



5700 SW Dosch Rd., Portland, OR 97239  
 Phone: 503-245-3183  
 Website: pccctoday.com/hilltop

For Hilltop Office Use Only		
Date: _____	CCM	A FB
Amount: _____	CC	Check #: _____
Class: _____		

## STUDENT APPLICATION FORM 2017-2018

New       Returning      **PLEASE PRINT CLEARLY**

Class applying for: <input type="checkbox"/> Preschool Threes 3 yrs. by Sept 1 <sup>st</sup>	<input type="checkbox"/> Preschool Fours 3 ½ yrs. By Sept 1 <sup>st</sup>	<input type="checkbox"/> Pre-Kindergarten 4 yrs. By Sept 1 <sup>st</sup>	<input type="checkbox"/> Kindergarten (Complete Class Registration Sheet page 3) 5 by Sept 1 <sup>st</sup>
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### STUDENT INFORMATION

Student Name: Legal Last Name	Legal First Name	Legal Middle Name	Preferred Name
Date of Birth (Month/Day/Year)	Gender <input type="checkbox"/> M <input type="checkbox"/> F		

### PRIMARY HOUSEHOLD INFORMATION

Parent/Guardian #1 (Where Student Resides) <input type="checkbox"/> married <input type="checkbox"/> single Last Name      First Name	Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Please list siblings and their ages:
Parent/Guardian #2 (Where Student Resides) <input type="checkbox"/> married <input type="checkbox"/> single Last Name      First Name	
Resident Address	Street      Apt#      City      State      Zip
Mailing Address (if different from above)	Street      Apt#      City      State      Zip
Name: _____ Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____ Email Address: _____ Employer: _____	Name: _____ Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____ Email Address: _____ Employer: _____

### SECONDARY HOUSEHOLD INFORMATION (If applicable)

Parent/Guardian #1 Last Name      First Name	Parent/Guardian #2 Last Name      First Name
Resident Address	Street      Apt#      City      State      Zip
Secondary Household Parent/Guardian #1  Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____ Email Address: _____ Employer: _____	Secondary Household Parent/Guardian #2  Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____ Email Address: _____ Employer: _____
Is there a joint custody or parenting plan in effect?	Yes    No (If yes, plan must be on file with the school for enforcement)
Is there a restraining order in effect?	<input type="checkbox"/> Yes    No (if yes, legal papers must be on file with the school for enforcement)
Restraining order is against:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____

## EMERGENCY INFORMATION

In the event of an emergency please contact (include parents if you wish to be called first):			
Contact #1	Name	Relationship to Child	Home #: Cell #:
Contact #2	Name	Relationship to Child	Home #: Cell #:
Contact #3	Name	Relationship to Child	Home #: Cell #:
In the event of a large scale disaster please contact: (lives at least 100 miles away)			
Disaster Contact	Name	Relationship to Child	Home #: Cell #:

## PICK-UP INFORMATION

I authorize the following individuals to pick up my child:			
Contact #1	Name	Relationship to Child	Home #: Cell #:
Contact #2	Name	Relationship to Child	Home #: Cell #:
Contact #3	Name	Relationship to Child	Home #: Cell #:
The following individuals are <b>NOT</b> allowed to pick up my child			
Individual #1	Name	Relationship to Child	
Individual #2	Name	Relationship to Child	

## MEDICAL INFORMATION

Health Issues:	
My child has food allergies (please circle) YES      NO	List Allergies (please complete the enclosed allergy action form page 5)
I authorize my child to receive non-prescribed Children's ibuprofen or acetaminophen: x _____	List Medications your child is currently taking:

## MEDICAL INSURANCE INFORMATION

Insurance Company	Group Number	I.D. #
Physician	Location/Clinic	Phone
Dentist	Location/Clinic	Phone

## PRIOR OR CON-CURRENT PRESCHOOLS

Preschool:	Date Attended:	Preschool:	Date Attended:
Preschool:	Date Attended:	Preschool:	Date Attended:





## CLASS REGISTRATION and TUITION SHEET 2017-2018 School Year

Application Fees	Amount
New Student – Due at time of enrollment	\$150
Returning Student – Due at time of enrollment	\$100

Curriculum and Activity Fees	Curriculum Fees (due July 1 <sup>st</sup> )	Activity Fees (due July 1 <sup>st</sup> )
Pre-School (3's and 4's)	\$75	\$50
Pre-School (Pre-K)	\$95	\$50
Kindergarten	\$200	\$80

Pre-School: Threes 3 yrs. by September 1, 2016		Class Choice	After School Kids Include Days, Times	Annual Tuition	10 Payment Plan
Mon/Wed	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2000	\$200
Tues/Thurs	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2000	\$200
Mon/Wed & Friday Kidz Klub	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2900	\$290
Tues/Thurs & Friday Kidz Klub	8:30 AM-11:30 AM	<input type="checkbox"/>		\$2900	\$290

Pre-School: Fours 3 ½ yrs. by September 1, 2016		Class Choice	After School Kids Include Days, Times	Annual Tuition	10 Payment Plan
Mon/Wed/Fri	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2900	\$290
Tues/Thurs	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2000	\$200
Tues/Thurs & Friday Kidz Klub	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2900	\$290

Pre-School: Pre-Kindergarten 4 yrs. by September 1, 2016		Class Choice	After School Kids Include Days, Times	Annual Tuition	10 Payment Plan
Mon/Wed/Fri	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$3000	\$300
Tues/Thurs*includes Lunch Bunch	8:30 AM-1:30PM	<input type="checkbox"/> <input type="checkbox"/>		\$3000	\$300
T/Th & Friday Kidz Klub	8:30-1:30 (Pre-K) 8:30-11:30 (Kidz Klub)	<input type="checkbox"/> <input type="checkbox"/>		\$3900	\$390

Kindergarten 5 yrs. by September 1, 2016		Class Choice	After School Kids Include Days, Times	Annual Tuition	10 Payment Plan
Monday-Friday	8:30 AM-2:00PM	<input type="checkbox"/> <input type="checkbox"/>		\$4500	\$450

Additional Programs and Charges	Days Offered	Amount
Friday Kidz Klub	8:30 AM-11:30AM Fridays Only	\$35 per Friday
After School Kids (ASK)	12:30PM-4:00PM Monday-Friday	\$9.50 per Hour
Lunch Bunch (per day)	11:30AM-12:30PM Daily	\$8 per Day
Late Payments and Late Pick Up Fees		See handbook
Returned Check or Electronic Payment Fee		\$28

Note: We offer extra-curricular classes during the school year on a rotational basis.



# Hilltop Preschool and Kindergarten Financial Agreement/Policy 2017-2018

## **REGISTRATION AND CLASS FEES**

The registration, when prepaid, will reserve a position in the classroom for your child. All paid fees are non-refundable. INITIAL \_\_\_\_\_

## **TUITION**

Tuition is based on an annual amount. The entire amount may be paid at the beginning of the year, or by making 10 equal payments on the first of each month, August 1<sup>st</sup> through May 1<sup>st</sup>. If the first falls on a Saturday or Sunday, payments will be due the previous Friday. Tuition payments may be dropped into the tuition payment box or mailed to the school. Tuition is determined by classroom time, which takes school holidays and closures into consideration. No deductions will be made for days of closure or dismissal due to inclement weather. Additionally, there are no deductions for absences from school, including family vacations, or time away due to behavioral problems. If you have more than one student attending Hilltop, you will receive a 10% discount on tuition for the 2<sup>nd</sup> student in attendance. INITIAL \_\_\_\_\_

## **BILLING OF FEES**

All fees that fluctuate from day to day will be invoiced on a monthly basis "after-the-fact" (September through June). These fees (such as After School Care and Lunch Bunch) will be tallied from the first day of school to about the 25<sup>th</sup> of the month, and will be included on your monthly statement. Subsequent months will cover 3 to 4 weeks of charges from the previous date.

**Hilltop statements will be e-mailed to each family on a monthly basis.** INITIAL \_\_\_\_\_

## **TUITION DUE DATE**

All payments are due by the 1<sup>st</sup> of each month. Payments are considered past due if left unpaid after the 10<sup>th</sup> of the month. INITIAL \_\_\_\_\_

## **LATE PAYMENT FEES**

A **\$28.00** late fee will be assessed on all accounts past due on the 10<sup>th</sup> of the month unless other arrangements have been made prior to that date. If the 10<sup>th</sup> falls on a weekend, the payment is due by the Friday before the due date. INITIAL \_\_\_\_\_

## **LATE PICK UP FEES**

Please note that A.S.K. ends promptly at 4:00pm. You will be charged, per child, one dollar per minute for children picked up after 4:00pm, excluding emergencies. INITIAL \_\_\_\_\_

## **WITHDRAWAL POLICIES**

A 30-day notification to withdraw a student from Hilltop is required in writing from the parent or guardian. The parent or guardian is responsible for all tuition and fees incurred during the month in which the student is withdrawn. INITIAL \_\_\_\_\_

## **FINANCIAL ARRANGEMENTS**

We understand from time to time financial circumstances necessitate special arrangements. Please call the business office by the 1<sup>st</sup> of the month if you anticipate problems with making your payment on time. Hilltop Preschool & Kindergarten reserves the right to amend any special monthly arrangements at any time. INITIAL \_\_\_\_\_

## **DISCHARGE**

A student may be discharged from the school if payments are more than 30 days overdue. INITIAL \_\_\_\_\_

## **REINSTATEMENT**

Reinstatement will be considered on a case-by-case basis by the administration. A reinstatement fee of \$75.00 may be charged per occurrence. INITIAL \_\_\_\_\_

## **COLLECTION OF DEBT**

If there is a problem in making your regular payment on time, please make every effort to work with us to bring your account up to date. Referring accounts to collection or discharging a student from school are our last and least desired approaches to addressing the issue of past due charges. However, the costs of operating the school program requires us to hold those who have enrolled their child(ren) in our school to their commitment to make regular and timely payments.

In this regard, if our office has made reasonable attempts to contact or establish an alternate payment plan for those behind in their school tuition payments, and these efforts have proved to be unsuccessful, the school administration will send the account to collections. In these cases, those with overdue payments will assume the responsibility for payment of all fees associated with the collection of the debt. These fees may include but are not exclusive to: attorney fees, court costs, late fees, and other associated costs. INITIAL \_\_\_\_\_

## **PAYMENT PLAN OPTIONS:**

Annual Pay     Payment Plan (Cash, Check or Credit Card)     Auto-Pay via Check or Credit Card (Complete included form)



# Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Teacher: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_  
\_\_\_\_\_

Asthmatic: Yes\*  No  \*Higher risk for severe reaction

## Step 1: Treatment

Symptoms:

Circle One

- |   |   |
|---|---|
| • If a food allergen has been ingested but no symptoms:                   | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Mouth Itching, tingling, or swelling of lips, tongue, mouth             | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Skin Hives, itchy rash, swelling of the face or extremities             | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Gut Nausea, abdominal cramps, vomiting, diarrhea                        | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Throat Tightening of throat, hoarseness, hacking cough                  | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Lung Shortness of breath, repetitive coughing, wheezing                 | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Heart Thready pulse, low blood pressure, fainting, pale, blueness       | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Other _____   | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • If reaction is progressing (several of the above areas affected), give: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. Δ Potentially life-threatening

### DOSAGE

Epinephrine: injected intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg

Antihistamine: give \_\_\_\_\_  
Medication/dose/route

Other: give \_\_\_\_\_  
Medication/dose/route

**Important: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

## Step 2: Emergency Calls

1. Call 911- State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_ at \_\_\_\_\_

3. Parents: \_\_\_\_\_ Phone Number (s) \_\_\_\_\_  
\_\_\_\_\_

4. Emergency contacts:

Name/Relationship                      Phone Number(s)  
a. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

b. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# HILLTOP NUT POLICY

## Preschool

Snacks prepared by Hilltop are nut free. All store bought treats or food items brought into the classroom for any reason need to be nut free. Hilltop staff will be prepared to read all food labels before allowing the treats to remain at school. If there is not a label on the package, we will not distribute the treat and will send it back home. However, students may bring individual lunches from home which contain nut products. A designated table is available in the lunchroom to accommodate students with nut allergies.

## Kindergarten

Kindergarten students may bring individual lunches that contain nut products. In addition, snacks, special treats, or food items brought from home for the entire class may contain nut products providing there is no student in their class that has an allergic reaction to nut products. If a student within the class has this allergy, a note will be sent home from the Director to notify parents that all snacks, treats and/or food items brought into the classroom must be nut free. All students will need to wash their hands or use antibacterial solution to clean off their hands after lunch and before going to recess, as to decrease the exposure and spreading of nut products.

## Procedure/Policy for students with nut allergy

1. The school is notified about a student with nut allergies.
2. Hilltop requests the parent to complete a *Food Allergy Action Plan Form*.

## Emergency Situation:

*In the event a student with allergies ingests any amount of nut product...*

1. Two Hilltop staff members will administer the Epi-pen immediately even if symptoms are not visible. (One holding the child while the other administers the Epi-pen)
2. A Hilltop staff member will call 911 with the following info:
  - a. "We have a medical emergency involving a child w/a life-threatening nut allergy who has ingested nut products. An Epi-pen was administered at \_\_\_\_ o'clock,"
3. A Hilltop staff member will contact the child's parents immediately.
4. A Hilltop staff member will remain with the child until paramedics arrive.



## Hilltop Preschool and Kindergarten General Policies 2017-2018

Please read the following statements carefully. Initial next to each statement that you understand and agree.

1. \_\_\_\_\_ Hilltop Preschool & Kindergarten has permission to have my child's **name** published in printed materials such class newsletters, special class program rosters, graduation programs.
2. \_\_\_\_\_ Hilltop Preschool & Kindergarten has permission to publish in print, electronic, or video format the likeness or image of my child. I agree, and I release all claims against Portland Christian Center with respect to copyright ownership and publication including any claim for compensation related to use of the materials.
3. \_\_\_\_\_ I authorize the school staff to seek medical attention for my child in the event of sudden illness or accident, or if parent cannot be reached.
4. \_\_\_\_\_ I understand the financial policies included in this registration packet and understand that in case I must withdraw my child I am responsible to give thirty days written notice.
5. \_\_\_\_\_ Persons listed as emergency contacts have permission to take my child off campus, if needed, because of illness, injury or other unusual circumstances (if parent cannot be reached).
6. \_\_\_\_\_ I understand that the registration and class fees are non-refundable.
7. \_\_\_\_\_ Hilltop Preschool & Kindergarten has permission to print my child's name and contact information in the school directory to be distributed to their families.

The signatures below indicate agreement with the policies and procedures listed in this document.

Parent/Legal Signature:	Dated:
Parent/Legal Signature:	Dated:
Payer/Party Responsible for Billing Signature:	
Where did you hear about Hilltop Preschool & Kindergarten?	

### Personal Reference

Name:	Phone Number:
Relationship to Applicant:	

<b>Office Check List</b>	
<input type="checkbox"/> Student Application <input type="checkbox"/> Emergency Medical/Pick up Form <input type="checkbox"/> Class Registration & Tuition Sheet <input type="checkbox"/> Financial Agreement/Policy <input type="checkbox"/> Food Allergy Action Plan <input type="checkbox"/> General Policies <input type="checkbox"/> Tips for Teachers <input type="checkbox"/> Auto-Pay Check or Credit Card Authorization <input type="checkbox"/> Immunization Form <input type="checkbox"/>	Start Date _____  Withdrawal Date _____  School File Checklist <input type="checkbox"/> Reg. Fee _____ <input type="checkbox"/> Contract Charges _____ Curr _____ Act _____





# Tips for Teachers

Note: This page is provided to your student's teacher for the purpose of getting to know and understand your child. Please provide accurate and helpful information that you feel would be useful for that purpose. Date \_\_\_\_\_

Students Name	Nickname	Birthday	Class
Child's Nature <input type="checkbox"/> <input type="checkbox"/> Outspoken <input type="checkbox"/> <input type="checkbox"/> Withdrawn <input type="checkbox"/> <input type="checkbox"/> Interactive <input type="checkbox"/> <input type="checkbox"/> Observant			
Please tell us about your family (mother, father, other family members in the household, nanny, caregiver).			
Please describe how your family functions:			
Do you regularly attend church, and if so, where?			
Please list siblings and their ages:			
Please comment on your child's physical development, including both large and fine motor skills.			
Please identify and comment on any special circumstances or special needs of your child.			
Does your child have any known developmental delays?			
Briefly describe how your child communicates (speech, sign language, body language, etc).			
What methods do you use when your child behaves in a way in which you do not approve?			
How does your child learn best: <input type="checkbox"/> Visual <input type="checkbox"/> Kinetic (hands-on, movement) <input type="checkbox"/> Auditory			
My child is fearful of:			
My child responds well to:			
Is a language other than English spoken at home?			
Does your child know other children at Hilltop?			
My child prefers playing: <input type="checkbox"/> Alone <input type="checkbox"/> With others			
What are your goals for your child this year at Hilltop? Please include educational, social, emotional, etc:			
Circle the words which best describe your child: Happy   Sensitive   friendly   impulsive   moody   quiet   dependent   stubborn   independent   attentive Industrious   withdrawn   agile   fearful   shy   even tempered   aggressive   good-natured   joyful			



**Portland Christian Center's  
Hilltop Preschool & Kindergarten  
Auto-Pay Check or Credit Card Payment Authorization**

Page 1 of 2

I authorize Portland Christian Center to charge the below listed credit card or checking account each month for my account balance. I understand that I may discontinue this payment plan at any time or may change any information on this form at any time. I also understand that I may review this form if I believe a mistake has been made.

\_\_\_\_\_  
Signature Date

All amounts will be charged on the **1<sup>st</sup> day of each month**. If the 1<sup>st</sup> falls on a weekend or holiday, your card will be charged the following business day. **Final billing for the 2017-2018 school year will be processed on June 14, 2018.**

**Family Information**

Name on Account: \_\_\_\_\_

Address for Account: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please use my  **Checking Account** or my  **Credit Card** listed on the following page for processing my Auto-Pay Payment.

Office use only:

Date	\$ amount	Last 4 digits of acct#	CC or ACH	Initial	Notes:



# Auto-Pay Authorization Information Form

Page 2 of 2

## **Check Processing Information**

Bank Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

*or*

## **Credit Card Information**

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_