



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 conditions that caregivers should be aware of. Additionally, please provide any necessary instructions for ensuring 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:

For the safety and security of your child, please email your Art4Life Site Director with the names of any additional authorized pickup individuals well before their arrival.

PARENT or GUARDIAN AUTHORIZATION

My child may participate in field trips or excursions by bus, as well as on neighborhood walking excursions, under the 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__

Emergency Consent Form

Permission for Child to be transported to a Hospital

Care may be unnecessarily delayed if your child needs emergency medical care and you cannot give formal consent to medical authorities. 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 2026 until June 2027.

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 that families have submitted to their school nurse.

Physician:	Phone:
Dentist:	Phone:
Parent/Guardian Address:	Phone:
Health Insurance Co:	Member #:
Policyholder name:	Group #:
Emergency contact (other than parent/guardian):	Phone:

In a weather emergency or natural disaster, your ability to reach your child's school may be significantly impacted. We strongly encourage all families to develop an emergency plan. As part of this plan, please list at least one emergency contact within walking distance of the school who can pick up your child if you are unable to do so safely.

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 also be found at the parent board.

- 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".
- o 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 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. For the safety and security of your child, please email your Art4Life Site Director any additional individuals who are authorized to pick up your child from Art4Life.**

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 Send an email to your Art4Life Site Director, leave a voicemail message on the Art4Life phone or text the Art4Life phone.

In the event Art4Life is required to locate a child due to unreported absences or changes in after-school arrangements, a \$15 Finders Fee will be assessed and included on the following month's billing statement. Your Site Director will notify you via email of this charge.

This fee is applicable for **all** children enrolled in the program, including those using partial scholarships and Employment Related Daycare Assistance.

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 All students must be able to use the restroom independently. In the event of a minor accident, children should be capable of cleaning and dressing themselves. For health and safety reasons, any accidents involving feces will require a parent's assistance to clean.
- 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 students' behavior.

To ensure a smooth transition into Art4Life, we ask parents to share any existing school or playtime accommodations with the Site Director prior to attendance. This allows us to align our support with your child's routines.

Positive Behavior Interventions and Supports

Art4Life participates in district-wide training for Positive Behavior 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 staff member 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.



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 2026-27 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, 2027 (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 2026-2017 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 2026 - June 2027

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 months that are prorated.

Afternoons per Week	Monthly Payment	
5 Afternoons	\$614	
4 Afternoons	\$490	\$40 Drop-in
3 Afternoons	\$432	\$75 per All-Day
2 Afternoons	\$353	
1 Afternoon	\$222	

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 serve as the primary source of communication between the site director and 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

Health and Illness

We understand that children sometimes experience minor illnesses. To help prevent the spread of illness, please keep your child home for at least 24 hours after experiencing any of the following: sore throat, runny nose, skin rash, diarrhea, inflamed eyes, fever, nausea, vomiting, cough, head lice, or earache. In the event of a reported case of head lice, we will notify all families while maintaining strict confidentiality.

Non-discrimination Statement

Art4Life is an equal opportunity program that does not discriminate in employment or services based on race, color, religion, sex, national origin, citizenship status, age, disability, political affiliation, sexual orientation, gender identity, veteran status, or beliefs.