

CATHEDRAL PARK PRESCHOOL



7119 N. Portsmouth Blvd.
Portland, OR 97203
(503) 283-2714

SUMMER ADVENTURE — 2010

To reserve a place for your child, a registration form and emergency release must be received by the Membership Coordinator. The fee of \$45 per week must be submitted to Coordinator or received in the mail one week prior to start of camp. Each parent is responsible for fulfilling one helper day per child the weeks they are enrolled.

- June 14–18: I can make that! June 21–25: What's at the Zoo? June 28–July 2: Red, white, and blue
 July 12-16: Sand in the School July 19–23: Blow, Blow, Blow July 26–30: Concoctions

Student Information

Student name _____ Nickname _____

Address _____

Date of birth _____ Boy Girl

Parent/Guardian Information

Parent/guardian name _____

Address _____

Home phone _____ E-mail address _____

Employer name and address _____

Work phone _____ Work hours _____

Parent/guardian name _____

Address _____

Home phone _____ E-mail address _____

Employer name and address _____

Work phone _____ Work hours _____

Names and ages of other children in the family:

List any previous experience interacting with other children (daycare, Sunday school, playgroups, etc.):

Does your child have special needs (including allergies) that the teacher needs to be aware of?

What languages are spoken at home? _____



EMERGENCY RELEASE FORM

Student name _____ Date of birth _____

Parent/guardian name and address _____

Home phone _____ Work phone _____ Cell phone _____

Parent/guardian name and address _____

Home phone _____ Work phone _____ Cell phone _____

Doctor's name _____ Phone _____

Dentist's name _____ Phone _____

Does your child have allergies to medications or latex? _____

Emergency Contacts

Name _____ Relationship to child _____

Home phone _____ Work phone _____ Cell phone _____

Name _____ Relationship to child _____

Home phone _____ Work phone _____ Cell phone _____

In case of accident, injury, or sudden illness requiring immediate medical care, and the child's parent or physician cannot be reached, I authorize my child to be taken to the emergency room for treatment.

Signature _____ Date _____

Insurance company name _____ Policy number _____

Hospital to be taken for emergency treatment _____

.....
WALKING FIELD TRIP PERMISSION SLIP

My child has permission to leave the school property for the purpose of a walking field trip*. These trips will be taken within a two-block radius of the school, and only with 3 parent-helpers and the teacher.

Signature _____ Date _____

* For any other field trips, a separate permission slip will be sent home.