

Community Arts Preschool, Inc.

368 South State Street Lake Oswego, OR. 97034
503-636-3429

Registration & Authorization Form

T/Th 3's Class MWF 3'S Class M/W/F 4's Pre K Class Four day(M-Th) 4's Pre-K Class
(circle desired class)

NAME OF CHILD _____ M _____ F _____
(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)

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

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

YES NO

EXPLAIN:

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

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