



School Age Program Application

Steps to Process Application

Complete Entire Application

Please note that the **highlighted** fields are required to process your application

Select Method of Payment

Credit/Debit Card

- Complete the attached Tuition Express authorization form to enroll in Auto-Pay
- Feel welcome to call (503) 354-6445 to make a one-time card payment over the phone

Cash, check, or money order

- Can be submitted on-site, and please make Check or Money Order payable to: "Neighborhood House"
- We also accept Check or Money Order payments mailed to 7780 SW Capitol Hwy // Portland OR 97219
- Before the 6th of each month or considered late

Pay \$50 Non-Refundable Deposit

- Required to process your enrollment
- The \$50 will be applied to your tuition when you enroll

Keep a Copy of the Calendar and Fees

Be on the Lookout for Confirmation & Start Date

Good job. All set!

Program Manager

Abby Scott
ascott@nhpdx.org

Multi-Site Coordinator

Amber Burrows
aburrows@nhpdx.org

Family Liaison

Lulu Ryan-Pugh
llewark@nhpdx.org



neighborhood house | SA Program Calendar 21-22

September 2021

- 1- First day of school 1st-5th
NH program opens
- 6- closed (Labor Day)
- 8- First day of school Kindergarten

October 2021

- 8- closed, no program or school
- 22- deadline to enroll for Nov 5 full day

November 2021

- 5 - open for full day program, no school
- 8- Deadline to enroll for Fall Camp
- 11 - closed, no program or school
- 22-24- Fall Camp

December 2021

- 6- Deadline to enroll for Winter Camp
- 20-22- Winter Camp
- 27-30- Winter Camp

January 2022

- 14- deadline to enroll for Jan 28 full day
- 17- closed (MLK Jr. day)
- 28- full day program, no school

February 2022

- 21- closed, no school

March 2022

- 7- deadline to enroll for spring camp
- 21-25- Spring Camp
- 25- deadline to enroll for April 8 full day

April 2022

- 8- full day program, no school

May 2022

- 30- closed, no program or school

June 2022

- 10- last day of school and program

- If you are interested in changing your schedule or adding a day one time, you must complete an enrollment change form. Please allow two weeks to process any changes. Adding on one day requires payment in advance.
- The Comprehensive Care Package includes all the days we are open, including camps. The Full time package includes 3 full days but not camp days.
- You can add camps or full days to any schedule as long as there is space by completing an enrollment change form. The deadline to enroll is 2 weeks prior to the date of the camp or full day.
- Camps will be consolidated into one or two of our locations depending on enrollment numbers.

Tuition Schedule for Neighborhood House Peninsula School Age Program

2021-2022 School Year: September 1, 2021- June 10, 2022

Rates are determined by yearly program costs and split evenly across the school year into your monthly tuition amount. June is the only prorated month. †

	AM/PM	AM only	PM only
Comprehensive Care Package- includes 5 days AM/PM plus all full days and camp days	\$588 per month	x	x
Full Time Package- includes 5 days AM/PM plus all full days	\$511 per month	x	x
5 Days a week	\$495 per month	\$238 per month	\$387 per month
3 days a week	\$420 per month	\$167 per month	\$317 per month
2 days a week	\$307 per month	\$145 per month	\$237 per month
Per day Add on	\$55 per day	\$25 per day	\$35 per day
Full Days	School is closed but We are open am-6:00pm.	\$65 per day	
Camp Days	Camps are when school is closed multiple days in a row and we are open am-6:00pm.	\$65 per day Fall Camp-\$175 Winter Camp- \$500 Spring Camp- \$300	

cost for whole camp

Fall Camp	Nov. 22-24, 2021	\$175	or included with Comp. Care Package
Winter Camp	Dec. 20-22, 27-30	\$500	
Spring Camp	March 21-25, 2022	\$300	
Full Day	Nov. 5, 2021	Sign up at least 2 weeks ahead and pay per day or included with Full Time Package	
Full Day	Jan. 28, 2022		
Full Day	Apr. 8, 2022		

Add On Only Rates- If you are not signed up for regular attendance				
	Full Day or Camp Day AM/PM	AM only	PM only	
per day add on	\$75 per day	\$70 per day	\$35 per day	\$45 per day



Child/Children's Name(s): Grade:

Grade:

Program Applying for:

School Age: Boise Chief Joseph MLK Jr. Sabin

Select a Package Option

Comprehensive Care

\$588/mo (5 days AM and 5 days PM + ALL full days + ALL camps)

Full Time

\$511/mo (5 days AM and 5 days PM + ALL full days)

Part Time Option ONLY 2,3, & 5 day options available AM, PM, or AM/PM

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM and PM Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interested in financial assistance through DHS (ERDC), CCI or our Sliding Scale Discount? If so we will have our family liaison reach out to you with next steps

Expected Start Date

If you did not select a package including camps and full days above you can sign up for them up to a month in advance. Space is limited and is offered on a first come, first served basis. May and June will be charged simultaneously on May 1st. June charges will be prorated based on your May schedule. Absences and snow days are not refunded, but there will be no additional charges for any snow make-up days. **Two weeks notice is required to make any changes to your schedule.**

Parent/ Guardian Name

Parent/ Guardian Signature Date



All sections required

Child's Name	pref. gender pronoun	DOB
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Parent/ Guardian Contact Information

Name	Relationship to Child	
Home Address	City and Zip	
Best Phone number	Secondary Number	
email address	Employer Address	

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Best Phone number	Secondary Number	
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Required Emergency Contact Information and Authorized pick up persons

Name/ Relationship to Child	phone
Name/ Relationship to Child	phone

Other Authorized pick up persons

Name/ Relationship to Child	phone
Name/ Relationship to Child	phone

Parent/ Guardian Signature

Date

All sections required

Student's Name(s)		
Doctor Name	Phone	Insurance Name and Policy Number
Dentist Name	Phone	Insurance Name and Policy Number
Preferred Hospital		
Food, Medication or Environmental Allergies		
Special Health Conditions		Current Medications

I hereby grant permission for Neighborhood House staff to take whatever steps may be necessary to obtain emergency medical care if warranted. The steps include:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician or dentist.
3. Attempt to contact a parent or guardian through any of the persons on the emergency contact list.
4. If we cannot contact you or your child's physician, and staff deem the incident a medical emergency, we will call an ambulance.

I have provided complete and accurate information. I understand that all employees are required to be CPR/ First Aid certified within their first 90 days of employment. I understand the above steps will be taken in the event of an emergency involving my child.

Parent/ Guardian Signature

Date



SY 21-22



PPS Release Form

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 2021-22 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, 2022 (not more than one year).

Student/Child’s Name

Attending School

Date of Birth

Neighborhood House School Age Program

Name of Program

Location of Program

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.

Signature of Parent or Legal Guardian Relationship

Date



Child/ Children's Names: _____

Photo | Please *initial all that apply*

We would like permission to use photos of your child/ children. Photographs play an important role in our program- in the classrooms as a learning tool, in brochures, reports, and websites. By signing, you authorize your child's photos to be used only in the ways indicated below.

_____ My child's photo may be used in the classroom.

_____ My child's photo may be used in newsletters, on the website, annual reports, fundraising letters, grant reports, media ads, other printed material.

_____ My child's photo may be used on the Facebook page.

_____ My child's photo may be emailed only to other families in the program.

_____ I do not want my child's photos published in *ANY* way in the program.

Video | Please *initial all that apply*

Using technology in the classroom to enhance the learning experience is becoming more prominent in classrooms.

_____ I understand that short videos are sometimes used to enhance an activity or lesson during aftercare.

_____ I understand that my child might sometimes listen to a recorded story during aftercare.

_____ It is okay for my child to watch G-rated movies during special events or parties.

Parent/ Guardian Name _____

Parent/ Guardian Signature _____

Date _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Neighborhood House to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

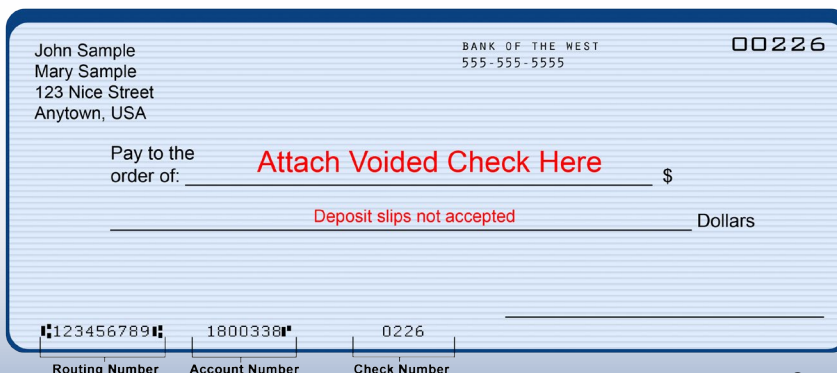
Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature



A service of

