



## Registration Form

Student Name:

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Name Preferred (nickname):

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Date of Birth: \_\_\_\_\_

Male / Female

Home Address:

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Mailing Address:

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Parent / Guardian Name:

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Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Employer & Phone:

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Parent / Guardian Name:

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Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Employer & Phone:

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Emergency Contact Name (other than listed above):

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Relation and Phone #:

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Church attending (if any):

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## Health Information

Student Name:

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Birthdate: \_\_\_\_\_ Male / Female

Does your child have any known food allergies: \_\_\_\_\_

If yes, what:

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Does your child have an Epi-pen for allergies: \_\_\_\_\_

Is your child allergic to bee stings: \_\_\_\_\_

Does your child have any known vision problems:

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Does your child have any known hearing problems:

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Does your child use an inhaler: \_\_\_\_\_ How often: \_\_\_\_\_

Any medications your child takes regularly:

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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:

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Does your child have any restrictions for activities:

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

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# Release Form

Student Name:

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Parent / Guardian Names:

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Address:

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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.

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Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2.

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Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3.

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Relationship \_\_\_\_\_ Phone \_\_\_\_\_

4.

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Relationship \_\_\_\_\_ Phone \_\_\_\_\_

5.

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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.

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Student Name

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Parent Signature/Date