

**PRINCE OF PEACE SCHOOL
PRE K+ Registration/Information Form**

September 2019– May 2020

Child must be 5 years old by February 1, 2020 or teacher approval

4 days a week ____ 9:00 am - 3:00 pm M-Th	\$520.00 Monthly Sept-May
Add Friday AM ____ 9:00 am 12:00 pm	\$600.00 Monthly Sept-May

I am new to Prince of Peace School.
____referred ____website ____drive by

(Please Print)

Date _____

Child's Name _____

Name to be called by _____ Girl/Boy

Child has had school experience

No _____ Yes, Where _____

Date of Birth Month _____ Day _____ Year _____

Mother's Name _____

Home Address _____

City _____ State OR Zip _____

Home Phone _____

Cell Phone _____

Mother's Employer _____

Occupation _____ work phone _____

E-Mail Address _____

Child speaks English? YES NO

Statistical Information

Home Church _____

Student's Brothers & Sisters

<u>Name</u>	<u>Date of Birth</u>
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_____	_____
_____	_____
_____	_____
_____	_____

Child Lives With: Both Parents Mother Father

Father's Name _____

Address, if different _____

City _____ State OR Zip _____

Home Phone _____

Cell Phone _____

Father's Employer _____

Occupation _____ work phone _____

E-Mail Address _____

**PLEASE RETURN THIS REGISTRATION FORM
WITH \$200.00 non-refundable enrollment fee to**

**Prince of Peace School
14175 NW Cornell Rd
Portland, Oregon 97229
503-645-1211**

(For Office Use)
Date Paid _____

Check Number _____ Amount _____

ALLERGY ALERT _____

➔
Please see reverse side

Authorization to Pick Up other than parent:

Name	Phone	Cell	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an Emergency , if parents cannot be reached please contact the following people:

Name	Phone	Cell	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Medical Insurance:

Carrier: _____ **Policy/ID:** _____ **Physician/Ph #** _____

Dental Insurance

Carrier: _____ **Policy/ID:** _____ **Dentist/Ph #** _____

Immunizations

Every child age 3-16 years entering Oregon public or private schools for the first time must present evidence that he/she is immunized.

Medical Information

Please list any health problems or conditions that might require special planning or consideration for your child’s participation in regular school activities. (Example: asthma, sight or hearing issues, diabetes or conditions requiring daily medication)

Specific food/drug allergies _____

Is your child receiving any special services Yes ___ No ___ If so, by whom? _____

Directories

Annual class directories are published which include child’s first and last name, parents names, phone number, & email addresses. Please do not include my child.

Photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images for social media, such as the Prince of Peace websites and Facebook page. Please do not include my child.

Permissions

I give permission for the staff of Prince of Peace School to administer emergency medical care deemed necessary for my child and if necessary to transport by ambulance. Information on this form will be made available to school, medical and health dept personnel. Yes No

I give permission for my child to take part in all the activities at Prince of Peace School. Yes No

Parent/Guardian Signature

Date