West Linn-Wilsonville School District
2017-2018 Preschool Registration Check-List

We welcome you and your child to Preschool!
It will be a wonderful year filled with learning and growing experiences.
Please begin by registering your child – registration begins January 3, 2017.

The checklist below includes the items you will need to enroll your child for the 2017-2018 school year. Please make sure all your forms are included to complete the enrollment process.

Student's Name _____ Date _____

1. District Registration Form (two pages; be sure to sign and date)

2. Preschool Preference Form (choice of location and program).

3. Tuition Agreement Form (complete the form for the specific program you are registering for – e.g. 3 day/week program, 4 day/week program, 5 day/week program). If you need financial assistance, please contact the school office and speak with the principal.

4. Photo copy of Certified Birth Certificate (this can be from the state or the hospital).

5. Oregon Certificate of Immunization Record - don't forget to sign and date this form.

6. Vision Screening Form (All students age seven or younger entering an educational program for the first time must submit vision screening/eye examination certification within 120 days of the student beginning school).

7. Dental Screening Certification (All students age seven or younger entering an educational program for the first time must submit dental screening certification within 120 days of the student beginning school).

8. Proof of residence/address (examples: current utility bill, rental agreement – please make sure that you cover sensitive information).

If you have any questions, please contact a school office where a preschool program is located.

TO REGISTER: PLEASE BRING THIS CHECKLIST WITH YOUR FORMS TO THE SCHOOL.

West Linn-Wilsonville School District
2017-2018 Preschool Program

West Linn-Wilsonville School District offers preschool programs at six of our primary schools. The preschool program is tuition-based. Sessions and cost are detailed below. Out-of-district enrollment will be accepted on a space-available basis. Families who need financial assistance to access preschool may contact the school office and speak with the principal.

Parents will need to provide transportation for their child.

Registration begins January 3, 2017. For more information, contact one of the schools listed below.

Boeckman Creek Primary School - 6700 SW Wilsonville Road, Wilsonville 503·673·7750	
Age Session/Time Tuition	FOUR years old on or before September 1, 2017 5-Day Morning program: Monday, Tuesday, Wednesday, Thursday, and Friday / 8:30 am - 11:30 am $4,140.00 (Payment may be made in 9 monthly installments of $460.00) *Spanish Language Integration
Bolton Primary School - 5933 SW Holmes Street, West Linn 503·673·7900	
Age Session/Time Tuition	THREE or FOUR years old on or before September 1, 2017 3-Day Morning program: Monday, Tuesday, and Thursday / 8:30 am - 11:30 am $2,430.00 (Payment may be made in 9 monthly installments of $270.00)
Age Session/Time Tuition	THREE or FOUR years old on or before September 1, 2017 4-Day Morning program: Monday, Tuesday, Wednesday, and Thursday / 8:30 am - 11:30 am $3,312.00 (Payment may be made in 9 monthly installments of $368.00)
Boones Ferry Primary School - 11495 SW Wilsonville Road, Wilsonville 503·673·7300	
Age Session/Time Tuition	THREE or FOUR years old on or before September 1, 2017 5-Day Morning program: Monday, Tuesday, Wednesday, Thursday, and Friday / 8:00 am - 11:00 am $4,140.00 (Payment may be made in 9 monthly installments of $460.00)
Cedaroak Park Primary School - 4515 Cedaroak Drive, West Linn 503·673·7100	
Age Session/Time Tuition	THREE or FOUR years old on or before September 1, 2017 3-Day Morning program: Tuesday, Wednesday, and Thursday / 8:30 am - 11:30 am $2,430.00 (Payment may be made in 9 monthly installments of $270.00) *Spanish Language Integration
Age Session/Time Tuition	THREE or FOUR years old on or before September 1, 2017 4-Day Morning program: Monday, Tuesday, Wednesday, and Thursday / 8:30 am - 11:30 am $3,312.00 (Payment may be made in 9 monthly installments of $368.00)

Stafford Primary School - 19875 SW Stafford Road, West Linn 503·673·7200	
Age Session/Time Tuition	FOUR years old on or before September 1, 2017 4-Day Morning program: Monday, Tuesday, Wednesday, and Thursday / 8:30 am - 11:30 am $3,312.00 (Payment may be made in 9 monthly installments of $368.00) *Chinese Language Integration
Sunset Primary School - 2351 Oxford Street, West Linn 503·673·7200	
Age Session/Time Tuition	THREE or FOUR years old on or before September 1, 2017 3-Day Morning program: Tuesday, Wednesday, and Thursday / 8:30 am - 11:30 am $2,430.00 (Payment may be made in 9 monthly installments of $270.00) *Chinese Language Integration
Age Session/Time Tuition	FOUR years old on or before September 1, 2017 4-Day Morning program: Monday, Tuesday, Wednesday, and Thursday / 8:30 am - 11:30 am $3,312.00 (Payment may be made in 9 monthly installments of $368.00)

Name _____
(Last Name, 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 - you must select at least one) ___Native Hawaiian/Pac Islander
___American Indian/Alaskan Native ___ Black or African American ___Asian ___ White

Student Cell Phone/Texting: Schools may begin contacting students via cell phone or texting 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/test messaging for communication.

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 Address _____ 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 Address _____
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 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 _____
_____

District Nursing Staff will be in touch regarding specifics of these situations.

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.

___ I **do not** want any of my family's contact information disclosed by the school district. This means that school directories will not include my family's address, phone number, or email.

___ I **do not** want any other information about my child or my family to appear in any school publication. I understand that this means that my child will not be included in yearbooks, sports rosters, playbills, and other activity-related publications.

___ (For HS age student) 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)

For Office Use Only:
Bus Information (If Known)
AM_____ PM_____

Name_____ **West Linn Wilsonville School District #3JT Registration Form** Teacher/Counselor _____
(Last Name, First Name)

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 into the house. ___ Is to take the bus to _____ day care.

Alternate Plan _____
_____

Language Survey:

What language did the student learn first? _____

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 does the student use to communicate with the adults at home? _____

What language does the student use most often to communicate with friends? _____

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

Parent/Guardian Signature _____ Date _____

For office use only

☐ Verified proof of residency Document provided/examined _____ and verified by (initials) _____ Date _____
(check box) (type of document)

(BACK) (BACK)

West Linn-Wilsonville School District
2017-2018 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. If we cannot provide a session that meets your needs, we will refund your deposit.

Boeckman Creek Primary School

☐ 5-Day Program (AM) — Monday, Tuesday, Wednesday, Thursday, and Friday
FOUR years old — 8:30 am – 11:30 am
*Spanish Language Integration

Bolton Primary School

☐ 3-Day Program (AM) — Monday, Tuesday, and Thursday
THREE or FOUR years old — 8:30 am – 11:30 am

☐ 4-Day Program (AM) — Monday, Tuesday, Wednesday, and Thursday
THREE or FOUR years old — 8:30 am – 11:30 am

Boones Ferry Primary

☐ 5-Day Program (AM) — Monday, Tuesday, Wednesday, Thursday, and Friday
THREE or FOUR years old — 8:00 am – 11:00 am

Cedaroak Park Primary School

☐ 3-Day Program (AM) — Tuesday, Wednesday, and Thursday
THREE or FOUR years old — 8:30 am – 11:30 am
*Spanish Language Integration

☐ 4-Day Program (AM) — Monday, Tuesday, Wednesday, and Thursday
THREE or FOUR years old — 8:30 am – 11:30 am

Stafford Primary School

☐ 4-Day Program (AM) — Monday, Tuesday, Wednesday, and Thursday
FOUR years old — 8:30 am – 11:30 am
*Chinese Language Integration

Sunset Primary School

☐	3-Day Program (AM) THREE or FOUR years old *Chinese Language Integration	Tuesday, Wednesday, and Thursday 8:30 am – 11:30 am
☐	4-Day Program (AM) FOUR years old	Monday, Tuesday, Wednesday, and Thursday 8:30 am – 11:30 am

West Linn-Wilsonville School District

Cedaroak Park Primary School
2017-2018 PRESCHOOL TUITION AGREEMENT

3 DAYS/WEEK MORNING PROGRAM
(Three or four years old on or before 9/1/17)

*Spanish Language Integration

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 2017-2018 school year will total $2,430.00, 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 $2,430.00 which is due before the first day of school.

Option 2: **9 payments** in the amount of $270.00 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.

I understand participation in the West Linn-Wilsonville School District Pre-School Program is not considered "currently enrolled" for the purpose of K-12 Open Enrollment or Inter-District Transfer Requests.

*Please be aware that we will hold your deposit until a placement has been made.

_____ _____
Parent or Legal Guardian Date

For office use only:
Received: _____
Name: _____

Tax ID #93-6000234

West Linn-Wilsonville School District

Cedaroak Park Primary School
2017-2018 PRESCHOOL TUITION AGREEMENT

4 DAYS/WEEK MORNING PROGRAM
(Three or four years old on or before 9/1/17)

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 2017-2018 school year will total $3,312.00, 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 $3,312.00 which is due before the first day of school.

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*Please be aware that we will hold your deposit until a placement has been made.

_____ _____

Parent or Legal Guardian Date

For office use only:

Received: _____

Name: _____

Tax ID #93-6000234

Oregon Certificate of Immunization Status
Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Complete for all | Up-to-date | Medical | Non medical

Child's Last Name *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*

Mailing Address *Dirección*	City *Ciudad*	State *Estado*	Zip Code *Codigo Postal*

Parents' or Guardians' Names *Nombre de los padres o guardian*	Home Telephone Number *Número de Teléfono*

Vaccines	**Dose 1**	**Dose 2**	**Dose 3**	**Dose 4**	**Dose 5**
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] ☐ Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
or					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____
Date

Update Signature _____
Date

Update Signature _____
Date

Update Signature _____
Date

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

For school/facility use only
School/facility Name
Student ID Number
Grade

Continued On Reverse Side

Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

Child's Last Name *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*

Recommended Vaccines

Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Pneumococcal (PCV) (Only in children less than 5 years)					
Meningococcal (MCV4, MPSV4)					
Human Papilloma Virus (HPV) (9 years or older)					
Influenza (Flu)					
Other Vaccine Please specify:					
Other Vaccine Please specify:					

For medical exemptions:

Please submit a *letter* signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer)**: Please submit a *letter* signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ A health care practitioner
- ☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- ☐ Diphtheria/ Tetanus/Pertussis
- ☐ Polio
- ☐ Varicella
- ☐ Measles/Mumps/Rubella
- ☐ Hepatitis B
- ☐ Hepatitis A
- ☐ Hib

Signature of Parent or Guardian _____ Date _____

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

☐ Religious belief ☐ Philosophical belief ☐ Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____

Date _____

Update Signature _____

Date _____

Update Signature _____

Date _____

Update Signature _____

Date _____

(OFFICE ONLY) Student ID Number: Date Enrolled:

VISION HEALTH SCREENING CERTIFICATION

STUDENT INFORMATION

Last Name (LEGAL NAME)	First Name	Middle	Suffix

Date of Birth	Gender ☐ M ☐ F

VISION HEALTH SCREENING REQUIREMENTS

Student Vision Screening or Eye Exam Requirements

OAR 581-021-0031

1. All students age seven or younger entering an educational program for the first time must submit vision screening/eye examination certification within 120 days of the student beginning school, that the student received:
   A. A vision screening or an eye examination; and
   B. Any further eye examinations or necessary treatments or assistance of the powers or range of vision of the eye.
2. Vision screenings **must be provided by** a person licensed by the Oregon Board of Optometry, Oregon Medical Board, a health care practitioner, school nurse, employee of an education provider, or another person who has completed instruction on how to perform vision screenings.
3. Certification of vision screening is not required if the educational program receives a statement that certification was submitted to a prior education provider or if the student's or parent's religious beliefs are contrary to vision screening.
4. Failure to meet the requirements of OAR 581-021-0031 may not result in prohibiting the student from attending school.

VISION SCREENING OR EYE EXAMINATION RESULTS

Childs Name	Date of Exam

Screening or Examing Entity Name	Phone Number

Right	Left	Corrective Lenses			
20/	20/	☐ Yes	☐ No	☐	Results vary slightly from normal limits.
				☐	Results are not within normal limits.

Are there any special instructions?

Physician Signature Date

NON-MEDICAL EXEMPTION

I have reviewed the requirements of vision screening or eye examination for students age seven or younger entering an educational program. My child is being raised as an adherent to a religion the teachings of which are opposed to vision screening or eye examinations and I request that my child be exempted from such requirement.

Parent or Guardian Signature Date

OTHER EDUCATIONAL ENTITY STATEMENT

I have met the vision screening or eye examination certification requirement by providing certification to another educational entity.

Educational Entity Name: _____

Parent or Guardian Signature Date

PARENT/GUARDIAN SIGNATURE

The information provided on this form is true and accurate of this date.

Parent or Guardian Signature Date

4.4.2014

DENTAL SCREENING CERTIFICATION

West Linn Wilsonville School District

HB 2972 requires Education providers (includes Oregon Prekindergarten and Head Start) to collect and file certifications of dental screenings (within the previous 12 months) on all students 7 years of age or younger who are either beginning educational programs, or who are new to an educational program (within 120 days from school start date).

Please have your child screened by your dentist prior to the start of school. Your dentist will complete this certification form and you will bring it in to school.

PATIENT NAME: _____ DATE OF BIRTH: _____

Result of screening: Normal _____ Abnormalities _____

Other _____

Further exam or treatment suggested _____

Preventative care (Fluoride/Sealants) _____

NAME OF PROVIDER: _____ DATE OF EXAM: _____

SIGNATURE OF PROVIDER_____