REGISTRAR'S PAGE

BC Verified: _____
(Co-op Use Only)Returning_____

Child's Name: _____ Age on August 31, 2017 _____

Date of Birth: _____ Parent Email Address: _____

Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell 1 & Name _____
Cell 2 & Name _____

CLASS PREFERENCE: (Mark by number your 1st, 2nd, and 3rd choice)

2s	Monday	9:00 a.m. – 11:30 a.m. _____
	Monday	12:30 p.m. – 3:00 p.m. _____
	Friday	9:00 a.m. – 11:30 a.m. _____
3s	Tuesday/Wednesday/Thursday	9:00 a.m. – 11:30 a.m. _____
	Wednesday/Friday	12:30 p.m. – 3:00 p.m. _____
	Tuesday/Thursday	12:30 p.m. – 3:00 p.m. _____
4s	Monday/Tuesday/ Wednesday/Thursday	9:00 a.m. – 11:30 a.m. _____
	Monday/Tuesday/ Wednesday/Thursday	12:30 p.m. – 3:00 p.m. _____

Please check the box below if you are flexible regarding days/times that your child can attend. Sometimes, last-minute adjustments/changes/switches are made.

☐ I am flexible and could switch to the following class: _____

Racial status for IRS requirements:

Caucasian _____ **American Indian** _____ **Asian** _____

African-American _____ **Hispanic** _____ **Other** _____

How Did You Hear About Us?

_____

INSURANCE WAIVER

In order to attend the C-W Parent Co-op Preschool, it is necessary for you to sign and return the insurance waiver below. Please note that no further insurance fee or insurance application is necessary.

Please return this completed form with your registration packet.

In order to be enrolled in C-W Parent Co-op Preschool and understanding the risks involved, the undersigned hereby waives and releases the City of Camas, Clark County, C-W Parent Co-op Preschool, St. John's Presbyterian Church, officers (C-W Parent Co-op Executive Board), employees, and/or volunteers from any and all liability for any injury, damage, loss, accident or delay incurred to the person or property during the program. In the event the participant is a child, the undersigned agrees to hold the City of Camas, C-W Parent Co-op Preschool, St. John's Presbyterian Church, and any officers (C-W Parent Co-op Executive Board), employees, and/or volunteers harmless from any liability it may suffer through the participation in said program.

Child's name: _____ Date: _____

Signature of Parent or Guardian: _____

This form must be on file with the Registrar prior to the first day of school.

Camas-Washougal
Parent Co-op Preschool

MEDICAL PERMISSION

I, _____, give my consent for the C-W Parent Co-op Preschool to
(Parent's Name)

administer emergency first aid/CPR and to call 9-1-1 for emergency medical help and transportation to a local hospital emergency room for medical or surgical care for my child,

_____.
(Child's Full Name)

I understand that every conscientious effort will be made to locate me or the emergency contacts listed.

Any and all expenses incurred for medical treatment will be paid by me.

I have read and understand the Preschool's policy on medication as stated in the C-W Parent Co-op Preschool Bylaws: "If your child requires daily/occasional medication, it is preferred that you arrange for administration times outside of regular school hours. However, if this is not possible, in order for your child to receive medication at school the Authorization for Medication/Treatment at School Form must be completed by the licensed health provider and the parent/legal guardian prior to administration for any medication (prescribed or over-the-counter) or treatment at school. All medications must be brought to the school by the parent/guardian in the original pharmacy bottle. Do not send medication with your child."

Signed: _____ Date: _____

This form must be on file with the Registrar prior to the first day of school.

Camas-Washougal
Parent Co-op Preschool

2017-18 PHOTO RELEASE

I hereby give my permission for the Camas-Washougal Parent Co-op Preschool to use photos of my child for the purposes of marketing and advertising the school. This includes, but is not limited to, using his/her likeness in brochures, flyers, and on cwcoop.org.

I understand there will be no compensation for using an image of my child for marketing purposes.

I release the photographer from all forms of claims and liability related to the photo usage of my child.

CHILD'S NAME_____

Parent/Guardian Signature_____

Print Name_____

Date_____

Camas-Washougal
Parent Co-op Preschool

TEACHER'S PAGE

Please fill out completely. Our teachers require this information. Thank you.

Child's Name: _____ Date of Birth: _____

Prefer to be Called: _____ Sex: _____ Age on Aug, 31, 2017: _____

Parent/Guardian Names: _____

Home Address: _____ Phone 1 & Name: _____

_____ Phone 2 & Name: _____

Phone 3 & Name: _____

If parents are employed during the day, where does the child stay?

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Emergency Contacts, other than parents:

Name: _____ Phone 1:_____

Relationship: _____ Phone 2: _____

Name: _____ Phone 1: _____

Relationship: _____ Phone 2: _____

Please list the names of persons other than parents who will pick your child up after class:

_____

Are there any family situations such as divorce, separation, new baby, or relative living in the home that the teacher should be aware of in order to better understand and care for your child?

_____

_____

Has your child had any previous preschool experiences?

_____

Does your child have any strong interest(s)? Describe: _____

Which hand does your child prefer to use, if known?_____

Does your child have food allergies? Yes / No

Does your child have a medical condition that may impact them during class time? Yes / No

If you answered yes to either of these questions you will be asked to provide more detailed info to the school on forms that are mailed to you in the summer.

Physician Name: _____ Phone: _____

Address: _____

I authorize the services of any physician or first-aid care in case of a medical emergency. I will also assume financial responsibility for medical care.

Signature of Parent/Guardian: _____ Date: _____