

# Echo Preschool Enrollment Application

## Enrollment Opens **April 8th @8:00am**

**2025 - 2026**

### CHILD INFORMATION

Child's Name		Date of Birth	Age as of August 1st 2024	
Address			City/State/Zip	
Home Phone			Resident School District	
<b>Child lives with:</b>	Mother	Father	Both Parents	Guardian

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Parent/Guardian Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email		Email	
Employer	Phone.	Employer	Phone.

### ADDITIONAL INFORMATION

**Is your child FULLY POTTY TRAINED?** (Please circle one) **YES NO**

**Desired Session:** (Please circle one below)

**Full Day Program - 4 Days a Week -YES(\$450 per month)**

**Half Day Program - 2 or 4 Days a week -YES (\$225 per month)**

**Full Day Program - Runs from 7:45 am until 5:00 pm**

**Half Day Program - Can be half days or two days a week**

**\*\* Income Based Paid Program Through Oregon Preschool Promise has 9 free slots.**

**EMERGENCY CONTACTS/AUTHORIZED PICK-UP**

The following people are authorized to pick up my child and may be contacted in an emergency or illness in the event I cannot be reached. **PERSONS LISTED MUST NOT BE A PERSON WITH WHOM CHILD RESIDES. \*Required Field**

*Name	Authorized to pick up <b>YES NO</b>	*Name	Authorized to pick up <b>YES NO</b>
*Home Number	*Work Number	*Home Number	*Work Number
Cell/Other Number	Relationship to child	Cell/Other Number	Relationship to child
*Home Address		*Home Address	

**PERSON'S NOT AUTHORIZED FOR PICK-UP**

**Please Note:** Echo Preschool must have a copy of the legal custody order in order to detain pick up from a parent.

Name		Name	
Home Number	Work Number	Home Number	Work Number
Cell/Other Number		Cell/Other Number	
Relationship to child		Relationship to child	

**EMERGENCY MEDICAL INFORMATION**

In the event parents/guardians cannot be reached for medical emergency attention, I/We authorize Echo Preschool to contact the following:

<b>Physician Name</b>	<b>Dentist Name</b>
<b>Phone Number</b>	<b>Phone Number</b>
<b>Address</b>	<b>Address</b>
<b>Preferred Hospital</b>	<b>Phone Number</b>
<b>Address</b>	

*I understand a signed **Health Form** and an **Immunization Record** must be filed with the preschool before admission is completed. I also understand that **ALL FORMS ARE TO BE RENEWED EACH YEAR** my child is enrolled. I have read the Policy Handbook and agree to follow the policies in place at Echo Preschool. I also understand that Tuition is due on the **1<sup>st</sup> of every month**, and that a **\$10.00 per day** late fee will be assessed for any payments received after the first of the month. **I also understand tuition is based on the amount of in-school days, and there isn't a reduction in the monthly tuition.***

Tuition for my child(ren) will be \$ \_\_\_\_\_/month.

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

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

# Health Evaluation Form

**\*\*This form must be completed by your child's physician prior to your child's first day. Only if there is a health condition we need to be aware of!\*\***

Center Name: <b>Echo Preschool</b>	Director Name: <b>Raymon J. Smith</b>
Address: <b>600 Gerone St. Echo Oregon 97826</b>	Phone Number: <b>541-376-8436</b>

### Dear Physician:

The completion of this statement is necessary for school records.

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Physical Exam:**  Normal  Abnormal (see explanation of significant health concerns:)

### Significant Health Concerns:

- None  Seizures  Diabetes  Vision  
 Hearing  Hospitalizations  Severe Allergies  Other \_\_\_\_\_  
 Reactive Airways Disease  Developmental Delays

Explain Significant health concerns: \_\_\_\_\_

If Tuberculin Test Given: Date: \_\_\_\_\_ Result: \_\_\_\_\_

If Chest X-rayed: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Surgery, Accidents, Illnesses, Chronic or Handicapping Problems: \_\_\_\_\_

Current Medication or Special Diets: \_\_\_\_\_

**Physical Findings** (include, if tested vision and hearing) \_\_\_\_\_

### Next Well Child Visit:

Per \*AAP Guidelines  Age \_\_\_\_\_

*\* The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.*

Date \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

**Office Stamp:**

\_\_\_\_\_  
Doctor's Address

\_\_\_\_\_  
Doctor's Telephone Number

## Transportation & Field Trip Permission

I hereby request that my child(ren), \_\_\_\_\_ and \_\_\_\_\_ be permitted to participate in field trips to the park, or any other activities that would involve taking the child outside of the preschool for his/her benefit in attendance at this facility. I understand I will be notified before hand of any said activities. In automobiles, children will be secured in car seats, as supplied by the center, with a safety belt as appropriate for their age.

I hereby expressly waive any claim for injury or damage to such child arising out of such field trip and expressly agree to hold **Echo Preschool**, harmless.

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

**Persons signing contract are responsible for payment:**

Parent/Guardian (Mother) \_\_\_\_\_

Parent/Guardian (Father) \_\_\_\_\_

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## Photograph Authorization

\_\_\_\_\_ **I authorize** Echo Preschool to photograph my child(ren).

*I understand that such photographs may be used for promotional materials including, brochures, newsletters and Echo Preschool's website. No last name or specific identifying information will be included in any sort of material. If I do not want any photo on the website for any reason, I understand we will gladly remove it as soon as possible.*

\_\_\_\_\_ **I do not authorize** Echo Preschool to photograph my child(ren).

\_\_\_\_\_  
Child(ren)'s Name

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

\_\_\_\_\_  
Date

## Media Authorization

\_\_\_\_\_ **I authorize** my child for Media Usage at Echo Preschool. I understand this includes (but not limited to) television viewing (such as Disney Channel or Nick Jr. 7:00- 7:30), age appropriate internet and computer software usage (with teacher supervision), music, and occasional age appropriate movies. As stated in the Policies Handbook, I understand these activities are very limited, and if used, will not exceed 60 minutes per day.

\_\_\_\_\_  
Child(ren)'s Name

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

\_\_\_\_\_  
Date

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