In-School Laboratory Enrollment Application

Child's Name_____
(First) (Middle) (Last)

Nickname/Child's Preferred first name_____ Male____ Female____

Date of Birth_____ Age in October____ years ____ months

Home Language(s)_____ Previous Sibling attended: Yes__ No__ Sibling name____

Primary Parent/Guardian Information:

Name_____ Relationship_____ Phone (home)_____ Phone (cell)_____

Home Address_____City_____ State___ Zip_____

Email Address_____ Employer/Work phone_____

Secondary Parent/Guardian Information:

Name_____ Relationship_____ Phone (home)_____ Phone (cell)_____

Home Address_____City_____ State___ Zip_____

Email Address_____ Employer/Work phone_____

The Child lives with (both parents, Mom, Dad, etc.)_____

At which phone number would you like to be called **first** in case of an emergency? _____

Contact Person if Parents/Guardians cannot be reached:

Name_____ Relationship_____ Phone # _____

Name_____ Relationship_____ Phone # _____

Name(s) of person(s) authorized to pick your child up from school other than the ones listed above:

#1 Name_____ Relationship_____ #2 Name_____ Relationship_____

My child may be taken on field trips or excursions by school bus: **Yes**_____ **No**_____

Has your child had previous experience in a childcare setting? **Yes**___ **No**___ Type of Care___

My child is potty trained: **Yes**_____ **No**_____

Are there any holidays your family **does not** acknowledge? _____

Food allergies/dietary restrictions (please specify the specific food that may not be eaten):

_____

_____

_____

Medical, Behavioral, or other concerns:

_____

_____

_____

Favorite activities (games, toys, books):

_____

Likes and dislikes:

_____

Ways to comfort when upset:

_____

Is there any other information about your child that would be helpful for us to know?

_____

_____

_____

DD Preschool Emergency Procedure:

In an emergency, **DD Preschool** has my permission to call an ambulance or take my child to **Portland Adventist Hospita**l via ambulance at my expense. In an emergency, the above-named facility has my permission to obtain medical treatment for my child, except for these restrictions. List if applicable:_____

Pediatrician_____ **Phone**_____

Signature*_____ **Date**_____

**A $30.00 deposit and a parent/child visit to the preschool are required with this application for enrollment*

Phone Number: 503-262-4421 **Email**: raluca_dinca@ddsd40.org

Hours of Operation: Monday, Tuesday, Thursday, Friday – 7:45am-10:40am