



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

Angie Raffaele
araffaele@nhpdx.org

Multi-Site Coordinator

Yarah Von der Aa
Yvonderaa@nhpdx.org

Enrollment Specialist

Abby Scott
SAEnrollment@nhpdx.org



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SA Program Calendar 22-23

***Our calendar will be completed when
PPS releases their calendar**

September 2022

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

January 2023

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

October 2022

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

February 2023

- closed, no school

November 2022

- open for full day program, no school -
Deadline to enroll for Fall Camp
- closed, no program or school
- Fall Camp

March 2023

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

December 2022

- Deadline to enroll for Winter Camp
- Winter Camp
- Winter Camp

April 2023

- full day program, no school

May 2023

- closed, no program or school

June 2023

- 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 one week 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 1 week 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 School Age Program

2022-2023 School Year: Dates TBD

Rates are determined by yearly program costs and split evenly across the school year into your monthly tuition :

June is the only prorated month. We open at 7:00am and close at 6:00pm.

	AM/PM	AM only	PM only
Comprehensive Care Package- includes 5 days AM/PM plus all full days and camp days	\$605 per month	x	x
Full Time Package- includes 5 days AM/PM plus all full days	\$526 per month	x	x
5 Days a week	\$510 per month	\$245 per month	\$399 per month
3 days a week	\$433 per month	\$162 per month	\$327 per month
2 days a week	\$316 per month	\$149 per month	\$244 per month
Per day Add on	\$65 per day	\$25 per day	\$40 per day
Full Days	School is closed but We are open 7:00am-6:00pm.	\$70 per day	
Camp Days	Camps are when school is closed multiple days in a row and we are open 7:00am- 6:00pm.	\$70 per day Fall Camp- TBD Winter Camp- TBD Spring Camp- TBD	

cost for whole camp

Fall Camp	dates TBD		or included with Comp. Care Package
Winter Camp	dates TBD		
Spring Camp	dates TBD		
Full Day	dates TBD	Sign up at least 1 week ahead and pay per day or included with Full Time Package	
Full Day	dates TBD		
Full Day	dates TBD		

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	\$80 per day	\$75 per day	\$35 per day	\$50 per day



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Schedule Preference Form

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

_____ Grade: _____

Program Applying for:

School Age: ☐ Boise ☐ Chief Joseph ☐ MLK Jr. ☐ Sabin

Select a Package Option

☐ Comprehensive Care

\$605/mo (5 days AM and 5 days PM
+ALL full days +ALL camps)

☐ Full Time

\$526/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 enrollment specialist 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
Child's Name	pref. gender pronoun	DOB

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 22-23



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 _____



Release of Confidential Student Information

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 2022-23 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 1, 2024 (not more than one year).

Student/Child’s Name	Attending School	Date of Birth
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Neighborhood House School Age Prgrm.

Name of Program	Location of Program
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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
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