



# PRINCE OF PEACE SCHOOL PreK + REGISTRATION/INFORMATION FORM

September 2017 - May 2018

*Child must be 5 years old by February 1<sup>st</sup>*

4 days a week AM	___	8:15-11:30	M-TH	\$2,970	per year (Sept-May)
4 days a week PM	___	12:00-3:15	M-TH	\$2,970	per year (Sept-May)
Add Friday AM	___	8:15 -11:30		\$3,717	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

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

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 \$200.00 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](http://www.princeofpeacecl.org)

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