

PORTLAND WALDORF
SCHOOL



FALL 2018

Parent Child Class Registration Form

CHILD'S NAME _____ AGE _____ BIRTHDAY _____
 PARENT/GUARDIAN #1 _____ DAYTIME PHONE _____
 PARENT/GUARDIAN #2 _____ DAYTIME PHONE _____
 EMAIL (PARENT 1 OR PARENT 2) _____

Please indicate below which class you are registering for.

Tuesdays SEPT. 18 - NOV. 27 8:45AM - 11AM AGE 2-3	Wednesdays SEPT. 19 - NOV. 28 8:45AM - 11AM AGE 1-2	Thursdays SEPT. 20- NOV. 29 8:45AM - 11AM BABIES
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REGISTRATION IS REQUIRED: *No drop-ins will be accepted.*

HOW TO SIGN UP: Registration form and payment of the total amount can be mailed to Portland Waldorf School at the address below, or returned to the main office. Payment may also be completed online at www.portlandwaldorf.org/parent-child. Registration forms without payment will not be accepted.

Please complete emergency contact and release form on other side.

PORTLAND WALDORF SCHOOL



Emergency Contact and Release Form

CHILD'S NAME _____ AGE _____

EMERGENCY CONTACT 1: Name _____

Relation _____ Phone _____

EMERGENCY CONTACT 2: Name _____

Relation _____ Phone _____

MEDICAL INSURANCE CARRIER _____

Group number _____ ID number _____

Allergies (food, medical, other) please describe reaction and management or any other medical conditions we should be aware of.

Please list all parties who have permission to pick up your child:

FIRST AID TREATMENT CONSENT

I hereby grant permission to the providers of the Portland Waldorf School to administer general First Aid.

Homeopathic remedies _____ yes _____ no

SIGNATURE _____ DATE _____

EMERGENCY CONSENT

To protect your child in the case of a medical emergency if you are not available to give formal consent to medical authorities.

I/we authorize PWS Staff to give consent for all medical treatment that may be required for our child during our absence.

SIGNATURE _____ DATE _____

PLANNED ACTIVITY CONSENT

I grant permission for the applicant to participate in all planned activities. I agree that in the event my child is injured as a result of his or her participation in the PWS activities, including any resulting hospital medical or related costs will first be paid by my accident, medical, or any benefit plan. Any school insurance will be applied secondarily.

SIGNATURE _____ DATE _____
