



APPLICATION FORM 2017-2018

CHILD

		Start Date	
Child's Name		Birth Date	
Address			
City		State	Zip Code
Phone			

PARENT

Name		Relationship to Child	
Address			
City		State	Zip Code
Email		Work Phone	
Home Phone		Mobile Phone	

PARENT 2

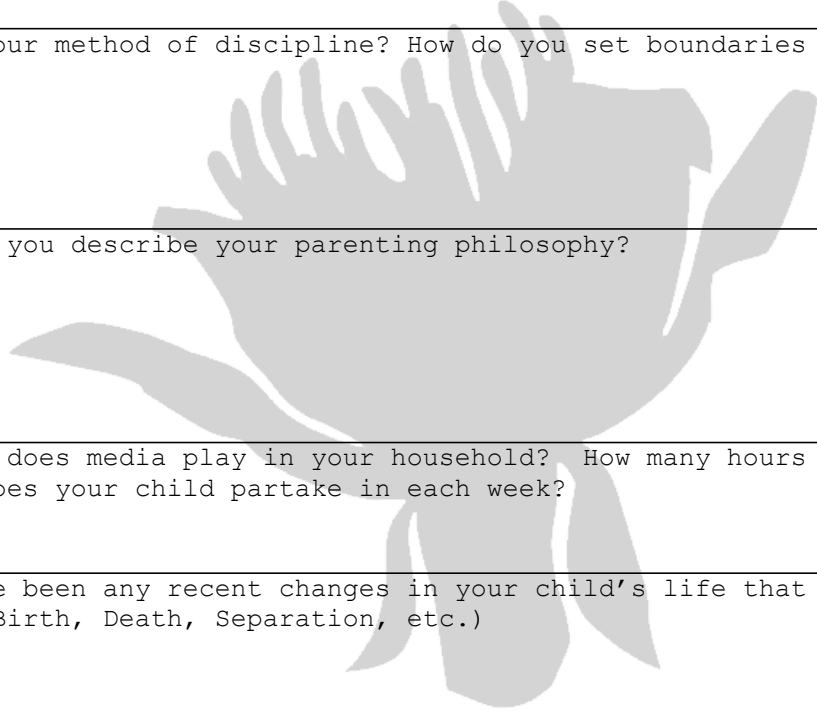
Name		Relationship to Child	
Address			
City		State	Zip Code
Email		Work Phone	
Home Phone		Mobile Phone	

Tulip Tree Preschool
Sarah-Luella Baker, Director
 2811 SE 52nd Avenue, Portland, OR 97206
 503-953-0622
tuliptreepreschool@gmail.com
www.tuliptreepreschool.com



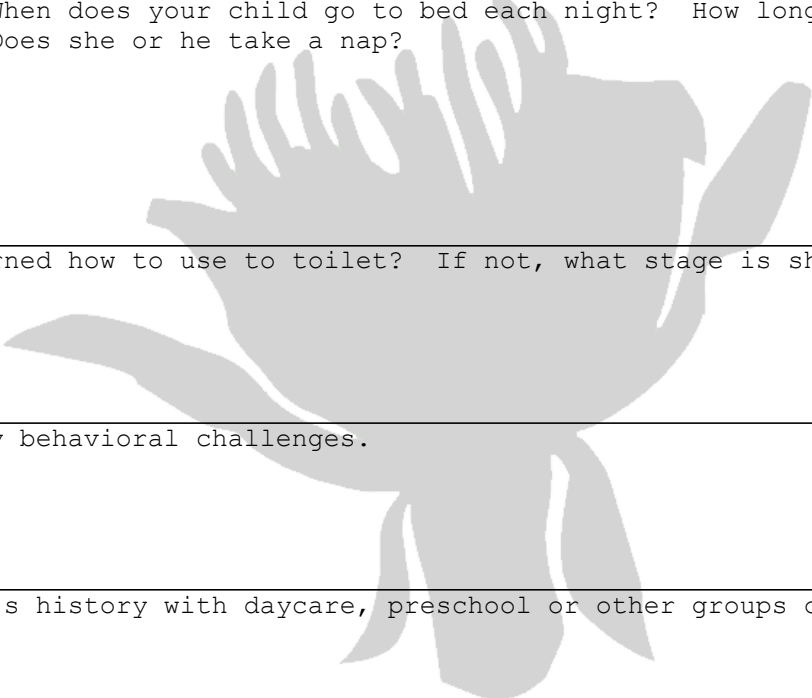
PORTRAIT OF YOUR HOME LIFE

What do you think is important about your family culture? (lifestyle, beliefs, traditions, activities)
If your child does not live with both parents, please describe her/his living arrangements.
Does your child have siblings? Names and ages?
Please briefly describe your child's daily and weekly routines. (meals, naps, outings, etc.)
What is your method of discipline? How do you set boundaries with your child?
How would you describe your parenting philosophy?
What role does media play in your household? How many hours of video/TV viewing does your child partake in each week?
Have there been any recent changes in your child's life that we should know about? (Birth, Death, Separation, etc.)
Are you familiar with the Reggio Emilia approach to education? If so, what about it draws you in?
What would you like your child and your family to experience as a member of Tulip Tree Preschool's community?
How did you hear about Tulip Tree Preschool?



PORTRAIT OF YOUR CHILD

How would you describe your child's temperament and personality?
How would you describe your child's style of play? Quiet, boisterous, focused, curious, interactive, solo, etc.
Eating habits, likes/dislikes, are meals regular?
Sleeping habits? When does your child go to bed each night? How long does she or he sleep? Does she or he take a nap?
Has your child learned how to use toilet? If not, what stage is she or he in?
Please describe any behavioral challenges.
What is your child's history with daycare, preschool or other groups of children?
Who is your child's previous care provider? Please provide name and contact number.





Tulip Tree Preschool Schedule of Fees 2016-2017

\$25 - Application Fee

Due with your application, non-refundable.

\$200 - Yearly Enrollment Fee

Charged upon contractual agreement, non-refundable, yearly.

2017-2018 Tuition Rates (effective beginning June 2017)

12 mos- ready for preschool

THREE FULL DAYS

8-5

\$1045.00/month

FOUR FULL DAYS

8-5

\$1210.00/month

FIVE FULL DAYS

8-5

\$1400.00/month

Preschool

THREE FULL DAYS

8:30-2:30

\$700.00/month

8:30-5:30

\$950.00/month

FOUR FULL DAYS

8:30-2:30

\$800.00/month

8:30-5:30

\$1150.00/month

FIVE FULL DAYS

8:30-2:30

\$900.00/month

8:30-5:30

\$1350.00/month

Fine Print: For your convenience, annual tuition is broken into 12 equal monthly installments. The first and last installments are due June 1st 2017, or upon enrollment if later. The second installment is due on October 1st, etc. until paid in full. A 5% reduction on the annual tuition is given if paid in full by May 15th 2017. We do not prorate for vacation days. **All tuition and fees are non-refundable.**

Enrollment Options 2017-2018

Child's name _____ Elm House ____

Child's DOB _____ Preschool ____

Please mark 1,2, and 3 in order of preference.

___ **3 days-** Monday, Tuesday, and Wednesday

___ **3 days-** Wednesday, Thursday, and Friday

___ **4 days-** Monday, Tuesday, Thursday, and Friday

___ **5 days-** Monday through Friday

___ *Please check here if you have a family makeup that allows for priority enrollment. Minorities: people of color, persons or families who are differently abled, refugee families, immigrant families, families with two moms or two dads, kids being raised by grandparents, families who qualify for DHS. (We probably forgot some, so feel free to embellish!)*

___ *Please check here if you are interested in joining mid-year, in the occasion that an enrollment spot opens up.*

Severe Allergies:

If your child has severe allergies, this must be discussed prior to acceptance to ensure that we have the capacity to meet your child's needs.

I understand the policies stated above.

Signature _____ Date _____