Preschool Enrollment Application

2293 NE Lynda Lane • Bend, OR 97701

Nature-inspired early learning

APPLICATION FEE: $35.00 (non-refundable)

This fee must accompany the completed application. It holds your child's place on the waitlist or in the enrollment process and is applied toward the first month's tuition upon acceptance.

Date of Application: _____ **Desired Start Date:** _____

1. CHILD INFORMATION

Child's Full Legal Name: _____ **Preferred Name:** _____

Date of Birth: _____ **Age (as of Sept 1):** _____ **Gender:** ☐ Male ☐ Female ☐ Other

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Primary Language: _____ **Other languages:** _____

2. PARENT / GUARDIAN INFORMATION

Parent / Guardian 1

Full Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Employer / Occupation: _____

Address (if different): _____

Parent / Guardian 2

Full Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Employer / Occupation: _____

Address (if different): _____

Child lives with: ☐ Both parents ☐ Parent 1 ☐ Parent 2 ☐ Other: _____

Custody/legal restrictions? ☐ No ☐ Yes (attach court documents)

3. EMERGENCY CONTACTS (other than parents/guardians)

Please list at least two local contacts authorized to pick up your child in an emergency.

Contact 1

Name: _____ Relationship: _____ Phone: _____

Address: _____

Contact 2

Name: _____ Relationship: _____ Phone: _____

Address: _____

Additional authorized pickup (name & phone): _____

4. MEDICAL & HEALTH INFORMATION

Primary Care Physician / Clinic: _____ Phone: _____

Preferred Hospital: _____ **Dentist:** _____

Health Insurance Provider: _____ Policy / Group #: _____

Allergies (food, environmental, medication, insect stings, etc.):

☐ None ☐ Yes — list and describe reaction / treatment:

EpiPen, inhaler, or other emergency medication at school? ☐ No ☐ Yes (complete Medication Auth form)

Chronic conditions (asthma, diabetes, seizures, etc.): ☐ None ☐ Yes — describe:

Special needs, developmental concerns, or therapies:

☐ None ☐ Yes — describe:

Dietary restrictions or preferences:

IMMUNIZATION RECORDS (Required)

Oregon law requires a current Certificate of Immunization Status (CIS) form or a valid medical/nonmedical exemption on file before your child may attend. Please attach a completed CIS form (from your healthcare provider or the Oregon Health Authority) or exemption documentation with this application. Children without proper documentation cannot be enrolled.

☐ Current immunization record / CIS form attached ☐ Medical exemption attached ☐ Nonmedical exemption

5. PROGRAM & SCHEDULE PREFERENCES

Preferred schedule (check all that apply):

☐ Full-time (5 days) ☐ 4 days ☐ 3 days ☐ 2 days ☐ Half-day mornings ☐ Other:

Preferred days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

How did you hear about River Tales & Trails?

6. AUTHORIZATIONS & AGREEMENTS

Emergency Medical Treatment

I authorize River Tales & Trails LLC staff to obtain emergency medical care for my child if I cannot be reached. I understand that every effort will be made to contact me or the emergency contacts listed above.

Photo / Media Release

☐ I give permission for photos/video for classroom, website, social media, and promotional use.

☐ I do not give permission for external use (internal classroom photos may still be taken).

Sunscreen / Insect Repellent

☐ I authorize staff to apply sunscreen and/or insect repellent that I provide, according to package directions.

Walking / Nature Field Trips

☐ I give permission for supervised walks and short nature outings in the neighborhood and nearby trails.

Handbook Acknowledgment

I understand that upon acceptance I will receive the Family Handbook and am responsible for reading and following all policies.

7. APPLICATION FEE & PAYMENT

A non-refundable application fee of $35.00 is required. Please indicate method of payment:

☐ Check (payable to River Tales & Trails LLC) ☐ Cash ☐ Venmo / Zelle / Electronic ☐ Other:

Check / Transaction #: Date paid:

8. SIGNATURE

I certify that the information provided is true and complete. Submission does not guarantee enrollment. Enrollment is contingent upon available space, completion of all required forms (including immunization records), and acceptance by River Tales & Trails LLC.

Parent / Guardian Signature: **Date:**

Printed Name:

Second Parent / Guardian Signature (if applicable): **Date:**