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 Phone: 503-245-3183 Fax: 503-892-5255  
 Website: pccotoday.com/hilltop

<b>For Hilltop Office Use Only</b>	
Date:	_____
Amount:	_____
Check Number:	_____
Class:	_____

## STUDENT APPLICATION FORM 2012-2013

New       Returning

**PLEASE PRINT CLEARLY**

Grade applying for:  Preschool Threes     Preschool Fours     Pre-Kindergarten     Kindergarten    **(Complete Class Registration Sheet)**

### 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) 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"/> Guardian <input type="checkbox"/> Siblings <input type="checkbox"/> Other _____			
Parent/Guardian #2 (Where Student Resides) 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?		<input type="checkbox"/> 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:			
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	
Individual #3	Name	Relationship to Child	

## MEDICAL INFORMATION

Health Issues:	
Allergies: (Please complete the enclosed allergy action form.)	Medications:
I authorize my child to receive non-prescribed Children's Tylenol: _____	Notes:

## 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:
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## CLASS REGISTRATION and TUITION SHEET 2012-2013 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 September 1 <sup>st</sup> )
Pre-School (3's and 4's)	\$60	\$50
Pre-School (Pre-K)	\$80	\$50
Kindergarten	\$200	\$80

Pre-School: Threes 3 yrs. by September 1, 2012		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"/>		\$1900	\$190
Tues/Thurs	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$1900	\$190
Mon/Wed & Friday Kidz Klub	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2800	\$280
Tues/Thurs & Friday Kidz Klub	8:30 AM-11:30 AM	<input type="checkbox"/>		\$2800	\$280

Pre-School: Fours 3 ½ yrs. by September 1, 2012		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"/>		\$2800	\$280
Tues/Thurs	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$1900	\$190
Tues/Thurs & Friday Kidz Klub	8:30 AM-11:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2800	\$280

Pre-School: Pre-Kindergarten 4 yrs. by September 1, 2012		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*includes Lunch Bunch	8:30 AM-1:30AM	<input type="checkbox"/> <input type="checkbox"/>		\$2900	\$290
T/Th & Friday Kidz Klub	8:30-1:30 (Pre-K) 8:30-11:30 (Kidz Klub)	<input type="checkbox"/> <input type="checkbox"/>		\$3800	\$380

Kindergarten 5 yrs. by September 1, 2012		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"/>		\$4300	\$430

Additional Programs and Charges	Days Offered	Amount
Friday Kidz Klub	8:30 AM-11:30AM Fridays Only	\$25 per Friday
After School Kids (Subject to change based on need)	12:30PM-4:00PM Monday-Friday	\$8 per Hour
Lunch Bunch (per day)	11:30AM-12:30PM Daily	\$8 per Day
Late Payments (after the 10 <sup>th</sup> of the month)		\$28
Returned Checks (per check)		\$28

Notes: We offer extra-curricular classes in Music, Soccer, Dance, Tumbling and Language.  
They are offered during the school year on a rotational basis.

# Hilltop Preschool and Kindergarten Financial Agreement/Policy 2012-2013

## **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 25th 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 \_\_\_\_\_

## **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    Monthly Pay (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 $\Delta$ Tightening of throat, hoarseness, hacking cough            | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Lung $\Delta$ Shortness of breath, repetitive coughing, wheezing           | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Heart $\Delta$ Thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| • Other $\Delta$ _____   | <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.  $\Delta$  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 PEANUT/NUT POLICY**

## **Preschool**

Snacks prepared by Hilltop are peanut/nut free. All store bought treats or food items brought into the classroom for any reason will need to be peanut/nut free. The 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 that contain peanut/nut products. Those students who bring food containing peanuts/nuts will eat at a designated table in the lunchroom in order to isolate the exposure to other students.

## **Kindergarten**

Kindergarten students may bring individual lunches that contain peanut/nut products. Those students who bring food containing peanuts/nuts will eat at a designated table in the lunchroom in order to isolate the peanut/nut exposure to other students. In addition, snacks, special treats, or food items brought from home for the entire class may contain peanut/nut products providing there is no student in their class that has an allergic reaction to peanut/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 are to be peanut/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 peanut/nut products.

## **Procedure/Policy for students with peanut/nut allergy**

1. The school is notified about a student with peanut/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 peanut/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 peanut/nut allergy who has ingested peanut 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 2012-2013

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 roster 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"/> CCM <input type="checkbox"/> Billing Entered Student File

# 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. Thank you.

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			
How does your child relate to their siblings?			
How does your child relate to peers?			
How does your child relate to other adults?			
Does your child know any other children at Hilltop?			
My child prefers playing: Please describe. <input type="checkbox"/> Alone <input type="checkbox"/> With others			
How does your child express feelings?			
What methods do you use when your child behaves in a way in which you do not approve?			
Who does most of the disciplining?			
My child is fearful of:			
My child responds well to:			
How does your child learn best: <input type="checkbox"/> Visual <input type="checkbox"/> Kinetic (hands-on, movement) <input type="checkbox"/> Auditory			
Does your child have any known developmental concerns? Please explain:			
List your child's favorite activities:			
What are your goals for your child this year at Hilltop? Please include educational, social, emotional, etc:			
Additional Notes:			

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

I authorize Portland Christian Center to charge the below listed credit card account each month for tuition. 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

**Family Information**

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

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

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

Please use my  **Checking Account** or my  **Credit Card** for processing my Auto-Pay Payment.

**Note:** We are happy to accommodate our families in processing their recurring payments automatically either via credit card or check. However, the cost to process the payments via check is significantly less for Hilltop. Please consider this as you make your selection. Thank you.

**Check Processing Information**

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

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

**Credit Card Information**

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

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**VISA**

**MASTERCARD**

**DISCOVER**

**AMERICAN EXPRESS**

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.

