

**OUR REDEEMER PRESCHOOL and KINDERGARTEN**  
**3 Year Old Preschool REGISTRATION/INFORMATION FORM**

September 2019 - May 2020



Child 3 years old by Sept 1<sup>st</sup>

**3's Preschool - 2 days per week: Tues/Thurs 8:30 - 11:00am**  
**Sept - May 9 monthly payments of \$158**

*I am new to Our Redeemer School.*  
\_\_\_referred \_\_\_website \_\_\_church sign

*(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 \_\_\_\_\_

Student's Brothers & Sisters

Name

Date of Birth

<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 \$125.00 non-refundable enrollment fee to**

**Our Redeemer Preschool and Kindergarten**  
**13401 SW Benish Street**  
**Tigard, Oregon 97223**  
**503-524-6646**

*(For Office Use)*

Date Paid \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \_\_\_\_\_

**Statistical Information**

Home Church \_\_\_\_\_

Student Baptized Yes No

Ethnic Origin \_\_\_\_\_

**ALLERGY ALERT** \_\_\_\_\_



**NO TEACHER REQUESTS**

**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 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 or conditions requiring daily medication)

Specific drug allergies \_\_\_\_\_

Specific food allergies \_\_\_\_\_

Name and phone number of Medical Provider \_\_\_\_\_

Name and phone number of Dentist \_\_\_\_\_

**Directories and Photo Release**

Annual class directories are published which include child’s first and last name, parents’ names, email and phone #  Please do not include my child.

My child’s photo, first name, quotes and/or likenesses may be used in brochures, newsletters, ads, web pages, video and other media at Our Redeemer and may be displayed throughout the school/church campus. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likenesses.

Please do not include my child.

**Permissions**

I give permission for the staff of Our Redeemer Church and School to seek and provide emergency medical care for my child. Staff may call an ambulance or take a child to an available physician or medical treatment facility. 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 Our Redeemer Church and School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date