

Learning Cooperatively since 1974

Tualatin Valley Cooperative Preschool

www.tualatinvalleypreschool.org

9230 SW Siletz Drive | PO Box 2868 | Tualatin, Oregon 97062

Mail this form with the \$85 registration fee and \$50 supplies fee (\$135) to secure your child's enrollment. Please contact us prior to mailing form and money to confirm space is available: (503) 691-9866 registrar@tualatinvalleypreschool.org

How did you hear about us? _____

_____ Junior (3s) AM class Tuesday & Thursday 9:00-12:00 PM \$145/month

_____ Senior (4s) AM class Monday, Wednesday, & Friday 9:00-12:00 PM \$175/month

_____ 5-Day Option (3rs & 4s combined) AM class Monday- Friday 9:00-12:00 PM \$295/Month

T-Shirt Size: 4T 5T

Child's Name _____

Preferred Name _____ D.O.B. _____ Male Female

Parent/Guardian Name(s) _____

Address _____ City _____

State _____ Zip Code _____ Primary Email Address _____

Home phone _____ Mobile Phone(s) _____

Person to contact in emergency if unable to reach parents/guardians:

Name _____ Phone# _____

Child's Physician _____ Phone# _____

Medical Insurance Co. _____ Policy# _____

Group # _____

Release for Medical Emergency: In case of accident requiring medical attention, I authorize that my child be taken to and treated by the nearest physician or hospital selected at the discretion of Tualatin Valley Preschool, Inc., and its teachers or their representatives, from any and all liability for injuries or illnesses resulting from conditions or circumstances beyond their control.

Signature of Parent/Guardian _____ Date _____

Is child on medication or under a doctor's care? Please specify: _____

Please list allergies, serious illnesses, surgeries, or physical disability _____

In my opinion, this child is in good physical health, properly immunized and free from communicable diseases.

_____ Date _____

TVP Member Obligations

1. Parent Helping: Members are required to help in the classroom approximately 13-15 times a year or 1-3 times a month depending on class size.
2. Parent Support Jobs: Each family must complete a Parent Support Job for the school year.
3. Work Parties: Each family must complete a work party for the school year. Board members are considered to have fulfilled their work party obligation. Work done for Parent Support Jobs does NOT count toward the work party requirement.
4. Fundraising: Members are required to raise \$250 and participate in fundraisers - or members may choose to opt-out of fundraising by donating \$250. The \$250 must be paid in full by the completion of the last fundraiser. If any of the fundraising requirements are not met, additional fines may be levied, and membership may be terminated.
5. Registration Packet: All forms must be completed and signed prior to attendance.
6. Meeting Attendance: A representative from each family must attend the General Meetings, which are for the most part every other month. The first absence is excused. After that, absences are UNexcused and fines are levied for each absence.
7. Tuition and Fees: All fees must be paid prior to the first day of school, including May tuition. May tuition is due on August 1st and is late after the class picnics. Tuition for September through April is due on the 1st of each month and is late after the 10th. Fines will be levied for bounced checks and late payments. Persistent delinquency of tuition and fines owed will result in membership termination.
8. Background Check: No person may be a member of TVP if they have been convicted of (or are under indictment for) crimes involving violence, force, or sex-related crimes involving a minor. Every person must undergo a background check before volunteering in the classroom. Have you (or your spouse/co-guardian) ever been convicted of (or are currently under indictment for) a crime involving violence, force, or sex-related crimes involving a minor?
Yes _____ No _____
9. Photo Policy: I give my consent to have my child(ren) photographed/video-recorded while at TVP.

As a parent/guardian of _____, I agree to fulfill the Member Obligations listed above and detailed in the Handbook. As a member, I am responsible for knowing and understanding the bylaws and policies of TVP. I understand that if at any time I am unable to fulfill these obligations, it is my responsibility to inform a Board member. I also understand that failure to fulfill these obligations may result in fines and/or membership termination.

Parent Signature

Date

_____ **[INITIAL AT ORIENTATION]** I acknowledge that I have received the Handbook, understand the Insurance Procedure, and am aware of my Member Obligations.

Initials

Parent Name

Date



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

for all
date
medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

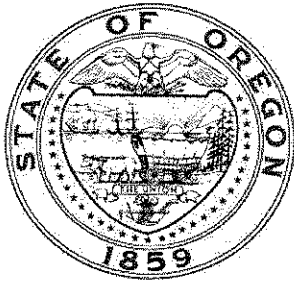
Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
--------------------------------------	-------------------------------	---	---

	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Recommended Vaccines	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:

Please submit a **letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- A health care practitioner
- The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Diphtheria/ Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Hib |
| <input type="checkbox"/> Measles/Mumps/Rubella | |

Signature of Parent or Guardian _____ Date _____

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- Religious belief
- Philosophical belief
- Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

TVP Board Job Descriptions

Revised August 2013

- **President** - The President oversees all Board and general meetings, is responsible for all financial affairs, and handles general management issues (teacher contract negotiations, building lease renewals). The President is the primary contact person for the teachers and the church.
- **Vice President** - The Vice President assists the President and assumes the President's duties should the need arise, chairs the Grievance Committee, handles members not fulfilling member obligations, chairs the Nominating Committee, and organizes school picture day.
- **Fundraising Chairperson (per fundraising event)** - The Fundraising Chairperson oversees the fundraising event they signed up for and the Fundraising Committee/Work Party members assigned to them. *Note: This position is required to attend the board meetings before and after their fundraiser.*
- **Secretary** - The Secretary has the overall responsibility for school record keeping: taking and posting minutes for all meetings, keeping the Board List updated, school correspondence, updates the handbook, gets the mail from the PO Box, and they also assume the duties of the Vice President should the need arise.
- **Treasurer** - The Treasurer has overall responsibility for all funds, keeping financial records, payroll, disbursing funds, filing taxes and making financial reports at the meetings, and trains the Assistant Treasurer.
- **Assistant Treasurer** - The Assistant Treasurer bills, collects and records all member payments (tuition, supplies, registration, late fees, fundraising obligations etc.), serves on the Budget Committee to prepare the budget for the following year. After serving for one year as Assistant Treasurer, this person becomes Treasurer the following year.
- **Registrar** - The Registrar recruits new families, organizes Open Houses, registers for Fairs and other publicity opportunities, collects and keeps all registration paperwork, files immunization records with the state, keeps class lists updated and sends them to the Board, and trains the Assistant Registrar.
- **Assistant Registrar** - The Assistant Registrar works with the Registrar recruiting new families (giving tours, answering questions via email or phone call), attends Open Houses and Fairs, and in January takes over for the Registrar and the outgoing Registrar becomes the assistant until May. This person works with the Registrar on January/February registration.
- **Class Representative (one per class needed)** - The Class Representative is a liaison between the Board and the members, they prepare monthly parent help calendars, preside over monthly class meetings, keep meeting attendance and parent help records, and help to welcome and orient new members.
- **Marketing** - Responsible for increasing our presence in our surrounding community, advertises in local publications, brainstorms ways to boost enrollment, maintains website and serves as Webmaster, is in charge of our Google group, and updates Board on how TVP is being advertised.
- **PCPO Rep** - The PCPO Rep attends monthly PCPO (Parent Child Preschools of Oregon) meetings and reports to the membership and board. She/he also helps publicize PCPO activities, conferences etc. to the membership throughout the year. *Note: this position may opt-out of Board Meetings.*

TVP Parent Support Job Descriptions

Revised August 2013

- **Art Preparation/Substitute Teacher (per class)** - This person prepares materials for art projects throughout the year; the teacher provides instructions, samples, and supplies and they teach the class when the teacher is unable to be there. The teacher provides lesson plans, supplies etc. Teaching experience is helpful but not required. Current CPR/First Aid Certification is required.
NOTE: After 4 substitute teaching sessions, the parent support job requirement is fulfilled and any additional substitution days count toward regular parent help days.
- **Book Order Coordinator/Supplies** - This person distributes, collects, and processes book order forms. They distribute the book orders and work with the teachers to use bonus points. They also purchase supplies for the school as needed throughout the year.
- **Cleaning Chairperson** – This person meets with the cleaning committee (usually at a fall general meeting) to set up the monthly cleaning schedule for the year (7-8 sessions per year, 4 hours ea.) She/he reminds committee members when they are scheduled to work and makes sure all cleaning supplies are available. The Cleaning Chairperson participates in at least two cleaning sessions.
- **Cleaning Committee** - Cleaning Committee members participate in at least 2 cleaning sessions during the year. They are responsible for making sure the school stays clean and the toys get sanitized. Each session is 4 hours each on Saturday mornings, the specific dates can be found on the calendar.
- **Laundry/Play dough** – This person is responsible for weekly laundry and monthly play dough preparation.
- **Safety Inspector** – Responsible for all safety measures, checks the play structure for any safety hazards, collects students' personal safety kits, oversee general maintenance, repair of school equipment and fixtures as needed, and keep the courtyard at the school entrance safe. NOTE: Room/building maintenance (plumbing, electrical, etc.) is handled by the church.
- **Fundraising Committee** – Committee members attend Fundraising Committee meetings as needed. They work with the Fundraising Chairs and attend fundraising events as needed to assist in making them a success.

Parent Support/Board Job Request Form

Last Updated August 2015

Job Request Form

Parent's Name: _____

Phone Number: _____

Student's Name(s): _____

Class(es): _____

Email: _____

Position Preferences

(See list of jobs below)

Parents are responsible for either a Board Position or a Parent Support Job during the school year. Please look over the job list below and indicate your first 3 choices in order of preference. Every effort will be made to match you with your first choice; however the Committee Liaison also needs to ensure that certain positions are filled from within each class.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Board Positions

(monthly Board Meetings)

Board Positions

(sporadic Board Meetings)

Parent Support Jobs

(no Board Meetings)

President	Marketing	Cleaning Committee
Vice President	PCPO Representative	Book Orders/Supplies
Secretary	Fundraising Chair(s)	Safety Inspector/Laundry
Treasurer		Art Prep/Substitute (per class)*
Assistant Treasurer**		Fundraising Committee
Registrar		**Treasurer the following year
Assistant Registrar***		***Registrar the following year
Class Representative (per class)		*Current CPR/First Aid Certification

**Tualatin Valley Preschool
Pick-Up Authorization Form**

Student(s): _____

Parent(s) / Guardian(s): _____

In accordance with state law, we require the names, addresses, and telephone numbers of the individuals permitted to drop off and pick up your child(ren) from school. If someone arrives to pick up your child(ren) who is not authorized, we cannot allow your child to leave with them.

Please list below any people (other than parents/guardians) who are authorized to pick up your child from school.

Name	Address	Phone

I understand that if the name does not appear on this list, my child will not be released from school.

Parent/Guardian Signature Date

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N SCHOOL/DISTRICT COVER FORM AND A CHECK FOR \$5.00 PER APPLICANT.
ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE DEPARTMENT OF EDUCATION.**

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____
Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

A. Have you **EVER** been convicted of a sex-related crime? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors? Yes No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) Yes No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No

Advisory: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____

Tualatin Valley Preschool
Criminal Background Check Release

I wish to volunteer at Tualatin Valley Preschool ("TVP") and understand that TVP, in conformance with its policy, will request that the Oregon Department of Education perform a criminal background check on me as a condition of my volunteering for TVP. I understand that volunteering is a privilege and that the decision of whether to allow me to participate is completely within the discretion of TVP and its designated authorities. In consideration for the opportunity to volunteer for TVP, I hereby release for myself, my spouse, my heirs, executives, and assigns, completely release and discharge the Parent-Child Preschools of Oregon (the "PCPO"), TVP, their Boards, officers, employees, and agents and their respective heirs, executors, and assigns of any and all claims, rights, demands, actions, obligations, causes of action of any and every kind, nature, and character, known or unknown, that I may have against any of them arising from or in any way connected with my relationship with them relating to the policy or the execution of my background check.

Signature

Name

Home Address:
