

CLEAR CREEK PRESCHOOL
4100 S.E. 182nd Ave, Gresham, OR 97030 503-665-6618

THREE- AND FOUR-YEAR-OLD CLASS

LOCATION:

We are located in the Clear Creek Church building just north of Powell on 182nd in Gresham.

EMPHASIS:

We want to introduce each child to a positive and fun learning experience. School is a place where they can learn to work and play with other children their own age while also becoming accustomed to being directed by a teacher.

COURSES:

We use stories, music, playtime, and art to give lessons in counting, alphabet, and number recognition, along with some simple science activities. Children will have the opportunity to explore art media such as paint, crayons, markers, and glue. We also strive to let each child express themselves through art and opportunities to share verbally. Prayer and a Bible story is incorporated into each day. We use American Sign Language (ASL) to enhance teaching in some activities, such as songs, our "Letter of the Week" and our monthly Bible verse.

TEACHERS:

Only experienced, qualified teachers are hired. There is also a Teaching Assistant in class. We keep our ratio at or below 6:1. If enrollment requires, we hire another assistant.

PUPILS:

To be eligible for this class a child should be three (3) years old by September 1, 2023.

SNACK:

Due to allergies, dietary concerns, and children with limited interest in food we are asking parents to provide a daily snack for their student. We will have a snack available for those who forget or find this a hardship. We will also provide water for everyone of course.

CLASS DAYS AND TIMES:

This class will meet from 9:00 - 11:30 A.M. on Tuesday and Thursday.

SAVE BY REGISTERING EARLY!!!

If you enroll your child by July 15, 2023, the **Non-Refundable** Registration fee is \$50.00. After July 15, 2023, the Registration Fee increases to \$60.00.

COST:

The yearly tuition is: \$1350.00 (September-May). This may be paid in monthly installments of \$150.00 due the first week of the month. There is also a pay on-line option at clearcreekpdx.com/give (select Preschool in the Fund option).

FOR QUESTIONS OR FURTHER INFORMATION PLEASE CALL: 503-665-6618 or contact our Director, Gloria Jackson by email: gloria@clearcreekpdx.com

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Child's Name _____
(First) (Middle) (Last)

Home Address _____
(Street) (City) (Zip code)

Best Telephone _____ Child's Birth date _____

Best Email address _____ Child's T-shirt size _____

Child lives with: Mom ___ Dad ___ Grandparents ___ Other _____

Is your child on an IFSP or receiving speech or other therapies? ___ Yes ___ No

If yes, please explain _____

What language is spoken at home? _____

Will your child need extra help with English? _____

Fathers Name _____ Cell# _____ Work# _____

Mothers Name _____ Cell# _____ Work# _____

REGISTRATION FEE, WHEN ENROLLED BY July 15, 2023, IS \$50.00, NON-REFUNDABLE, AND MUST ACCOMPANY APPLICATION TO ENSURE ENROLLMENT. (The non-refundable Registration Fee for applications received after July 15th, 2023, is 60.00)

Signature of Parent or Guardian

Medical Release Form for Clear Creek Preschool

Student's Name _____

Father's Name _____ Cell _____

Mother's Name _____ Cell _____

Address: _____

If parent cannot be reached, and child needs to go home, who else may we call?
Please list in order of preference. They must be able to pick child up if necessary.

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Does this child have allergies: _____yes _____no

If yes, please specify _____

Is an Epi-pen required/prescribed by a doctor? _____yes _____no

Does your child carry an Epi-pen with him/her? _____yes _____no

If yes, Doctor's order (school form) is required. Parent is responsible for providing the Epi-pen.

Does this child have asthma? _____yes _____no

If yes, list triggers and symptoms: _____

Has your doctor prescribed and inhaler? _____yes _____no

If yes, list name of inhaler: _____

If yes, Doctor's order (school form) is required. Parent is responsible for providing the inhaler.

Does this child have any chronic medical illnesses or conditions?

Seizures _____ Diabetes type 1 _____ type 2 _____ Cardiac condition _____ other _____

Please specify: _____

Please list any other important information that will help us better care for your child while at school:

Please list any medications and reason for taking at home:

All prescription medications that need to be given during school hours must have a Doctor's Order (school form) and be kept in the office.

This confidential information is shared with staff for the sole purpose of protecting the health and well-being of the student. By signing below, you allow the school to share any information deemed appropriate. If a parent cannot be notified, and emergency care is necessary, I hereby give permission for this student to be transported to the nearest hospital and I give permission for the hospital to give emergency treatment as may be needed. I will assume responsibility for fees incurred by such an emergency.

Parent's/Guardian's signature _____ Date _____