



PRINCE OF PEACE SCHOOL
PreK 4-day Preschool REGISTRATION/INFORMATION FORM

September 2017 - May 2018

Child must be 4 years old by Sept. 1st

4 days a week AM ___ 9:00 AM - Noon M-Th \$2,745 per year (Sept-May)
Add Friday (PreK Explorers) ___ 9:00 AM - Noon \$3,420 per year (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 Baptized Yes No

Ethnic Origin _____

Student's Brothers & Sisters

Name _____ **Date of Birth** _____

Marital Status married divorced single widowed

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 \$175.00 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

The following people are authorized to pick up my child from school.

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

In the event of an Emergency please contact the following people

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

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. Please contact the school office if you need immunization status or to update information.

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, behavioral, or conditions requiring daily medication)

Specific drug allergies _____

Specific food allergies _____

Special Needs _____

Directories distributed by email to each class

Annual class directories are published which include child’s first and last name, parents names, phone number, email & home address.

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 seek and provide emergency medical care for my child. Information on this form will be made available to medical and health dept personnel.

I give permission for my child to take part in all the activities at Prince of Peace School.

Parent/Guardian Signature

Date

Prince of Peace School: A Great Place to Learn and Grow! www.princeofpeacecl.org

Prince of Peace School Admits Students of Any Race, Color, and National or Ethnic Origin