

Dragonfly Ranch Preschool
15898 S Springwater Rd
Oregon City, OR 97045
971-356-1715

DRAGONFLY RANCH PRESCHOOL

2026-2027

Registration Check-List

We welcome you and your child to the Dragonfly Ranch Preschool!
It will be a wonderful year filled with learning and growing experiences.
Please begin by registering your child – registration begins immediately.

The checklist below includes the items you will need to enroll your child for the 2026-2027 school year. Please make sure all your forms are included to complete the enrollment process.

Student's Name _____ Date _____

1. Preschool Registration/Application Form (two pages; be sure to sign and date).
2. Tuition Agreement Form (complete the form for the specific program you are registering for – ex: 2-day/week program, 3-day/week program, 5-day/week program).
3. Authorizations and Agreements (be sure to sign and date).
4. Photocopy of Certified Birth Certificate (this can be from the state or the hospital).
5. Oregon Certificate of Immunization Record - Please sign and date this form.
6. Medical statement provided by the child's primary care physician.
7. Get To Know Your Child form.

If you have any questions, please contact the directors, Cara @971-359-6390, Dan @ 503-473-7822, or the preschool directly @ 971-356-1715..

To register: please have all completed paperwork and deposit it to the preschool via mail, or you may drop it off in person. If the paperwork isn't complete, we will have you complete it as soon as possible. A spot for your child will be held, and a spot is available if the deposit is provided.

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Registration/Application Form

**Please Circle: 2 days: 3 days: 5 days
(5 days-AM ONLY)
AM (8:30-11:30) or PM (12-3)**

Student Name: _____ DOB: _____

Address: _____ Gender: M or F

Mother name and address: _____

Telephone Number: _____

Email: _____

Place of employment/Number: _____

Father's name and address: _____

Telephone number: _____

Email: _____

Place of employment/Number: _____

Marital status: _____

Emergency Contacts: _____

Name: _____

Number: _____

Name: _____

Number: _____

Other people authorized to pick up your child:

Name: _____ Relationship: _____

Address: _____

#: _____

Name: _____ Relationship: _____

Address: _____

#: _____

Allergies or other medical conditions:

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Medications Taken/Dosage (if any):

May we administer basic medical attention as needed (band-aids, antibiotic ointment)?
Yes or No

Does your child have a verified disability? If so, please explain:

Is your child fully potty-trained? Yes No

What does he/she say when they need to use the bathroom?

Does your child need support dressing? Yes No Sometimes

Does your child need support to feed themselves? Yes No Sometimes

Does your child need support washing their hands or face? Yes No Sometimes

How does your child communicate his/her wants and needs? Words Gestures Cues

Who lives in your child's household? _____

Siblings: please list the names, ages, grades, and school of any siblings:

Name: _____ Age: _____ Grade: _____ School: _____

Previous preschools, daycares, etc... (name, location and dates):

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Which holidays do you celebrate?

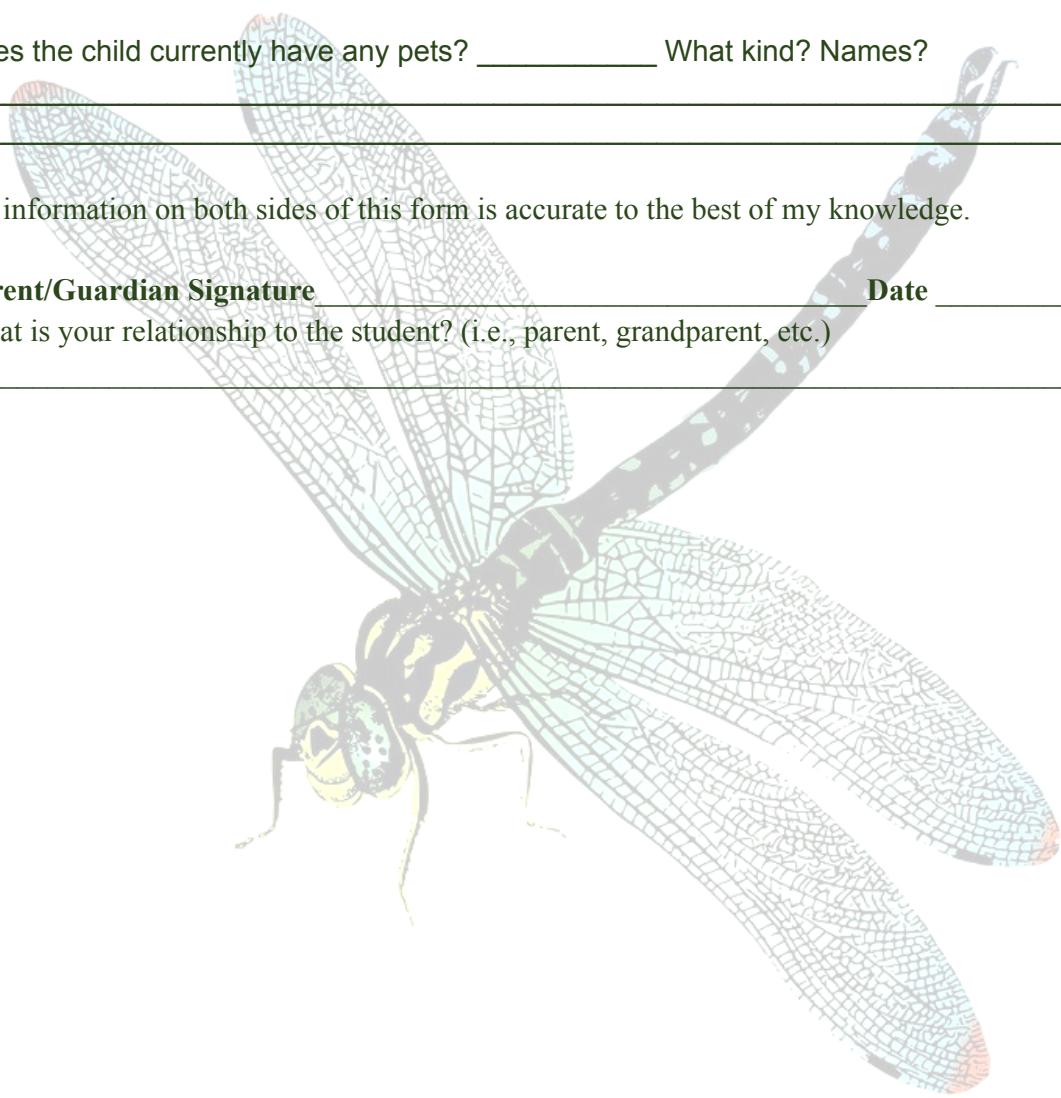
What is your child's comfort level around animals? Please explain:

Does the child currently have any pets? _____ What kind? Names?

All information on both sides of this form is accurate to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____

What is your relationship to the student? (i.e., parent, grandparent, etc.)



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TUITION AGREEMENT

2 DAYS/WEEK: \$450 per month

3 DAYS/WEEK: \$550 per month

5 DAYS/WEEK: \$650 per month

(For Fall registration, your child needs to be 3, 4, or 5 years old on or before 9/1/26:
Our calendar is based on the Oregon City School District.)

Please complete this form and mail it to the preschool with your \$100.00 non-refundable deposit. Dragonfly Ranch Preschool can accept checks, cash, Venmo, and credit cards. Please make checks payable to: **Dragonfly Ranch Preschool**. If you would like to pay by credit card, just let us know, and we will send an invoice via email through Square. The deposit will be applied towards preschool supplies if your child is placed in our center.

AGREEMENT FOR PAYMENT OF TUITION

Payment for the 2026-2027 center year will total _____ (if your child is coming 2 days it will be $\$450 \times 10$ months or 5 days $\$650 \times 10$ months). We will offer a \$50 discount for siblings. We no longer offer a discount for full-year payments. Payments are due on the first business day of the month. Please let us know at the beginning of each month how you will be paying.

You may mail or hand-deliver your check. Following the initial payment, an invoice will be sent to you on the 25th of each month. If payment is not received, a 2nd notice will be sent on the 5th of the month. If we do not receive payment by the end of a given month, then we will contact you to consider alternatives. A one-time late fee of \$100 will be added after the 5th of the month.

Student's Name: _____

I acknowledge that my deposit is non-refundable unless Dragonfly Ranch Preschool cannot provide placement. I understand the deposit will be applied to learning center supplies. I agree to the payment requirements as stated above.

*Please be aware that we will hold your deposit until a placement has been made.

Parent/Guardian Signature

Date

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Authorizations & Agreements

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and anti-bacterial first aid cream. We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication.

Being a functioning farm, we do have live animals, equipment, and tools. Although we take precautions and much care, accidents can occur. I am aware of this and assume the risk.

In an emergency, Cara Shambaugh/ Dan Silvey/ Dragonfly Ranch has my permission to call an ambulance, 911, or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child.

My child may be photographed for sharing photos, publicity, news: (please check below)

YES NO

Please be sure to contact the directors, Cara Shambaugh @ 971-359-6390, Dan Silvey @ 503-473-7822, or Dragonfly Ranch Preschool @ 971-356-1715 with any questions or adjustments. Your signature below states that you understand and agree to all of the above and that you release Dragonfly Ranch, Dragonfly Ranch Preschool, Cara Shambaugh, Dan Silvey, and Staff from any liability.

Thank you so much!

Parent/Guardian Signature

Date

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Getting to Know Your Child

Dear Parents,

Please fill out the following questionnaire and return it to the school as soon as possible.

Child's preferred name _____

I'd describe my son/daughter as: _____

What do you love most about your child:

What does your child like to play (at home, a park/playground)?

His/her strengths include: _____

Areas of concern (specify Speech or behavior): _____

How does your child usually respond to new environments or people?:

What hopes or goals do you have for your child in preschool?

Does your child have any fears, sensitivities, or comfort items we should be aware of?

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How do they interact with their siblings?

What is your routine before school?

How does your child usually handle separation from caregivers?

How does your child typically play with others?

Any recent changes we should be aware of (new sibling, a move, a big transition)?

Is there anything you are currently working on or hoping to support (social skills, independence, speech, etc)?

Is there anything else you would like us to know to help your child feel successful?

What are you most excited about your child starting preschool this year?

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West Linn Family Health Center, P.C.

18380 Willamette Drive, Suite 202 - **West Linn**, Oregon 97068 Phone (503) 635-8384 - Fax (503) 636-6475

Joyce S. Endo, MD · **Mindi L. Robinson, MD** **Ryan G. Scott, MD**

Andrew Gerry, FNP-C · **Brandon D. Roses, PA-C** -

02/12/2025

DOB:

To Whom It May Concern:

is up to date **on** immunizations and wellness **check-ups**. He is in good health and has no restrictions to attend preschool.

Please contact our office if further questions.

Sincerely,

Мотоимо

Mindi L. Robinson