



Art4Life

2024-2025 Enrollment Packet

Enrollment priority is given to those families that qualify for [Employment Related Daycare Assistance](#).

Student Enrolling	Date	Grade 2024-2025	School
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Will you be using any state subsidies for tuition? YES NO

If YES please include information from your caseworker verifying that you qualify for this program.

Hours:

Regular school days: Dismissal - 6:00 pm

Early Release days: Dismissal - 5:00 pm

All-Days - 8:00 am- 5:00 pm

Please check the afternoons you wish for your child to attend:

- MONDAY AFTERNOON
- TUESDAY AFTERNOON
- WEDNESDAY AFTERNOON
- THURSDAY AFTERNOON
- FRIDAY AFTERNOON

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

Date Paid

_____ \$100.00 non-refundable Enrollment Fee is due upon registration.

Date Paid

By signing below, I understand the following:

To make schedule changes or withdraw a child from the program for the following month, a parent or guardian must notify the Site Director in writing by the 10th of the month prior. I understand that no refunds or credits will be granted after that date. Also, no refunds for September enrollment will be given after the first day of school.

I agree to the payment terms defined by the fee schedule.

I understand that tuition is due by the FIRST day of every month and that a \$25.00 late fee will be imposed.

I understand that Art4Life closes at 6:00 p.m. on regular school days, 5:00 p.m. on early release days, and 5:00 p.m. on All-Days and I am responsible for compensating the Art4Life teacher on duty with payment of **\$1.00 for every minute after closure time that I am late.**

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 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 them in detail.

PARENT or GUARDIAN CONTACT INFORMATION:

Parent/Guardian Name:	Email:
Address:	Phone:
City, State:	Zip Code:
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:
Name:	Email:
Relationship:	Phone:

PARENT or GUARDIAN AUTHORIZATION

My child may be taken on field trips or excursions by bus as well as on neighborhood walking excursions under required supervision.	YES __ NO__
My child may participate in swimming or other water activities under required supervision (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.	YES __ NO__

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 ART4LIFE STAFF to give consent for any and all medical and/or surgical treatment that may be required for my child during my absence from August 2024 until June 2025.

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

If your child uses an epi-pen or any prescription or non-prescription drugs, these items must be submitted to Art4Life staff with accompanying paperwork. Art4Life cannot access items families have submitted to their school nurse.

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 one emergency contact of someone within walking distance of your child's 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:
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Name:	Phone:
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Art4Life Policies

Please refer to the online [parent handbook and policy guide on the Art4Life website](#). 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 before the next billing cycle. COS forms can be found at the parent board.

- o To change a child's monthly schedule permanently, parents must submit a COS form by the 10th day of the month before the next billing cycle.
- o Parents must submit a COS form by the 10th day of the month before the next billing cycle to change a child's monthly schedule temporarily for a particular month.
- o To discontinue a child's care, parents must submit a COS form by the 10th day of the month before the next billing cycle.
- o 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

- o Monthly bills are emailed before the first of each month and payment is due on the first of each month.
- o We are happy to accept electronic payments from your bank through bill pay, but please arrange for this payment to arrive on or before the first of each month. Our mailing address is 3421 SE 21st Ave, Portland, Oregon 97202.
- o Please make checks payable to "Art4Life". 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, accounts are under child's name NOT parents.
- o You may also hand-deliver your payment to an Art4Life Site Director or mail your payment to: 3421 SE 21st Ave, Portland, Oregon 97202.
- 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. An additional \$25.00 late fee will be applied monthly until the balance is paid.
- o After three months of non-payment, all evidentiary information will be forwarded to an 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 No refunds for September enrollment will be given 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 or strikes.

Scholarships

Art4Life offers partial scholarships to those families who qualify. Applications for partial scholarships are available at the parent board and [HERE](#). 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)



Certified Child Care License

Art4Life is a Certified School-Age Child Care Center. Our staff are entered into the Central Background Registry and take several mandatory training regarding Positive behavior methods and safety. Our license is renewed yearly and a physical copy is always available for parents to view in our Parent Binder.

Please indicate that you are aware this license is available to you by checking this box.

Pick Up and Drop Off

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 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 the school 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 Art4Life 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.

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

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 the 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 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 my child's school provide only space for the Before and After School Program, neither my child's school nor Portland Public School District supervise care or provide program staffing or transportation, and I will not expect my child's school or PPS to take any responsibility for the care of:

Child's Name

Including, but not limited to, mediating conflicts with providers, or how the facility is operated even if the school staff knows.

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 actively participate 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 [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.

Per the licensing rules from the Early Learning Division of Oregon, a school-age center may use physical restraint with a child who endangers themselves or the safety of others. Art4Life will in no circumstance use physical restraint or "holds" when supporting a child.



Portland Public Schools (“District”) 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 2024-25 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, 2025 (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:
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Contract 2024-25 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

August 2024 - June 2025

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

December and June are the only prorated months.

Afternoons per Week	Monthly Payment	
5 Afternoons	\$542	
4 Afternoons	\$432	\$40 Drop-in
3 Afternoons	\$381	\$75 per All-Day
2 Afternoons	\$311	
1 Afternoon	\$196	

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
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 based on race, color, religion, sex, national origin, citizenship status, age, disability, political affiliation, sexual orientation, gender identity, veteran status, or beliefs.