

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

Welcome to Our Garden of Learning!

LOCATION:

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

EMPHASIS:

We want to prepare each child for kindergarten by giving them a positive and engaging learning experience. The children become familiar with having a teacher, working, and playing with children their own age and learning to work both on their own and with others. They will learn to listen and follow directions, express themselves verbally, and creatively.

COURSES:

We use stories, music, games, and art to make learning both fun and active. We teach number and letter recognition and counting along with calendar skills. We teach phonics and printing of upper- and lower-case letters. We teach basic science with fun activities. They will gain familiarity with a number of art mediums and learn fun techniques to express themselves through art. They will be given opportunities to express themselves verbally and share in front of the class. We use American Sign Language (ASL) to enhance teaching in some activities, such as songs, letters and our monthly Bible verse. Prayer and a Bible story is incorporated into each day.

TEACHERS:

Only experienced, qualified teachers are hired. There is also a Teaching Assistant in class. We keep our ratio at or below 6:1.

PUPILS:

To be eligible for this class a child should be at least three years old by September 1, 2026. We accept children up to five years old. Sometimes that extra year can be a good idea for young 5's.

SNACK:

We provide a healthy snack with water every day.

CLASS DAYS AND TIMES:

This class will meet from 9:00 - Noon on Monday, Wednesday, and Friday.

REGISTRATION FEE:

If you enroll your child by July 15, 2026, the **Non-Refundable** Registration fee is \$60.00. After July 15, 2026, the Registration Fee increases to \$70.00.

COST:

The yearly tuition is: \$2700.00 (September-May). This may be paid in monthly installments of \$300.00 due the first week of the month. There is also a pay on-line option clearcreek.pdx.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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Clear Creek Preschool Registration

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? _____

Fathers Name _____ Cell# _____ Work# _____

Mothers Name _____ Cell# _____ Work# _____

REGISTRATION FEE, WHEN ENROLLED BY July 15, 2026 is \$60.00, NON-REFUNDABLE, AND MUST ACCOMPANY APPLICATION TO ENSURE ENROLLMENT. (The non-refundable Registration Fee for applications received after July 15th, 2026 is \$70.00)

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 _____