

2019-2020 ENROLLMENT PACKET

Before and After School Program



Chief Joseph Elementary

2409 N Saratoga St
Portland, OR 97217

Site Director: (503) 780-9145

(503) 915-1141

ChiefJoseph.Art4Life@Gmail.com

www.Art4Life.net

Hours: 7:00 AM - 8:45 AM

3:00 PM – 6:00 PM

All Days: 7:00 AM – 6:00 PM

Art4Life Monthly Fee Schedule

July 2019 - June 2020

Please submit a Change of Schedule (COS) form by the tenth day of the month prior to the next billing cycle to change a child's schedule.

December and June are the only prorated months.

Days per Week	AM&PM	AM Only	PM Only	
5 Days	\$488	\$257	\$418	
4 Days	\$424	\$225	\$336	\$25 drop-in AM or PM
3 Days	\$363	\$186	\$291	\$50 per all day
2 Days	\$308	\$148	\$242	
1 Day	\$176	\$132	\$150	

Parent Handbook

Families can always access the parent handbook and policy guide on line at www.Art4Life.Net. Many billing, scheduling and general programing questions are answered there.

Payment and Late Fees

Monthly bills are emailed and/or available for pickup at the parent sign in at your school by the 1st of each month. Monthly payments are due on the 10th of each month.

- Please make checks payable to "Art4Life". Parents must label all payments with the child's first and last names, as well as the school that he/she attends, in the "Memo" section of the check.
- You may hand-deliver your payment to an Art4Life staff member or you can mail your payment to our mailing address: 3405 SW Naito Parkway, Portland, Oregon 97239.
- Parents are responsible for payment of each monthly bill regardless of the child's attendance.
- Art4Life does not offer automatic credit card withdrawal services or credit card payments of any kind.
- Failure to pay by the due date (the 10th of each month) will result in a \$25.00 late fee. Additional \$25.00 late fees will be applied monthly until the balance is paid.
- Questions regarding billing and payment can be directed to your school's site director or to Art4Life.Billing@gmail.com
- There will be no refunds after the first day of school.
- There are no refunds for snow days, sick days or unexpected absences.

Contact Information for Art4Life

ChiefJoseph.Art4Life@Gmail.com will be checked frequently and will be the primary source of communication between the site director and the parents. **Please be sure to supply an email address at which you can be reached**, or alert us if this is an inconvenient method of communication for you.



Chief Joseph Art4Life 2019-2020 Enrollment Packet

Student Enrolling

Date

Grade 2019-2020 School Year

Schedule:

	Morning	Afternoon
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Date Starting: _____

of Siblings in Art4Life: _____

_____ One-month tuition deposit of \$_____ is due upon registration
Date

_____ \$100.00 nonrefundable Enrollment Fee is due upon registration.
Date

- Please notify the Director in writing no later than August 10th if you would like to withdraw your child or change their schedule. After that date, no refunds or credits will be granted.
- By signing below, I agree to the payment terms defined by the fee schedule.
- **I understand that tuition is due by the 10th day of every month**, and that a \$25.00 late fee will be imposed if tuition has not been received by the 10th of each month.
- I realize that Art4Life closes at 6:00 p.m. and I am responsible for compensating the Art4Life teacher on duty with payment of **\$1.00 for every minute after 6:00 p.m. that I am late.**

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Non-discrimination Statement

Art4Life is an equal opportunity program and does not discriminate in employment or the provision of services on the basis of race, color, religion, sex, national origin, citizenship status, age, disability, political affiliation, sexual orientation, veteran status, or beliefs.

Art4Life Policies



Please refer to the online parent handbook and policy guide on the Art4Life website. Many billing, scheduling and general programing questions are answered on our website.

Schedule Changes

Art4Life is a tuition-based, non-profit organization that issues billing statements at the start of each month. We can accommodate schedule changes if we receive written notification in the form of a Change of Schedule (COS) by the tenth day of the month prior to the next billing cycle. COS forms can be found at the parent board.

- To change a child's monthly schedule permanently, parents must submit a COS form by the tenth day of the month prior to the next billing cycle.
- To change a child's monthly schedule temporarily for a particular month, parents must submit a COS form by the tenth day of the month prior to the next billing cycle.
- To discontinue a child's care, parents must submit a COS form by the tenth day of the month prior to the next billing cycle

Verbal notifications of schedule changes will not be honored. Any other circumstances will be treated on a case-by-case basis if discussed in advance with the Executive Director.

Payment and Late Fees

Monthly bills are emailed on the 1st of each month at the school where your child attends.

- Please make tuition checks payable to "Art4Life". Parents must label all payments with the child's first and last names, as well as the school that he/she attends, in the "Memo" section of the check.
- You may hand-deliver your payment to an Art4Life staff member or you can mail your payment to our mailing address: 3405 SW Naito Parkway, Portland, Oregon 97239.
- Parents are responsible for payment of each monthly bill regardless of the child's attendance.
- Art4Life does not offer automatic credit card withdrawal services or credit card payments of any kind.
- Failure to pay tuition by the due date (the 10th of each month) will first result in a \$25.00 late fee. Additional \$25.00 late fees will be applied monthly until the balance is paid.
- After three months of nonpayment, all evidentiary information will be forwarded to Art4Life's attorney and the child will be removed from the program.
- Questions regarding billing and payment can be directed to your school's site director or Art4Life.Billing@gmail.com
- There will be no refunds after the first day of school.
- There are no refunds for snow days, sick days or vacation days.

Scholarships

Art4Life offers partial scholarships to those families who qualify. Applications for partial scholarships are available at the parent board. Enrollment fees are not included in partial scholarships.

Extensive policy and procedure information is located online at www.Art4Life.net, on the parent board located at your school or provided by request. Please sign and date below indicating that you have read and agree to the above policies and those listed online.

Parent or Guardian Signature

Date



Art4Life Policies (continued)

Pick Up and Drop Off

Parents are required to sign in their child (or children, if applicable) every morning that their child attends Art4Life. Parents are also required to sign out their child (or children, if applicable) every afternoon that their child attends Art4Life. **Any individual other than the parent picking up children must present photo ID to an Art4Life staff member. In this event, parents must notify an Art4Life staff member and have that person listed as being authorized to pick up their child.**

Finders Fee

Your child's school does not relay messages to Art4Life nor does it notify us when children are absent or leave school early. It is important that all children are accounted for who are scheduled to attend Art4Life. In order to avoid a **\$15 finders fee**, please do the following:

- Send an email to ChiefJoseph.Art4Life@Gmail.com informing us that your child will not be attending Art4Life that day.

OR

- Write a note in the parent book located at the parent board.

OR

- Leave a voice-mail message on the Art4Life phone (503) 780-9145.

If Art4Life does not receive notification and must search for a child who was absent from school or whose after-school plans have changed, the parents will be notified and a **\$15 finders fee** will be imposed on the following month's billing statement. If Art4Life cannot confirm your child's whereabouts within 10 minutes of dismissal, Art4Life will call you. If no response is received from you after 15 minutes, our staff will call your child's emergency contacts. **If after 30 minutes we have received no confirmation as to your child's location, Art4Life will call 911 to report a missing child.**

Extensive policy and procedure information is located online, on the parent board located at your school or provided by request.

Please sign and date below indicating that you have read, understand and agree to the above policies.

Parent or Guardian Signature

Date

Child Enrollment Authorization

Child's Name (Last, First)		Child's Nickname
Date of Birth	Date Entered Care	Age at Entry
ALLERGY ALERT	Does your child have allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, list all allergies on the back of form.
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours		
Work Address		Work Phone
Name (First, Last)		Relationship
Home address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours		
Work Address		Work Phone
Required Emergency Contact Information - person other than parent or guardian who is authorized to pick up child.		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Non-Emergency Contact Information - person other than parent or guardian who is authorized to pick up child.		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Parent or Guardian Authorization		
Please list any restrictions to permission of the following:		
**My child may be taken on field trips or excursions by bus as well as on neighborhood walking excursions under required supervision. YES <input type="checkbox"/> NO <input type="checkbox"/>		
**My child may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard) YES <input type="checkbox"/> NO <input type="checkbox"/>		
**My child may be photographed for publicity or news purposes. YES <input type="checkbox"/> NO <input type="checkbox"/> This applies to <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photos		
**In an emergency, Art4Life has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.		
Parent/Guardian Signature		Date

Child Information

Has your child previously been in child care? Yes No

If yes, why type of care and how long?

Child General Information — please include all information that will assist us in providing quality care for your child.

Likes and dislikes

Eating habits and schedules

Sleeping habits and schedule

Play

Fears

Special words and their meanings

Child Medical Information

Does your child have allergies? Yes No Has your child had chickenpox? Yes No

Please list any allergies or health-related issues that caregivers should know about. In addition, please list any instructions for providing the best possible care for your child. If these conditions/issues restrict your child's activities or activity levels, please note in detail.

Other Children in the Home

Name (First, Last)	Nickname		Age
Name (First, Last)	Nickname		Age
Name (First, Last)	Nickname		Age



Emergency Consent Form

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, please complete this EMERGENCY CONSENT FORM. In the event of a medical emergency, this form will accompany your child to the hospital.

I hereby authorize the ART4LIFE STAFF to give consent for any and all medical and/or surgical treatment that may be required for our child during your absence from August 2019 until June 2020.

CHILD'S FULL NAME	DATE OF BIRTH	ALLERGIES	CHRONIC ILLNESSES	CURRENT MEDICATIONS	DATE OF LAST TETANUS IMMUNIZATION

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Home address of parent/guardian: _____

Telephone of parent/guardian: _____

Employer: _____ Telephone: _____

Health insurance co.: _____ Policy holder name: _____

Member #: _____ Group #: _____

Emergency contact (other than parent/guardian): _____

Telephone: _____

Please list an emergency contact of someone within walking distance of your school who can pick up your child in case of a weather emergency or natural disaster that may inhibit your ability to safely reach the school.

Name: _____ Phone: _____

Parent/Guardian signature: _____ Date: _____



Field Trip Permission

By signing this permission slip you give Art4Life teachers authority to take your child on field trips.

- This permission slip is for trips within walking distance of Chief Joseph Elementary School and also field trips on All Days.
- When taking field trips off school grounds, Art4Life uses public transportation to locations disclosed to you prior to that day.
- Field trips can occur on short notice.
- Departure time, the number of children and estimated time of return will always be posted on the parent board.
- Those children without signed permission slips will not be allowed to participate in field trips.
- Parents and guardians are always welcome to join Art4Life on field trips.

I have read the above information and agree that my child, _____, has my permission to participate in walking field trips and All Day field trips through the Art4Life program.

Parent or Guardian Signature

Date

Art4Life School Disclaimer

I understand School District No. 1, Multnomah County, and Chief Joseph Elementary School provide only space for the Before and After School Arts Program, Art4Life. Chief Joseph Elementary School does not supervise the care or provide program staffing or transportation, and I will not expect the Chief Joseph Elementary School to take any responsibility for the care of:

Child's Name

Including, but not limited to, mediating conflicts with provider, or the manner in which the facility is operated even if the school staff has knowledge.

Parent or Guardian Signature

Date



Basic Expectations

Please review the following expectations with your child before his or her first day with Art4Life:

- Children enrolled in the Art4Life program are expected to report to Art4Life **directly** following dismissal from their regular school day.
- Children participating in additional after-school programs (chess club, girl scouts, helping a teacher in their classroom, etc.) must submit a Permission to Attend a Contracted Class form. Students are required to report to Art4Life before attending these activities.
- An Art4Life staff member will escort kindergartners from their classrooms to the Art4Life space.
- Art4Life is an arts program. All students are expected to participate in all activities, and to follow all rules and schedules imposed by Art4Life and its teachers.
- Children and parents must treat the Art4Life staff, supplies and other participating children with respect and courtesy.

I have read and explained these expectations to my child.

Parent or Guardian Signature: _____ **Date:** _____

Art4Life Behavior Expectations

Art4Life aligns its behavioral and disciplinary policies with Portland Public Schools and each school's principal's guidelines. Parents/guardians are expected to take an active role in Art4Life's efforts to implement positive behavior supports and to work with schools to address their student's behavior.

Positive Behavior Interventions and Supports

Art4Life participates in district-wide trainings for Positive Behaviors Interventions and Supports. Our staff supports the children in learning responsibility and respect for themselves and others. Our role is to help children learn to cooperate with one another, to develop self-control, and to develop problem-solving skills. If problems arise, we follow this three-tiered course of action:

- When a child requires redirection, a member of the staff will restate the agreed-upon expectations.
- If redirection is needed a second time for the same behavior, a teacher will discuss how the group is being affected and work to create a strategy for success. This reflection may be written or a verbal discussion and will be communicated with the child's parents at the end of the day.
- If redirection is still needed for a third time, the staff of Art4Life will meet with the parent and work with the school's principal, the child's school teacher and any other school support staff to help the child return to a respectful and positive space at Art4Life.

For more information regarding the above, please refer to the online comprehensive parent handbook or the parent board. Continued enrollment in the Art4Life program is at the sole discretion of Art4Life. Notwithstanding the Behavior Contract referenced in the Enrollment Packet, any behavior by the parent(s) or the student that is detrimental to the Art4Life program or its employees may result in immediate expulsion from the Art4Life program.



Portland Public Schools (“District”) and Before- and After-School Childcare Providers (“Program”) can effectively support your student when the school and Program are allowed by you to share important information about your child for the purposes of student support, program planning, staffing, and safety.

For the 2019-2020 school year, the District is requiring every parent/guardian with a student enrolled in a Program to sign this release form. By signing this release form, you allow your child’s school to share information about your student with the Program. This release form also grants permission to the Program to share information about your student with the school on a need-to-know basis.

This authorization expires at the end of the 2019-2020 school year.

Student’s/Child’s Name	Attending School	Date of Birth
Name of Program	Location of Program	

By signing this release, I understand that:

- Providing this consent is a requirement for my child to participate in the Program.
 - This consent allows verbal information about my student’s behavior, safety, education, health, social skills, and accommodations to be shared between the Program and school.
 - _____ (*requires parent/guardian initials*) In addition, I specifically authorize the release of school records as needed. Records will only be shared on an “as needed” basis.
 - The Program will keep all information about students confidential according to its own policies.
- I consent to the use and disclosure of the above information and/or records.

Signature of Parent or Legal Guardian	Relationship	Date
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Contract 2019-20

Does your child have an Individual Education Plan? YES NO

If yes, please share any information regarding this plan that may help our staff provide a supportive and consistent environment before and after school.
