

CATHEDRAL PARK COOPERATIVE PRESCHOOL  
7119 N. Portsmouth Blvd.  
Portland, OR 97217  
(503) 283-2714

**SUMMER ADVENTURE — 2008**

To reserve a place for your child, return this completed registration form and enrollment agreement.

- June 9–13: Let's go camping!       June 16–20: Dinosaurs       June 23–27: Red, white, and blue  
 July 7–11: Get scrappy!/collages       July 14–18: Sand in the school       July 21–25: Hot times/summer

**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 \_\_\_\_\_

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## 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.

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## FIELD TRIP DRIVER INFORMATION

Parents providing transportation for field trips must have insurance and a current driver's license.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance company name \_\_\_\_\_ Policy number \_\_\_\_\_

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