

**PRINCE OF PEACE SCHOOL  
PRE K 4 DAY Registration/Information Form**

September 2021- May 2022

*Child must be 4 years old by Sept. 1, 2021*

<b>4 days a week</b> ____ <b>AM 9:00 - 12:00 M-Th</b> <b>\$330.00 Monthly Sept-May</b> <b>Add Friday (PreK Explorers)</b> ____ <b>9:00am-12:00pm</b> <b>\$410.00 Monthly Sept-May</b>
--

**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

<b>Statistical Information</b>  Home Church _____
---

**Student's Brothers & Sisters**

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

_____	_____
_____	_____
_____	_____
_____	_____

**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 \$195.00 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