

**CATHEDRAL PARK PRESCHOOL**  
**7119 N. Portsmouth Blvd.**  
**Portland, OR 97203**  
**(503) 283-2714**

Return to:  
Elizabeth Skelding  
(503) 289-1161

**ENROLLMENT AGREEMENT**  
**School Year 2010–11**

I understand that Cathedral Park Preschool (CPP) is a non-profit and non-discriminatory organization. CPP is dependent entirely on its members/parents for its financial and administrative support, and in partnership with the teacher for its educational effectiveness.

I agree to the following conditions:

1. I will pay the \$50 enrollment fee upon signing this form. I understand this fee is non refundable. I understand that I must complete and return these forms to the membership coordinator before my child will be admitted to the school.
2. I will pay the first and last months' tuition before the first day of school. I understand that, from October to April, the monthly tuition fees are due on the first of each month.  
*CPP will allow a five-day grace period. A late fee of \$25 will be assessed on the sixth day of the month. The executive board may consider missing two tuition payments as grounds for dismissal.*
3. I will give at least 30 days' written notice to withdraw my child from the school.  
*A refund of last month's tuition may be made if the child is withdrawn prior to March 31<sup>st</sup> of the school year. Tuition paid in advance is refundable if the child is withdrawn prior to the start of the month.*
4. I will take my share of parent-help days, and be at the school 15 minutes before class begins for set-up and stay 15 minutes after for clean-up. If I find that I cannot take my assigned day, it is my responsibility to secure a substitute.
5. I will serve on at least one preschool job and committee, and participate in at least 3 fundraisers throughout the year.
6. I will attend the parent orientation meeting at the beginning of the school year and will attend the monthly parent meetings. I will contact my class representative if I am unable to attend.
7. I understand that the executive board retains the right to request, for good cause, that a family withdraws its membership.
8. I will provide my child's immunization records by completing the Certificate of Immunization Status form.

If you will have difficulty complying with any of the conditions above, please discuss them with the membership coordinator before enrolling your child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**General**

Your enrollment fee includes the purchase of a preschool t-shirt for your child. Please choose a size.

X-Small     Small     Medium     Large

**EMERGENCY RELEASE FORM**

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/guardian name and address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/guardian name and address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies to medications or latex? \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

In case of accident, injury, or sudden illness requiring immediate medical care, and the child's parent or physician cannot be reached, I authorize my child to be taken to the emergency room for treatment.

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

Insurance company name \_\_\_\_\_ Policy number \_\_\_\_\_

Hospital to be taken for emergency treatment \_\_\_\_\_

**WALKING FIELD TRIP PERMISSION SLIP**

My child has permission to leave the school property for the purpose of a walking field trip\*. These trips will be taken within a two-block radius of the school, and only with 3 parent-helpers and the teacher.

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

\* For any other field trips, a separate permission slip will be sent home.