



# Puddletown School

I WISH TO ENROLL MY CHILD:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Start Date _____
Child's Full Name _____			
Preferred Name _____ Gender M / F Birthdate _____			
Address _____			
Phone _____ E-mail _____			
PARENT(S) / GUARDIAN			
Name/Relationship _____			
Home Address _____			
Place of Employment _____			
Phone: [Work] _____ [Home] _____ [Cell] _____			
Name/Relationship _____			
Home Address _____			
Place of Employment _____			
Phone: [Work] _____ [Home] _____ [Cell] _____			
Marital Status _____ Who has legal custody? _____			
Legal Guardian (if other than the parents) _____			
HEALTH INFORMATION			
Medical Provider _____ Phone _____			
Insurance Information [if applicable] _____			
Please list any specific allergies or intolerance to food, medication, etc, and action to take in an emergency: _____ _____			
Chronic physical problems and pertinent developmental information: _____ _____			

EMERGENCY INFORMATION

[Names of two people to contact if parents cannot be reached]

1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Are these persons authorized to act on your behalf in a medical emergency involving your child? Yes No

Person(s) authorized to pick up child [if different from above contacts]:

Name(s) \_\_\_\_\_

CHILD'S PERSONAL HISTORY

Sibling(s) [names,ages] \_\_\_\_\_

Other household member(s) \_\_\_\_\_

Has the child attended another school or program? If yes, please give the name of school/program:

\_\_\_\_\_

AGREEMENTS

- 1 The parent/guardian gives authorization for the child to participate in walking field trips.
- 2 Puddletown School agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
- 3 The parent/guardian authorizes Puddletown School to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
- 4 The parent/guardian authorizes the use of child's photograph for Puddletown School.

SIGNATURES

\_\_\_\_\_  
Parent / Legal Guardian Date

\_\_\_\_\_  
Parent / Legal Guardian Date

PLEASE SEND COMPLETED APPLICATION TO:

Puddletown School  
7220 César Chávez Blvd  
Portland, OR 97202

  
**Puddletown School**

phone: 503 233 8069  
e-mail: puddletownschool@gmail.com  
web: puddletownschool.com

Puddletown School accepts any child whose family is interested in early education. We attempt to achieve a balance of age, gender and experience in the classroom. Generally, we are not equipped or licensed to care for children with special needs; therefore, any such care is conditional upon the consent of the head teacher and administrative coordinator. In all cases, applicants will be "interviewed" by the head teacher and another school representative (board member or administrative head) to get a sense of how the child will function in the classroom. Each child must be able to participate and substantially benefit from our program without risk to him/herself or other children. Puddletown School reserves the right to deny entrance into the program based on the interview process, or to ask that a child be removed from the program after a trial period if the program does not appear to be a good fit for the student and other children. Puddletown School does not discriminate on the basis of race, color, national or ethnic origin in hiring, promoting, or training of employees, nor in the admissions, rights, privileges, programs, and activities of its students.