



Gabriel Park Preschool

Registration Information

School Location: 5815 SW Gillcrest, Portland OR 97221

Mailing Address: 7805 SW 40th Ave #19362, Portland, OR 97219

gpps@gabrielparkpreschool.com

503-683-3718

Welcome to Gabriel Park Preschool

We are glad that you are interested in joining our community of preschool families for a wonderful adventure at our enriched play-based cooperative preschool.

Classes and Age Requirements:

Youngsters 2's Class-	Mondays	9-11:30	Must 2 yrs. old before Sept. 1	\$75 per month
Preschool 3's Class-	Tue/Thurs or Wed/Fri	9-12:30	Must be 3 yrs. old before Sept 1	\$175 per month
Pre-K 4's Class-	Tuesday-Friday	9-12:30	Must be 4 yrs. old before Sept. 1	\$315 per month

(The Preschool 3's and the Pre-K 4's class is a combined age class with a maximum of 16 students per day)

Registration Information:

- Registration begins in January, (TBA check website or school) at the Open House for children entering preschool in the Fall and continues until classes are full.
- On a first come first serve basis, priority is first given to currently enrolled students, then siblings of enrolled students, followed by alumni, prior to the January Open House. Registration opens to the general public starting at the January Open House.
- Parents are encouraged to learn about GPPS by attending an Open House or scheduling a visitation. We expect our families to be informed of the general workings and philosophy of our program.

Here's How to Begin the Registration Process:

Please complete all the following forms during open enrollment and return with payment schedule to the "Mailing Address" above or a GPPS staff member at the school:

1. Registration Form
2. Parent Obligations Agreement Form (registration, tuition, participation)
3. Emergency Contact & Authorization to Treat Form
4. Child's Medical History Form
5. Acknowledgement Release of All Claims Form and Parent Teacher/Helper Medical Information
6. Parent Helper Background Check Form
7. Field Trip and Photo Release Form
8. Payment Schedule and Payment (checks only)

In August, the Registrar will e-mail you the following forms to fill out and bring to the August Parent Meeting:

- A. Student Immunization Form (2 pages)
- B. Parent Questionnaire Form



Emergency Contact and Authorization for Another to Consent to Treatment of a Child Form

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Emergency Contact Information

Name(s) of Parent/ Guardian	Parent #1	Parent #2
Phone Contacts		
Employer Name and Contact		
Child's Physician		Physician Phone
Child's Health Insurance Co.		Ins. Group Number
Other Emergency Contacts		Relationship

Authorization for Another to Consent to Treatment of a Child Form

We provide this form to ensure that your child will receive timely medical attention should a health problem arise while he or she is in the care of another adult. By filling out this form and your child's medical history form, you authorize Gabriel Park Preschool (GPPS) to consent to medical treatment for your child if you cannot be reached. By filling out this form you also authorize GPPS to provide your child with transportation to a medical facility for medical treatment of you cannot be reached. The school must receive this signed form before your child can be left at school.

As a parent or legal guardian of _____ born on _____
Your Child's legal name Birthdate

I hereby authorize Gabriel Park Preschool, located at 5815 SW Gillcrest Ct. in Portland, Oregon, to consent to any medical or surgical treatment of the above child which such person deems advisable if a parent or legal guardian cannot reasonably be located when the child is brought for treatment.

X _____
Signature of Parent or Guardian

Date



Child's Medical History Form

Please attach to:

Authorization for Another to Consent to Treatment of a Child Form

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Child's Name		Child's Birthdate
Name(s) of Parent/Guardian		

Child's Medical History

	No	Yes	Year		No	Yes	Year
Chronic illnesses or allergies:				German (3 day) Measles:			
Specific illnesses or allergies:				7 Day Measles:			
Asthma:				Mumps:			
Diabetes:				Rheumatic fever:			
Kidney disease:				Chicken Pox:			
Up to date on Immunizations:				Exposure to Tuberculosis:			
Date of last D.P.T. shot				Hernia:			
Frequent earaches:				Speech Delay:			
Current Medications:				Diagnosed Developmental Delay: <u>Describe nature of delay</u>			
List allergies to any drugs:				Epilepsy or seizures disorders:			
Food allergies: <u>List Food allergies</u>				List any Other allergies:			
Serious vision impairment:				Fainting spells:			
Glasses or contact lenses:				Concussions:			
Premature birth:				Skull fractures:			
Healing problems:				Neck injuries:			
Travel Abroad: Where-				Operations:			
Specific Medical Requests: (i.e. No blood transfusions)							

Please update as needed throughout the school year.



Acknowledgement & Release of all Claims and Parent Teacher Medical Emergency Information Form

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ACKNOWLEDGEMENT AND RELEASE OF ALL CLAIMS

I wish to volunteer at Gabriel Park Preschool (“GPPS”) and understand that GPPS, in conformance with its policy and Oregon Preschool Recorded Program statutes and administrative rules, will request that the Oregon Department of Education perform a criminal background check on me as a condition of my volunteering for GPPS. I understand that volunteering is a privilege and that the decision of whether to allow me to participate is completely within the discretion of GPPS and its designated authorities. In consideration for the opportunity to volunteer at GPPS, I hereby release for myself, my spouse, my heirs, executives, and assigns, completely release and discharge the Parent-Child Preschools of Oregon (the “PCPO”), GPPS, their Boards, officers, employees, and agents and their respective heirs, executors, and assigns from any and all claims, rights, demands, actions, obligations, causes of action of any and every kind, nature, and character, known or unknown, that I may have against any of them arising from or in any way connected with my relationship with them relating to the policy or the execution of my background check.

Parent Teacher’s Helper’s Name (printed) _____

Please provide the name & phone number of the person to contact in case of an emergency relating to the parent helping in the classroom.

Name _____ Relationship _____ Phone _____

In case of an emergency involving you as a parent helper, please indicate any medical condition or medication you are currently taking that may give rise to an emergency situation:

Signature of Parent _____ Date _____

Additional family members that wants to help in the classroom:

Teacher’s Helper’s Name (printed) _____

Please provide the name & phone number of the person to contact in case of an emergency relating to the parent helping in the classroom.

Name _____ Relationship _____ Phone _____

In case of an emergency involving you as a parent helper, please indicate any medical condition or medication you are currently taking that may give rise to an emergency situation:

Signature of Helper _____ Date _____

Additional Teacher’s Helper’s that wants to help in the classroom:

Teacher’s Helper’s Name (printed) _____

Please provide the name & phone number of the person to contact in case of an emergency relating to the parent helping in the classroom.

Name _____ Relationship _____ Phone _____

In case of an emergency involving you as a parent helper, please indicate any medical condition or medication you are currently taking that may give rise to an emergency situation:

Signature of Helper _____ Date _____



Parent Background Check Form

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Please download this form direct from the Oregon Department of Education:

<https://www.oregon.gov/ode/schools-and-districts/ptf/Documents/2282-M.pdf>

or search for Oregon Department of Education form 2282-M



Field Trip and Photo Permission Form

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Field Trip Permission

Field trips are scheduled periodically throughout the year. If you **do not want** your child to participate in any field trip, the child **must stay home that day**. No supervision will be provided in the classroom.

My child, _____ (student's full name), has permission to accompany Gabriel Park Preschool representatives on supervised field trips. This includes off campus walks to nearby destinations as well as field trips where vehicle transportation is needed. I understand that volunteer parents will drive their private vehicles to provide transportation. Seat belts or other safety restraints will be used in all cases. If my child is under the age of four (4) or weighs less than 40 pounds, I understand that it is my responsibility to provide a car seat. I will provide a booster seat for my child who is over 40 pounds and under 4 feet 9 inches tall (and under 8 years old, consistent with Oregon and Washington laws effective 7/1/07).

Parent/Guardian Signature

Date Signed

Parent/Guardian Signature

Date Signed

Photography Permission

I give permission to use my child's photograph (please initial each response)

	Yes	No
In our school newsletter	<input type="checkbox"/>	<input type="checkbox"/>
On site in the classroom	<input type="checkbox"/>	<input type="checkbox"/>
On our website	<input type="checkbox"/>	<input type="checkbox"/>
In school advertisements	<input type="checkbox"/>	<input type="checkbox"/>
On our Facebook Pages	<input type="checkbox"/>	<input type="checkbox"/>
With his/her first name only	<input type="checkbox"/>	<input type="checkbox"/>
I will not share other's photos from Shutterfly	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Registration Fee Schedule and Payment Form

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Registration Fee Schedule	2's Class	3's Class	4's Class
Registration Fee of \$85.00 (non-refundable) includes family membership in PCPO & one Parent Helper Background Check (additional Background Checks are \$5.00)	\$85	\$85	\$85
Additional Background Checks \$5 per person			
Tuition for the last month of school (May) must be pre-paid at time of registration to reserve a spot. Tuition is due on the 1 st day of the first month your child begins school.	\$75	\$175	\$315
Other Fees- Supply Fee \$20. and Operating Fee \$60.	\$80	\$80	\$80
Totals			

Please complete all forms Pages 1-8 and return with payment (check made out to Gabriel Park Preschool) to the "Mailing Address" above or hand deliver to a GPPS staff member at the school, during open enrollment.