

OUR REDEEMER PRESCHOOL and KINDERGARTEN
4's EXTENDED DAY REGISTRATION/INFORMATION FORM

September 2019 - May 2020



Child must be 4 years old by Sept 1st

4's Extended Day - 3 days per week Mon/Wed/Fri: 8:30am - 12:30pm
Sept - May 9 monthly payments of \$259

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

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

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