

Art4Life

2022-2023 Enrollment Packet

Enrollment priority is given to those families that qualify for **Employment Related Daycare Assistance**.

	<u> </u>		
Student Enrolling	Date	Grade 2022-2023	School
Will you be using any state subsiditives please include information from y			
Please check the boxes you wish for	or your child to atten	d:	
Morning Care: 7:00 a m ***Only available at Al		Afternoon Care: Disn	nissal - 6 p.m.
MONDAY		MONDAY	
TUESDAY		TUESDAY	
WEDNESDAY		WEDNESDAY	
THURSDAY		THURSDAY	
FRIDAY		FRIDAY	
Date Paid \$100.00 non Date Paid By signing below, I understand the A parent or guardian must withdraw the child from ca credits will be granted. In a enrollment. I agree to the payment term I understand that tuition imposed.	n-refundable Enrollm following: notify the Site Direct re or change his/her s addition, no refunds we as defined by the fee is due by the FIRST	T day of every month and that a \$	nat date, no refunds or school for September 625.00 late fee will be
	-	nd I am responsible for compensat y minute after 6:00 p.m. that I a	•
Parent or Guardian Signature		Date	
Parent or Guardian Signature		Date	

CHILD ENROLLMENT AUTHORIZATION and INFORMATION Child's Name: Nickname: Date of Birth: Age at Entry: DOES YOUR CHILD HAVE ALLERGIES? YES Has your child had Chickenpox? NO 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 them in detail. PARENT or GUARDIAN CONTACT INFORMATION: Parent/Guardian Name: **Email:** Address: Phone: **Zip Code:** City, State: **Employer: Employer Phone:** Parent/Guardian Name: **Email:** Address: Phone: City, State: Zip Code: **Employer: Employer Phone:** EMERGENCY CONTACT INFORMATION - Person other than parent or guardian authorized to pick up child. Name: **Email: Relationship:** Phone: **Email:** Name: **Relationship:** Phone: PARENT or GUARDIAN AUTHORIZATION YES __ NO__ My child may be taken on field trips or excursions by bus as well as on neighborhood walking excursions under required supervision. My child may participate in swimming or other water activities under required supervision YES __ NO__ (OCC requires an approved lifeguard). YES __ NO__ My child may be photographed for publicity or news purposes. YES __ NO__ 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 is notified as soon as possible.

Art4Life Policies

Please refer to the online <u>parent handbook and policy guide on the Art4Life website.</u> Many billing, scheduling, and general programming 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 10th 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 10th day of the month prior to the next billing cycle.
- o To change a child's monthly schedule temporarily for a particular month, parents must submit a COS form by the 10th day of the month prior to the next billing cycle.
- o To discontinue a child's care, parents must submit a COS form by the 10th day of the month prior to the next billing cycle.
- o <u>Verbal notifications of schedule changes will not be honored</u>. Any other circumstances will be treated on a case-by-case basis if discussed in advance with the Executive Director.

Payment and Late Fees

- o Monthly bills are emailed before the first of each month and payment is due on the first of each month.
- We are happy to accept electronic payments from your bank through bill pay, but please arrange for this payment to arrive on or prior to the first of each month. Our mailing ONLY address is 3405 SW Naito Parkway, Portland, OR 97239.
- o Please make checks payable to "Art4Life". In order to promptly and correctly credit your payment, please label all checks, electronic payments, and money orders with the child's first and last names, as well as the school attended, in the "Memo" section of the check.
- o You may also hand-deliver your payment to an Art4Life staff member, or mail your payment to our mailing ONLY address: 3405 SW Naito Parkway, Portland, Oregon 97239.
- o Parents are responsible for payment of each monthly bill regardless of the child's attendance.
- o Art4Life does not offer automatic credit card withdrawal services or credit card payments currently.
- o Failure to pay tuition by the due date (the FIRST 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.
- o After three months of nonpayment, all evidentiary information will be forwarded to Art4Life's attorney and the child will be removed from the program.
- o Questions regarding billing and payment can be directed to your school's site director or Art4Life.Billing@gmail.com
- o There will be no refunds after the first day of school.
- o December and June are the only months that are prorated.
- o There are no refunds for snow days, sick days, vacation days, or closures due to a pandemic.

Scholarships

Art4Life offers partial scholarships to those families who qualify. Applications for partial scholarships are available at the parent board and online. 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 escort their child (or children, if applicable) to the Art4Life space every morning that their child attends Art4Life. Parents are required to escort their child (or children, if applicable) from the Art4Life pick-up area every afternoon that their child attends Art4Life. Any individual other than the parent picking up children must present a photo ID to an Art4Life staff member. In this event, parents must

notify an Art4Life staff member and have t	that person listed as being authorized to pick up their child.
•	to Art4Life nor does it notify us when children are absent or leave are accounted for who are scheduled to attend Art4Life. In order wing:
 Send an email to Art4Life informing u 	as that your child will not be attending Art4Life that day.
OR	
Write a note in the parent book located	d at the parent board.
OR	
o Leave a voice-mail message on the Ar	t4Life phone.
after-school plans have changed, the parent following month's billing statement. If Art4 dismissal, Art4Life will call you. If no response	d must search for a child who was absent from school or whose is will be notified and a \$15 finders fee will be imposed on the Life cannot confirm your child's whereabouts within 10 minutes of onse is received from you after 15 minutes, our staff will call your ninutes we have received no confirmation as to your child's missing child.
Extensive policy and procedure information or provided by request.	on is located online, on the parent board located at your school
Please sign and date below indicating that you	u have read, understand and agree to the above policies.
Parent or Guardian Signature	Date



DATE OF

Emergency Consent Form

Permission for Child to be Transported to a Hospital

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 <u>ART4LIFE STAFF</u> to give consent for any and all medical and/or surgical treatment that may be required for my child during my absence from <u>August 2022 until June 2023</u>.

CHILD'S FULL NAME	DATE OF BIRTH	ALLERGIES	CHRONIC ILLNESSES		CURRENT MEDICATIONS	LAST TETANUS IMMUNIZATION
Physician:			Phone:			
Dentist:			Phone:			
Parent/GuardianAddress:			Phone:			
Health Insurance Co:			Member #:			
Policyholder name:			Group #:			
Emergency contact (other than parent/guardian):			Phone:			
Please list at least or pick up your child in reach the school.						
Name:			Phone:			
Name:			Phone:			

Field Trip Permission

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

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

I have read the above information and agree that n and All Day field trips through the Art4Life progra	ny child has my permission to participate in walking field tri am.	ps
Parent or Guardian Signature	Date	
Art4Life School Disclaimer		
and After School Program, neither my child's s	bunty, and my child's school provide only space for the Beforehool nor Portland Public School District supervise care I I will not expect my child's school or PPS to take a	or
Child's Name		
Including, but not limited to, mediating conflicts even if the school staff has knowledge.	with provider, or the manner in which the facility is operat	ed
Parent or Guardian Signature	Date	

Basic Expectations

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

- o Children enrolled in the Art4Life program are expected to report to Art4Life **directly** following dismissal from their regular school day.
- o 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.
- o An Art4Life staff member will escort kindergartners from their classrooms to the Art4Life space.
- o 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.
- o 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 support and to work with schools to address their student's behavior.

Positive Behavior Interventions and Supports

Art4Life participates in district-wide training 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 practice self-control, and to develop problem-solving skills. If problems arise, we follow this three-tiered course of action:

- o When a child requires redirection, a member of the staff will restate the agreed-upon expectations.
- o 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.
- o 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 <u>online comprehensive parent handbook</u> 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 2022-2023 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 September 30, 2023 (not more than one school year).

Child's Name:	Date of Birth:
Name of Program: Art4Life	Attending School:

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.

Parent/Guardian Signature:	Relationship:	Date:	
Contract 2022-23 School Year			
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.			



Art4Life Monthly Fee Schedule

July 2022 - June 2023

Please fill out a Change of Schedule (COS) form by the 10th day of the month prior to the next billing cycle to change a child's schedule.

December and June are the only prorated months.

***Morning care is not available at Richmond Days per Week AM Only PM Only AM PM \$545 5 Days \$290 \$470 4 Days \$25 drop-in AM or PM \$475 \$255 \$375 \$50 per all day 3 Days \$410 \$210 \$330 2 Days \$170 \$350 \$270 1 Day \$200 \$155 \$170

Parent Handbook

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

Contact Information for Art4Life

Your Art4Life Site Director will check the corresponding email 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.

Abernethy	AbernethyA4L@Gmail.com	(971) 998-3352
Access Academy	Art4LifeAccess@Gmail.com	(503) 245-6985
Richmond	RichmondArt4Life@Gmail.com	(503) 962-9466
Winterhaven	Art4LifeWinterhaven@Gmail.com	(503) 803-8368

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.