

APPLICATION FOR ENROLLMENT



Puddletown School

I WISH TO ENROLL MY CHILD:

Fall Spring Start Date _____

Child's Full Name _____

Preferred Name _____ Gender **M / F** Birthdate _____

Address _____

Phone _____ E-mail [optional] _____

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
3214 SE Holgate Box 81
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.