



Triskelee Farm LCC
29700 SW Mountain Rd.
West Linn, OR 97068
503-741-9930

Triskelee Farm Learning Center 2020-2021

Registration Check-List

We welcome you and your child to the Learning Center!
It will be a wonderful year filled with learning and growing experiences.
Please begin by registering your child – registration begins April 1, 2020.

The checklist below includes the items you will need to enroll your child for the 2020-2021 school year. Please make sure all your forms are included to complete the enrollment process.

Student's Name _____ Date _____

1. Learning Center 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. Photo copy of Certified Birth Certificate (this can be from the state or the hospital).
5. Oregon Certificate of Immunization Record - don't forget to sign and date this form.
6. Medical statement provided by child's primary care physician.

If you have any questions please contact the directors Cara @ 508-245-3391 or Dan @ 503-473-7822.

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



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Triskelee Farm Learning Center Registration/Application Form

Please Circle: 2 days: T/Th or 3 days: M/W/F or 5 days M/T/W/TH/F
AM (8-11) or PM (12-3)

Student Name: _____ DOB: _____

Address: _____ Gender: M or F

Mothers 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: _____ #: _____

Name: _____ Relationship: _____

Address: _____ #: _____

Allergies or other medical conditions: _____

Medications Taken/Dosage (if any): _____

Do you give us permission to administer medications if needed? Yes or No

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



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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

Does your child have any fears or is there anything else we should know? _____

Has your child been cared for by anyone other than parents/guardians? _____

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

| Name: | Age: | Grade: | Learning center: |
|-------|-------|--------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Previous learning centers (name, location and dates):

Which holidays do you celebrate? _____

Is your child comfortable around animals? Yes No Sometimes
Please explain: _____

Has your child been around animals? Yes No Sometimes
If so, what kind? _____

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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Triskelee Farm Learning Center 2020-2021

PRELEARNING CENTER TUITION AGREEMENT

2 DAYS/WEEK: \$400 per month
3 DAYS/WEEK: \$450 per month
5 DAYS/WEEK: \$500 per month

(3 or 4 years old on or before 9/1/20: Our calendar is based on the WLWV School District)

Please complete this form and mail to the learning center with your \$100.00 non-refundable deposit. The learning center can accept checks, cash or credit card. Please make checks payable to: **Triskelee Farm Learning Center**. 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 learning center supplies if your child is placed in our center.

AGREEMENT FOR PAYMENT OF TUITION

Payment for the 2020-2021 center year will total _____ (if your child is coming 2 days it will be \$400 x 10 months or 5 days \$500 x 10 months). We will offer a 5% discount of payment for the full learning center year calendar and a 10% discount for siblings. 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 along with a copy of the invoice. 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 10th of the month. If we do not receive payment by the end of a given month then we will contact you to consider alternatives.

Student's Name: _____

I acknowledge that my deposit is non-refundable unless Triskelee Farm Learning Center 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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Triskelee Farm Learning Center

2020-2021

Authorizations & Agreements

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, anti-bacterial first aid cream. Syrup of ipecac may be administered if deemed necessary by poison control operator. 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 could occur. I am aware of this and assume the risk.

In an emergency, Cara (McDonough) Shambaugh/ Dan Silvey/ Triskelee Farm Learning Center 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.

With prior notification and approval, my child may be taken on field trips by private motor vehicle; and on neighborhood walking excursions, while under direct supervision.

My child may be photographed for sharing photos, publicity, news: (please check below)
_____ on site _____ off site _____ website

Please be sure to contact the directors, Cara (McDonough) Shambaugh @ 508-245-3391 or Dan Silvey @ 503-473-7822, with any questions or adjustments. Your signature below states that you understand and agree to all of the above and that you release Triskelee Farm, Triskelee Farm Learning Center, Cara (McDonough) Shambaugh, Dan Silvey and Staff, from any liability.

Thank you so much!

Parent/Guardian Signature

Date



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

| | | | | |
|--|-------------------------------|--|---|---------------------------------------|
| Child's Last Name <i>Apellido</i> | First <i>Primer Nombre</i> | Middle Initial <i>Segundo Nombre</i> | Birthdate <i>Fecha de Nacimiento</i> | Complete for all Up-to- date |
| Mailing Address <i>Dirección</i> | City <i>Ciudad</i> | State <i>Estado</i> | Zip Code <i>Codigo Postal</i> | |
| Parents' or Guardians' Names <i>Nombre de los padres o guardian</i> | | Home Telephone Number <i>Número de Teléfono</i> | | Non medical |

| Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|---|------------|------------|------------|------------|------------|
| Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) |
| Booster Dose Tdap | | | | | |
| Polio (IPV or OPV) | | | | | |
| Varicella (Chickenpox) [VZV or VAR] Check here if child has had chickenpox disease _____ (mm/dd/yy) | | | | | |
| Measles/Mumps/Rubella (MMR) | | | | | |
| <i>or</i> | | | | | |
| Measles vaccine only | | | | | |
| Mumps vaccine only | | | | | |
| Rubella vaccine only | | | | | |
| Hepatitis B (Hep B) | | | | | |
| Hepatitis A (Hep A) | | | | | |
| Haemophilus Influenzae Type B (Hib) (Only children less than 5 years) | | | | | |

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

| |
|-------------------------------------|
| For school/facility use only |
| School/facility Name |
| Student ID Number |
| Grade |

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

| | | | |
|--------------------------------------|-------------------------------|---|---|
| Child's Last Name <i>Apellido</i> | First <i>Primer Nombre</i> | Middle Initial <i>Segundo Nombre</i> | Birthdate <i>Fecha de Nacimiento</i> |
|--------------------------------------|-------------------------------|---|---|

| Recommended Vaccines | Recommended Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|----------------------|--|--------|--------|--------|--------|--------|
| | Pneumococcal (PCV) (Only in children less than 5 years) | | | | | |
| | Meningococcal (MCV4, MPSV4) | | | | | |
| | Human Papilloma Virus (HPV) (9 years or older) | | | | | |
| | Influenza (Flu) | | | | | |
| | Other Vaccine Please specify: | | | | | |
| | Other Vaccine Please specify: | | | | | |

For medical exemptions:

Please submit a **letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner

The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

Diphtheria/ Tetanus/Pertussis

Hepatitis B

Polio

Hepatitis A

Varicella

Hib

Measles/Mumps/Rubella

Signature of Parent or Guardian

Date

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief

Philosophical belief

Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____