



Registration Form

Student Name:

Name Preferred (nickname):

Date of Birth: _____

Male / Female

Home Address:

Mailing Address:

Parent / Guardian Name:

Email: _____ Cell # _____

Employer & Phone:

Parent / Guardian Name:

Email: _____ Cell # _____

Employer & Phone:

Emergency Contact Name (other than listed above):

Relation and Phone #:

Church attending (if any):

Health Information

Student Name:

Birthdate: _____ Male / Female

Does your child have any known food allergies: _____

If yes, what:

Does your child have an Epi-pen for allergies: _____

Is your child allergic to bee stings: _____

Does your child have any known vision problems:

Does your child have any known hearing problems:

Does your child use an inhaler: _____ How often: _____

Any medications your child takes regularly:

Does your child have an occupational therapist? _____

Does your child have a speech therapist? _____

Does your child receive intervention from Clackamas Education Service Department (CESD)? If so, for what? _____

Are there any recurrent medical problems or illnesses for us to be aware of:

Does your child have any restrictions for activities:

Please list any additional information that may be helpful for staff, including behavior or known learning challenges:

Release Form

Student Name:

Parent / Guardian Names:

Address:

Home Phone # _____ Work # _____

Cell Phone # _____

The following people are authorized to pick up my child from school. I understand that no one else will be allowed to pick up my child without written authorization. Anyone picking up my child is required to provide photo ID. _____

(Parent Signature)

1.

Relationship _____ Phone _____

2.

Relationship _____ Phone _____

3.

Relationship _____ Phone _____

4.

Relationship _____ Phone _____

5.

Relationship _____ Phone _____

Consent for Release of Student Photographs

Throughout the year, we will take pictures of children during class and field trips to be used for our website and advertising, including on social media. Names will not be included. Please indicate below whether you give Pathways Preschool permission to use photos of your child for advertising purposes.

_____ I DO give permission for Pathways Preschool to use photos of my child for purposes of advertising.

_____ I DO NOT give permission for Pathways Preschool to use photos of my child for purposes of advertising.

Student Name

Parent Signature/Date