



***Multnomah Early Childhood Program***

**David Douglas School District**

5208 NE 122nd Ave. Portland, Oregon 97230 | 503-261-5535



Multnomah Early Childhood Program

## **REGISTRATION FORMS:**

- Application/Medical Emergency
- Location Preference
- Media Access Refusal
- Confidential Application for Free/Reduced Preschool Tuition
- Immunization Requirements
- Peer Referral Process

**PLEASE COMPLETE AND RETURN ALL OF THE ABOVE LISTED  
FORMS FOR PROGRAM REGISTRATION**



**Multnomah Early Childhood Program**

**David Douglas School District**

5208 NE 122nd Ave. Portland, Oregon 97230 | 503-261-5535

Registration Information • Medical Information • Emergency Authorization  
2021-2022 School Year

Child's Full Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male  Non-Binary

State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Child's primary language: \_\_\_\_\_

Brother/Sister Name(s): \_\_\_\_\_

Child's Ethnicity	
Hispanic or Latino <input type="checkbox"/>	Not Hispanic or Latino <input type="checkbox"/>

Child's Race (check all that apply)		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian Other Pacific Islander	<input type="checkbox"/> Other/Unspecified: _____

Parent/Guardian #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail\*: \_\_\_\_\_ \*MECP does not share E-mail addresses with outside parties.

Interpreter needed for Parent/Guardian #1: YES / NO Language: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail\*: \_\_\_\_\_ \*MECP does not share E-mail addresses with outside parties.

Interpreter needed for Parent/Guardian #2: YES / NO Language: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

*Alternate Transportation: The following adults are authorized to pick up my child:*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_



**Multnomah Early Childhood Program**

**David Douglas School District**

5208 NE 122nd Ave. Portland, Oregon 97230 | 503-261-5535

Child's Name: \_\_\_\_\_

*Medical Information*

Name of Child's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Specialist: \_\_\_\_\_ Type: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medical Insurance Provider: \_\_\_\_\_ ID Number: \_\_\_\_\_

A Medical Emergency is defined as:  
\*Circumstances in which the patient's basic health status is immediately threatened.\*

In case of medical emergency, I authorize a program administrator or his/her designee to call the 9-1-1 system for assistance, including transportation of my child to the nearest emergency facility. I further authorize the medical and/or surgical treatment for my child if necessary when I cannot be reached.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

*Allergies*

Food: \_\_\_\_\_ Animal: \_\_\_\_\_ Medication: \_\_\_\_\_

Insects: \_\_\_\_\_ Pollens: \_\_\_\_\_ Other: \_\_\_\_\_

*Other Health Conditions*

Check all that apply:

<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Other

*Please provide more detailed information on a separate sheet*

*Adaptive Equipment*

Check all that apply:

<input type="checkbox"/> G or NG Tube	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	<input type="checkbox"/> Suction Machine	<input type="checkbox"/> Adapted Eating Utensils	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Catheter	<input type="checkbox"/> Glasses	<input type="checkbox"/> Language Board	<input type="checkbox"/> Braces and/or AFO's	<input type="checkbox"/> Other

*Medication*

Administered at:

Type/Name	Dose/Special Instruction(s)	Home	School	Purpose

Please provide more detailed information on a separate sheet



**Multnomah Early Childhood Program**

**David Douglas School District**

5208 NE 122nd Ave. Portland, Oregon 97230 | 503-261-5535

**2021- 2022 CLASSROOMS IN PORTLAND PUBLIC SCHOOLS**

<b>PPS Classrooms:</b>		
Woodmere 7900 SE Duke St. Portland, OR 97206 <i>AM: 8:45-11:30 or PM: 12:15-3:00</i> <i>(subject to change)</i>	Whitman 7326 SE Flavel St Portland, OR 97206 <i>AM: 8:40-11:25 or PM: 12:15-3:00</i> <i>(subject to change)</i>	Sabin School 4013 NE 18th Ave, Portland, OR 97212 <i>AM: 8:45-11:30 or PM: 12:15-3:00</i> <i>(subject to change)</i>
Bridlemile Elementary 4300 SW 47th Dr Portland, OR 97221 <i>AM: 8:00-10:45 or PM: 11:30-2:15</i> <i>(subject to change)</i>	Beach 1710 N Humboldt Portland, OR 97209 <i>AM: 8:40-11:25 or PM: 12:15-3:00</i> <i>(subject to change)</i>	

**2021- 2022 CLASSROOMS IN EAST COUNTY SCHOOL DISTRICTS**

<b>CENTENNIAL DISTRICT: DAVID DOUGLAS &amp; PARKROSE DISTRICTS:</b>	
Harold Oliver Elementary 15840 SE Taylor Street Portland, OR 97233 <i>AM: 8:50-11:35 or PM: 12:25-3:10</i> <i>(subject to change)</i>	North Powellhurst (3 classrooms) 1400 SE 135th Ave Portland, OR 97233 <i>AM: 8:40-11:25 or PM: 12:15-3:00</i> <i>(subject to change)</i>
<b>GRESHAM-BARLOW DISTRICT: REYNOLDS DISTRICT:</b>	
Kelly Creek Elementary 2400 SE Baker Way Gresham, OR 97080 <i>AM: 8:00-10:45 or PM: 11:30-2:15</i> <i>(subject to change)</i>	Sweetbriar 501 SE Sweetbriar Ln Troutdale, OR 97060 <i>AM: 8:40-11:25 or PM: 12:15-3:00</i> <i>(subject to change)</i>

**PLEASE LIST YOUR LOCATION PREFERENCES BELOW**

*(Starting Times and Locations are Subject to Change)*

1<sup>st</sup> School Location Preference: \_\_\_\_\_ Class Session:  AM or  PM

2<sup>nd</sup> School Location Preference: \_\_\_\_\_ Class Session:  AM or  PM

3<sup>rd</sup> School Location Preference: \_\_\_\_\_ Class Session:  AM or  PM



**Multnomah Early Childhood Program**

**David Douglas School District**

5208 NE 122nd Ave. Portland, Oregon 97230 | 503-261-5535

**Refusal of Media Access and/or Refusal of Release of Directory Information**

- I do not want my child to be videotaped, photographed, or interviewed by media.
- I do not want my child's name, address, telephone number and date of birth to be included in directory information.

Child's Full Name:

---

Parent/Guardian Signature(s):

Date:

---

---

Note: Photographs are frequently used in the classroom for instructional purposes, such as labeling chairs or on communication systems. These photographs are not released to the media or posted with your child's last name.



**Oregon Child Nutrition Programs**  
**Federal & Oregon Expanded Income Guidelines**  
 Effective SY 2021-22: July 1, 2021 – June 30, 2022

**Federal Reduced Price Meals**  
 Participants may qualify for reduced price meals if the household income falls at or below the limits on this chart.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	23,828	1,986	993	917	459
-2-	32,227	2,686	1,343	1,240	620
-3-	40,626	3,386	1,693	1,563	782
-4-	49,025	4,086	2,043	1,886	943
-5-	57,424	4,786	2,393	2,209	1,105
-6-	65,823	5,486	2,743	2,532	1,266
-7-	74,222	6,186	3,093	2,855	1,428
-8-	82,621	6,886	3,443	3,178	1,589
Each add'l household member	8,399	700	350	324	162



**Multnomah Early Childhood Program**

**David Douglas School District**

5208 NE 122nd Ave. Portland, Oregon 97230 | 503-261-5535



**Household Income Survey 2021-2022**

Even if your income does not meet these Income Eligibility Guidelines, you must return the survey in order for the school's survey to be valid.

*School Use only:*  
Free Reduced Regular

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Circle your household size below, then answer the following questions:

Household Size (circle one)								Number of additional family members
1	2	3	4	5	6	7	8	

Please provide Household members and their Gross income. This includes: Child Support, Welfare, Alimony, Pensions, Social Security, Retirement, Unemployment, and Workers Comp. Please indicate how often you are paid (i.e. Annually, Monthly, 2 x per month, every 2 weeks or weekly).

Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

Is your family participating in the Supplemental Nutrition Assist Program (SNAP)- Oregon Trail Card?  Yes  No  
If Yes, please provide Case Number \_\_\_\_\_

Is your family participating in Temporary Aid to Needy Families (TANF)?  Yes  No  
If Yes, please provide Case Number: \_\_\_\_\_

2. Please list all students in your household that attend school:

*(Enter the grade they will be entering in Fall 2021. Write on back to list more than 3 students)*

Name	Grade	School

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**Multnomah Early Childhood Program**  
**David Douglas School District**

**Peer Financial Agreement 2021-2022**

Tuition is based on the total number of sessions within the MECP calendar year.  
All children attend 4 days per week for 2 hours and 45 minutes per day, in the morning or afternoon.

**Tuition schedule (Circle Amount):**

	Annual Amount	Quarterly Amount	Monthly Amount for 10 Months
PEER TUITION	\$320	\$80	\$32
Reduced Peer Tuition	\$160	\$40	\$16

**I choose the following Payment Option:**  
**(Initial next to your preference and fill in amount from schedule above)**

- \_\_\_\_\_ One annual payment- Due October 8th, 2021
- \_\_\_\_\_ Four (4) quarterly payments- Due the 10th of October, December, March, June.
- \_\_\_\_\_ Ten (10) monthly payments- Due the 10th of each month, September through June.

**Terms and Conditions**

- \*I understand that I will be charged the amount above whether my child is present or absent.
- \*I agree to pay the total amount due on or before the scheduled due date indicated above, and I understand that late payment of 30 days late or more may result in the forfeit of my child's space in the program.**
- \*I understand that MECP may terminate my child's enrollment by giving two (2) weeks written notice to the parent/guardian.
- \*I agree to give two (2) weeks notice to MECP if I plan to withdraw my child from the Peer Program.
- \*I understand that David Douglas School District uses Paytek Solutions for the collection of returned checks. Paytek Solutions policy is as follows: When making a payment to a school or the District and paying by check, if your check is returned, it may be re-presented electronically. You authorize service charges and processing fees, as permitted by state law, to be debited from the same account by paper draft or electronically, at our option. THE USE OF A CHECK FOR PAYMENT IS YOUR ACKNOWLEDGEMENT AND ACCEPTANCE OF THIS POLICY AND ITS TERMS. PAYTEK SOLUTIONS \* [www.payteksolutions.com](http://www.payteksolutions.com) \* 1-800-641-9998

**I have read and understand the above terms and conditions:**

\_\_\_\_\_  
**Print:** Parent/Guardian Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
**Signature:** Parent/Guardian

\_\_\_\_\_  
Date

<b>Classroom Placement :</b>
------------------------------

Parents/Guardians will receive billing according to the selected payment option chosen. If no selection is chosen, you will be billed on a monthly basis.

**\*\*Please note: Teachers will not accept tuition payments.\*\***

Payments may be dropped off at the District Office or mailed to:  
**David Douglas School District, Attn: Accounts Receivable, 11300 NE Halsey St. Portland, OR 97220**





## ***Multnomah Early Childhood Program***

### **David Douglas School District**

5208 NE 122nd Ave. Portland, Oregon 97230 | 503-261-5535

#### **Peer Referral Process**

Multnomah Early Childhood Program (MECP) has intensive needs integrated preschool classrooms across eight school districts in Multnomah County. Peers in our classrooms provide opportunities for children with special needs to learn important social and language skills alongside typically developing children. Our peers are models for our students with special needs. While our classrooms also provide a rich preschool opportunity for peers, the MECP classrooms are special education classrooms with a high level of special education support and should not be confused with regular community preschool classrooms.

Peers in our program must not have an Individualized Family Service Plan (IFSP). If at one time your child had an IFSP, but was tested and no longer qualifies for special education services he/she can be a peer. If your child has an IFSP and has not been re-evaluated and found ineligible he/she cannot be a peer in our program. We will offer you an opportunity for an evaluation for your child to determine if he/she continues to qualify for special education services. If you choose not to have your child re-evaluated he/she cannot be a peer in our program.

**Peers who have been referred for an ECSE Evaluation (a peer will not lose his/her place in the MECP classroom while an evaluation is taking place):** Peers in our classroom may be referred for an evaluation if the teacher determines that the student may be in need of special education support. The teacher will let you know that she/he is going to make the referral and will explain why the referral is being made and the teachers areas of concern. ***Once a peer is referred he/she must complete the evaluation process and be found ineligible in order to remain a peer in the MECP classroom.*** \_\_\_\_\_ (parent initials)

If the peer is found eligible for special education services the following will occur:

- An eligibility meeting will be held
- An IFSP will be created and a special education placement (the location where special education services will be delivered) will be determined.
  - Placement will be in the ***least restrictive*** environment. The IFSP team will determine where that will be. Possible considerations will be 1) home 2) community preschool such as Head Start or any other community preschool the family has access to 3) MECP Classroom.
- It's important to know that the ***MECP classroom is highly restrictive*** due to the high level of special education support. Special education services will be delivered in the location the team has determined as the special education placement. The IFSP team is mandated to look to the least restrictive environment (LRE) first.



**Multnomah Early Childhood Program**

**David Douglas School District**

5208 NE 122nd Ave. Portland, Oregon 97230 | 503-261-5535

**Important Timelines** Your child starts as a peer in the MECP classroom in September, 2021 and is referred for an evaluation for special education services **before March 15, 2022.**

- If he/she qualifies for special education services he/she can no longer be a peer in the MECP classroom. The placement will be discussed in the IFSP meeting.
- If he/she does not qualify the student can remain a peer in the MECP classroom

If your child starts as a peer in the MECP classroom in September, 2021 and is referred and qualifies for special education services **after March 15, 2022.**

- He/she will no longer be a peer but will be allowed to remain in the MECP classroom as a special education student until the end of our school year in June. If your child is not going to kindergarten in the fall a placement meeting will be held in late May or June to determine if the MECP classroom continues to be the most appropriate placement or if another less restrictive environment **is** more appropriate for the delivery of the special education services.

I have read and understand the above information.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

