

OREGON ARTISTSCHOOL

After School Register Form

Student's Name _____ Birthday _____	
Regular School _____ Grade _____	
ALLERGY ALERT: Does child have allergies? ()YES ()NO If yes, list all allergies on back side of form	
Parent or Guardian Contact Information	
Name (first, last)	Relationship
Street Address	City Zip
Home phone	Cell phone
Email	Work phone
Name (first, last)	Relationship
Street Address	City Zip
Home phone	Cell phone
Email	Work phone
Required Emergency Contact Information - person other than parent or guardian that is authorized to pick up child	
Name (first, last)	Phone Relationship
Name (first, last)	Phone Relationship
Non-Emergency Contact Information - person other than parent or guardian that is authorized to pick up child	
Name (first, last)	Phone Relationship
Name (first, last)	Phone Relationship
Medical / Dental Contact Information	
Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
School Pick Up : Bethany Elementary School _____ Oak Hill Elementary School _____ Jacob Wismer Elementary School _____ Rock Creek Elementary School _____ Findley Elementary School _____ Springville K-8 Elementary School _____ New Keiser Elementary School _____ Bonny Slope Elementary School _____	
Parent/Guardian Signature _____ Date _____	

Child Information

Has your child previously been in child Care? _____ If yes, what type of care or school, and for how long?	
Likes and Dislikes	
Play/Fears	
Special Words and their Meanings	
Child Medical Information	
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had chickenpox? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Our tuition fee:</p> <p>New Student Registration Fee: \$50/Year</p> <p>17 Days + = \$ 360.00 / per month</p> <p>12 Days-16 Days = \$ 330.00 /per month</p> <p>Drop off = \$ 30.00 per day</p> <p>Prepay 3 month Full Month Tuition= 3 Non-school day FREE</p>	
<p>Special Transportation Arrangements</p>	
<p>CCD requires a written plan of the transportation arrangements between Oregon Artist School and the parents or guardian of the child for extracurricular activities. The following indicates Oregon Artist School transportation plan:</p> <p>_____ (Child's Name) attends Oregon Artist School. He/ She will be transported/escorted between Oregon Artist School and the school by (check applicable type): <input type="checkbox"/> school bus, <input type="checkbox"/> Oregon Artist School Shuttle Bus, _____ (Person's Name) will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): <input type="checkbox"/> parent or guardian, or _____ (school's name), in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (specify: work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time, etc.): _____</p> <p>Note: _____ _____</p>	
<p>Parent/Guardian Signature</p>	<p>Date</p>