

12029 NE Ainsworth Circle, Ste 100  
Portland, OR 97220  
503-255-1056  
Fax: 503-256-9322

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Desired Schedule: (Please Circle)

2 days    3 days    4 days    5 days

**Start Date:** \_\_\_\_\_

**Classroom:**    INF       T OD       PS       SA

**1<sup>st</sup> Month Prorate: # days** \_\_\_\_\_ @ \$\_\_\_\_\_

**Starting Tuition** \_\_\_\_\_ \$ \_\_\_\_\_

**Registration Fee** \_\_\_\_\_ \$ \_\_\_\_\_ **100**

**Total Due by Start Date** \_\_\_\_\_ \$ \_\_\_\_\_

**Immunization Complete:** \_\_\_\_\_

**Final Monthly Rate:** \$ \_\_\_\_\_

Mother/Legal Guardian Name: _____	SS# _____
Employment: _____	Position: _____
Employment Address: _____	Work Hrs: _____
Business Phone: _____	Cell Phone: _____
Father/Legal Guardian Name: _____	SS# _____
Employment: _____	Position: _____
Employment Address: _____	Work Hrs: _____
Business Phone: _____	Cell Phone: _____
Marital Status:    Married                      Separated                      Divorced                      Together                      (Please Circle)	

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Has your child previously been in daycare? \_\_\_\_\_ Name of the school: \_\_\_\_\_

List other children in the family: \_\_\_\_\_

Referred to us by: Yellow Pages \_\_\_\_\_ Friend \_\_\_\_\_ School Dist. \_\_\_\_\_ Web \_\_\_\_\_ Other \_\_\_\_\_

Child's favorite toys/activities: \_\_\_\_\_

Parent/Guardian's method of discipline: \_\_\_\_\_

Please give information concerning your child, which may be helpful in his/her experience in school and group participation (eating habits, fears, likes/dislikes, etc.):

MEDICAL AUTHORIZATION & GENERAL PERMISSION

Child's Name: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group# \_\_\_\_\_

Allergies/Medications/Health Issues/Food Restrictions: \_\_\_\_\_

Who is authorized to pick up your child if requested by you, or in case of an emergency?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

If emergency medical care is necessary, my child has permission for any treatment deemed necessary by a physician/hospital of your choice. I authorize Airport Learning Tree Day School to transport my child by ambulance, if necessary. \_\_\_\_\_ Initial

I hereby grant permission for my child to participate in all your activities, including transportation to and from school and authorized field trips. \_\_\_\_\_ Initial

My child may/may not (circle one) be photographed for the purpose of posting pictures on the premises including but not limited to bulletin boards and electronic photo displays. \_\_\_\_\_ Initial

My child may/may not (circle one) be photographed for the purpose of posting pictures in/on various forms of media including but not limited to our website, advertising brochures, and Facebook. \_\_\_\_\_ Initial

My child may participate in swimming or other water activities under required supervision. (Child Care Division requires approved lifeguard.) \_\_\_\_\_ Initial

I hereby release, indemnify and hold you, your agents and employees harmless from any and all claims, damages or other liabilities for injuries to or damage by my child which are not a result of gross negligence by Airport Learning Tree, its agents or employees. \_\_\_\_\_ Initial

I hereby warrant to Airport Learning Tree Day School that I am entitled to legal custody and possession of my child, and accordingly to place my child into your care and custody and I am authorized to sign this enrollment form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Suggestions for a Successful Experience

Please DO:

- Allow for a two-week adjustment period.
- Let us know about any difficulties your child may be having.
- MARK ALL of your child's clothing and bedding that enters the facility.
- Have your child wear running/tennis shoes.
- Read all signs in the office daily.
- Listen each day for your child's achievements and PRAISE him/her for them.
- Notify us in advance of any absence or family vacation periods.

Please DO NOT:

- Send money with your child.
- Send child to school with gum.
- Allow swearing/foul language at school.
- Leave extra toys and/or blankets at school.
- Bring toys except for sharing days.
- Hold us responsible for lost or broken toys.
- Send pocket snacks to school.

### Discrimination

Airport Learning Tree Day School does not discriminate based on race, sex, or religion. Religious rights shall always be respected by our facility and any of its employees and/or volunteers providing that the practice of an individual's faith is consistent with State and Federal Laws.

I/We have read the enclosed information regarding the procedures and policies of Airport Learning Tree Day School and understand its meaning and content.

If a concern regarding your child's care cannot be resolved with the director or the owner of this center, you may contact the Child Care Division at 503-731-3386. (Do not contact them regarding tuition payments, late charges, or absenteeism.)

I have read the above and hereby release, indemnify, and hold you, your agents and employees harmless from any and all claims which are not a result of negligence by Airport Learning Tree Day School, its agents, and its employees.

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Parent/Guardian Signature

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Date

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Parent/Guardian Signature

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Date