 ___ (For HS Age Students ONLY) I do not approve of my student being included in data sent to the military for recruiting purposes.

(Front)

Please continue on the back side of this form.

(Front)

West Linn - Wilsonville School District #3Jt
Registration Form

For Office Use Only:

Name: _____
(Last Name then First Name)

Teacher/Counselor: _____

Bus Information (If Known):
Morning Bus _____ Afternoon Bus: _____

Special Services (please check any areas in which your child has received special services in the last year):

Title I Gifted Education Special Education (IEP)
 ESL (English as a Second Language) 504 Plan Other: _____

Emergency Early Closure Plan (For Primary School Children Only) - If school should close early, what should your child do (*Please choose ONLY two*):

Take the bus home and can get into the house. Take the bus and stay with _____.
 Will be picked up by _____ Is to walk home and can get in the house.
 Is to take the bus to _____ day care.
 Alternate Plan: _____

Language Survey:

What is the student's primary language? _____ What language(s) are spoken at home? _____
Have you moved during the past three years for the purpose of obtaining seasonal or temporary employment in agriculture, forestry, or fishing? ___ Yes ___ No
Has this student ever missed more than 3 months of school? ___ Yes ___ No
If yes, when? _____

Complete these questions only if English is not the only language listed above.

Father's Native Language _____ Mother's Native Language _____
What language is most often used by adults in the family? _____ What language did the student learn first? _____
What language does the student use to communicate with the adults at home? _____
What language does the student use most often to communicate with friends? _____
Name of person who assists your family with English communication with the school. _____

All information provided on both sides of this form is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____



West Linn-Wilsonville School District

**PRESCHOOL – 3 DAYS/WEEK PROGRAM
(Three or four years old on or before 9/1/12)
2012-2013 TUITION AGREEMENT**

Please complete this form and return to the school office with your \$125.00 non-refundable deposit. Please make check payable to: **West Linn-Wilsonville School District**. The deposit applies towards the first month's tuition.

AGREEMENT FOR PAYMENT OF TUITION

Payment for the 2012-2013 school year will total \$2,320.00, which may be made using one of two payment plans. **Make checks payable to: West Linn-Wilsonville School District.**

Option 1: **A single payment** of \$2,320.00 which is due before the first day of school.

Option 2: **9 payments** in the amount of \$258.00 due the first day of each month.

The first payment is due in your school office before school begins. You may mail or hand-deliver your check to the school office. Following the initial payment, an invoice will be sent to you on the 25th of each month. If payment is not received, a 2nd notice will be sent on the 10th of the month. If we do not receive payment by the end of a given month the principal will contact you to consider alternatives.

Student's Name: _____

I acknowledge that my deposit is non-refundable unless West Linn-Wilsonville School District cannot provide placement. I understand the deposit will be applied to the first month's tuition. I agree to the payment requirements as stated above. *Please be aware that we will hold your deposit until a placement has been made.

Parent or Legal Guardian

Date

School Principal

Date



West Linn-Wilsonville School District

**PRESCHOOL – 5 DAYS/WEEK PROGRAM
(Three or four years old on or before 9/1/12)
2012-2013 TUITION AGREEMENT**

Please complete this form and return to the school office with your \$125.00 non-refundable deposit. Please make check payable to: **West Linn-Wilsonville School District**. The deposit applies towards the first month's tuition.

AGREEMENT FOR PAYMENT OF TUITION

Payment for the 2012-2013 school year will total \$3,850.00, which may be made using one of two payment plans. **Make checks payable to: West Linn-Wilsonville School District.**

Option 1: **A single payment** of \$3,850.00 which is due before the first day of school.

Option 2: **9 payments** in the amount of \$428.00 due the first day of each month.

The first payment is due in your school office before school begins. You may mail or hand-deliver your check to the school office. Following the initial payment, an invoice will be sent to you on the 25th of each month. If payment is not received, a 2nd notice will be sent on the 10th of the month. If we do not receive payment by the end of a given month the principal will contact you to consider alternatives.

Student's Name: _____

I acknowledge that my deposit is non-refundable unless West Linn-Wilsonville School District cannot provide placement. I understand the deposit will be applied to the first month's tuition. I agree to the payment requirements as stated above. *Please be aware that we will hold your deposit until a placement has been made.

Parent or Legal Guardian

Date

School

Principal

Date



West Linn-Wilsonville School District

**PRESCHOOL – 5 DAYS/WEEK PROGRAM
(Four years old on or before 9/1/12)
2012-2013 TUITION AGREEMENT**

Please complete this form and return to the school office with your \$125.00 non-refundable deposit. Please make check payable to: **West Linn-Wilsonville School District**. The deposit applies towards the first month's tuition.

AGREEMENT FOR PAYMENT OF TUITION

Payment for the 2012-2013 school year will total \$3,850.00, which may be made using one of two payment plans. **Make checks payable to: West Linn-Wilsonville School District.**

Option 1: **A single payment** of \$3,850.00 which is due before the first day of school.

Option 2: **9 payments** in the amount of \$428.00 due the first day of each month.

The first payment is due in your school office before school begins. You may mail or hand-deliver your check to the school office. Following the initial payment, an invoice will be sent to you on the 25th of each month. If payment is not received, a 2nd notice will be sent on the 10th of the month. If we do not receive payment by the end of a given month the principal will contact you to consider alternatives.

Student's Name: _____

I acknowledge that my deposit is non-refundable unless West Linn-Wilsonville School District cannot provide placement. I understand the deposit will be applied to the first month's tuition. I agree to the payment requirements as stated above. *Please be aware that we will hold your deposit until a placement has been made.

Parent or Legal Guardian

Date

School Principal

Date



West Linn-Wilsonville School District

**FIRST TEACHER: PARENT AND TODDLER TOGETHER PROGRAM
(12 – 36 months old on or before 9/1/12)
2012-2013 TUITION AGREEMENT**

Please complete this form and return to the school office with your \$100.00 non-refundable deposit. Please make check payable to: **West Linn-Wilsonville School District**. The deposit applies towards the first month's tuition.

AGREEMENT FOR PAYMENT OF TUITION

Payment for the 2012-2013 school year will total \$800.00, which may be made using one of two payment plans. **Make checks payable to: West Linn-Wilsonville School District.**

Option 1: **A single payment** of \$800.00 which is due before the first day of school.

Option 2: **8 payments** in the amount of \$100.00 due the first day of each month. The first payment is due in your school office before school begins. You may mail or hand-deliver your check to the school office. Following the initial payment, an invoice will be sent to you on the 25th of each month. If payment is not received, a 2nd notice will be sent on the 10th of the month. If we do not receive payment by the end of a given month the principal will contact you to consider alternatives.

Student's Name: _____

I acknowledge that my deposit is non-refundable unless West Linn-Wilsonville School District cannot provide placement. I understand the deposit will be applied to the first month's tuition. I agree to the payment requirements as stated above. *Please be aware that we will hold your deposit until a placement has been made.

Parent or Legal Guardian

Date

School Principal

Date



**West Linn-Wilsonville School District
2012-2013 PRESCHOOL PREFERENCE FORM**

Child's Name _____ Birth Date _____

Parent's Name _____ Phone _____

From the options below please indicate which preschool session you would like your child to attend. Please (✓) any other sessions that would possibly suit the needs of your child. This information will aid us in setting up class sessions to meet the needs of our community. Knowing your preference will help us plan the appropriate number of sessions. We will try to hold preschool at each school listed below however, we may need to combine class lists from several schools to create a full session. If we cannot provide a session that meets your needs, we will refund your deposit.

Bolton Primary School

- THREE or FOUR years old Monday – Friday 8:45 a.m. – 11:45 a.m.
- THREE or FOUR years old Tuesday – Thursday 8:45 a.m. – 11:45 a.m.
- FOUR years old Monday – Friday 12:30 p.m. – 3:30 p.m.
- First Teacher: Parent and Toddler Together Class
12 – 36 MONTHS OLD 1 day a week program
Monday or Friday 9:00 a.m. – 11:00 a.m.

Boones Ferry Primary

- FOUR years old Monday – Friday 8:00 am – 11:00 am
- FOUR years old Monday – Friday 11:45 pm – 2:45 pm

Lowrie Primary School

- THREE or FOUR years old Tuesday – Thursday time TBD
- FOUR years old Monday – Friday time TBD