



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:

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

To register, mail/email completed forms and send a non-refundable deposit of \$40 to:
Hands On Art & Play, Inc.
2800 SE Harrison St.
Portland, OR 97214



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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: _____



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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: _____

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: _____



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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.
- Tuition payments are due by the first of each month beginning September 1 and ending May 1.
- A late fee of \$25 will be added to payments made after the 5th of each month.

Morning Preschool Tuition Rates:

1 day=\$220/mo., 2 days=\$350/mo., 3 days=\$475/mo., 4 days=\$600/mo., 5 days=\$715/mo.

Afternoon Preschool Tuition Rates:

1 day=\$155/mo., 2 days=\$270/mo., 3 days=\$370/mo., 4 days=\$450/mo., 5 days=\$545/mo.

*Sibling discounts available.

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