

# Community Arts Preschool, Inc.

368 South State Street Lake Oswego, OR. 97034

503-636-3429

## Registration & Authorization Form

T/Th 3's Class

M/W/F 4's Class

Four day( M-Th). 4's Class

Pre-K Class

(circle desired class)

M F

NAME OF CHILD

(circle one)

BIRTHDAY

PARENT'S NAME

HOME ADDRESS (INCLUDING CITY AND ZIP)

PHONE:

RELATIONSHIP

EMPLOYER

CELL:

WORK PHONE:

PARENT'S NAME

HOME ADDRESS (INCLUDING CITY & ZIP)

PHONE:

RELATIONSHIP

EMPLOYER

CELL:

WORK PHONE:

E-MAIL ADDRESS:

DO YOU WISH TO HAVE PUBLISHED ON CLASS LIST? YES NO

IF PARENTS /GUARDIAN CANNOT BE REACHED, CONTACT PERSONS ARE:

1). NAME

RELATIONSHIP

PHONE

ADDRESS

2.) NAME

RELATIONSHIP

PHONE

ADDRESS

CHILD'S DOCTOR:

ADDRESS

PHONE:

CHILD'S DENTIST

ADDRESS

PHONE:

PLEASE COMPLETE THE FOLLOWING:

I authorize Community Arts Preschool staff to provide first aid to my child. Initial here: \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

DATE:

# GENERAL INFORMATION:

PLEASE GIVE ANY INFORMATION CONCERNING YOUR CHILD WHICH WILL BE HELPFUL IN HIS/HER EXPERIENCE:

(FEARS, LIKES AND DISLIKES, ROUTINES, PREVIOUS GROUP EXPERIENCES)

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ALLERGIES, DIETARY RESTRICTIONS, OR OTHER CONCERNS WE SHOULD KNOW ABOUT:

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ARE THE CONCERNS SERIOUS ENOUGH TO RESTRICT YOUR CHILD'S ACTIVITIES?

YES NO

EXPLAIN:

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IS YOUR CHILD RECEIVING ANY SPECIAL SERVICES? (SPEECH, VISION ETC.)

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OTHER CHILDREN IN HOUSEHOLD:

NAME:	AGE	SEX
NAME:	AGE	SEX
NAME:	AGE	SEX
NAME	AGE	SEX

OTHER ADULTS IN HOUSHOLD:

NAME	RELATIONSHIP TO CHILD
NAME	RELATIONSHIP TO CHILD