



## 2024-25 Preschool Registration Form

CHILD'S NAME: \_\_\_\_\_

AGE (IN SEPTEMBER): \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

EMAIL ADDRESSES: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

### SCHOOL DIRECTORY:

This class email & phone list is only shared with Hands On families.

\_\_\_\_ Yes we would like to be included!      \_\_\_\_ No we would NOT like to be included!

### PHOTOS OF CHILD/CHILDREN:

We take lots of photos and add them to the newsletters and website. Your child's name will **never** be shared on the site or in any publications.

\_\_\_\_ Yes, my child's photo/s may be included!      \_\_\_\_ No, my child's photo/s may NOT be included!

### PLEASE CHECK THE DAYS YOU WOULD LIKE YOUR STUDENT TO ATTEND:

<b>MORNING</b> (9am-12:30pm):	<b>Mondays</b>	<b>Tuesdays</b>	<b>Wednesdays</b>	<b>Thursdays</b>	<b>Fridays</b>
<b>AFTERNOON</b> (1:00pm-3:30pm):	<b>Mondays</b>	<b>Tuesdays</b>	<b>Wednesdays</b>	<b>Thursdays</b>	<b>Fridays</b>

To register, mail/email completed forms and send a non-refundable deposit of \$45 to:  
Hands On Art & Play, Inc.  
2800 SE Harrison St.  
Portland, OR 97214



## Preschool Registration Form

### Emergency Information

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HEALTH INSURANCE CO.: \_\_\_\_\_ HEALTH INSURANCE ID #: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

ADDRESSES: \_\_\_\_\_

EMAIL ADDRESSES: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

#### EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

#### PEOPLE AUTHORIZED TO PICK UP CHILD OTHER THAN THOSE LISTED ABOVE:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_



## Preschool Registration Form

### FIELD TRIP/OUTDOOR PLAY PERMISSION SLIP

When the weather is nice the classes enjoy walking around the block or playing at Hosford and Edwards Schools. In order for your child to take part in this part of our day we need to have a permission slip on file. Any other field trips will have their own permission slips and parents will be informed and invited to attend.

I give permission for my child, \_\_\_\_\_, to play at the School Playground and to go for walks with their class.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### MEDICAL EMERGENCY TREATMENT CONSENT FORM

I, \_\_\_\_\_, (*name of parent/guardian*) give permission to the staff of Hands On to give consent for all emergency medical, dental, or other care for my child,

\_\_\_\_\_ (*name of child*). This care may be given under whatever conditions are necessary to preserve life, limb, or well-being.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## Preschool Registration Form

### TUITION:

- Morning preschool hours are **9 -12:30PM**, afternoon preschool hours are **1:00-3:30 PM**
- There are 9 equal monthly tuition payments for the school year.
- First months tuition is due at time of registration, and may be refunded before August 15<sup>th</sup> if your plans change. Then tuition payments are due by the first of each month, starting October 1 and ending May 1.
- A late fee of \$25 will be added to payments made after the 5<sup>th</sup> of each month.

#### Morning Preschool Tuition Rates:

1 day=\$240/mo., 2 days=\$370/mo., 3 days=\$495/mo., 4 days=\$620/mo., 5 days=\$735/mo.

#### Afternoon Preschool Tuition Rates:

1 day=\$175/mo., 2 days=\$290/mo., 3 days=\$390/mo., 4 days=\$470/mo., 5 days=\$565/mo.

\*Sibling discounts available.

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