

LITTLE SPARTAN PRESCHOOL ENROLLMENT Information and Authorization Form

Name of Child (Last) _____ (First) _____ Birth Date _____

Parent(s)/Guardian(s)

1 Name _____ Relationship _____ Phone (h) _____

Email _____ Work Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

2 Name _____ Relationship _____ Phone (h) _____

Email _____ Work Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

Please circle or highlight the email above that you would prefer to have on the listserve for all preschool emails!

Emergency Contact (If parent or guardian cannot be reached)

Name _____

Relationship _____ Phone _____

Comments _____

Child's Doctor _____ Phone _____

Food Allergies _____

Medical Concerns _____

PLEASE READ: Marking an "X" indicates approval:

In an emergency, Little Spartan Preschool has my permission to obtain medical treatment for my child, except for these restrictions. List, if applicable _____

I do not wish my child to receive any medical treatment

Our preschool is a lab preschool and uses photographs for many purposes. For this reason, we ask for signed permission from all families allowing us permission to take your child's photograph during class activities. We do have restrictions on picture taking, and only allow them for use on preschool and high school class projects, bulletins, displays, yearbooks, scrapbooks, our preschool blog/website, and sometimes for program advertising purposes.

Please Initial in the blank for permission to photograph your child: _____

Signature of parent or guardian

Date

If you have a career or hobby which may provide a learning opportunity for our children or high school teachers, please let me know. We enjoy speakers and field trips. My career or hobby that might be fun to share:

TRANSPORTATION AUTHORIZATION / RELEASE FORM

Student: _____

Release Authorization List

Anyone who has your permission to pick up your child (include yourself & spouse)

Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List below anyone who is NEVER to pick up your child if applicable:

Name	Relationship to Child
_____	_____
_____	_____

All people picking children up from preschool will need to sign children out each day, as well as provide a "pick up pass" as authorization for pick up. Each family will be given 2 passes at orientation and can request more if needed. Without a pass, ID's must be checked to ensure that only people on your above list are picking children up. If ID's are not available and Ms. Shipley is unable to identify the person for who they are, then the child will not be allowed to leave with that person until verification can be provided either by the person picking up or by contacting the parent. In addition, parents or people picking up without a pass will be served last during pick up time. For speed and efficiency, please remember to bring passes for pick up time!

I fully understand the pick-up process and requirements described above.

Parent Signature: _____

AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

We provide this form to help ensure that your children will receive timely medical attention should a health problem arise while they are in the care of another adult. By filling out this form, you are authorizing that another adult can consent to medical treatment for your child if you cannot be reached.

As a parent or legal guardian of the following child,

First Name	Last Name	Age
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I hereby authorize: A representative of Little Spartans Preschool, Hillsboro High School, Hillsboro School District 1J, 503-844-1980, who is 18 years of age or older, to consent to any medical or surgical treatment of the above children which such person deems advisable if a parent or legal guardian cannot be reasonably located when the children are brought in for treatment. During preschool, the parent/legal guardian of the above children will be at the following location(s):

Signature _____ Relationship _____

Home address of parent or guardian:

Phone # of parent or guardian: _____

Family Physician: _____

Phone #: _____

Health Ins. Company: _____

Group #: _____

Medical History:

Please list any related information regarding your child's medical history in the below 3 categories.

Chronic Illnesses or Allergies _____

Current Medications _____

Previous Surgeries/ _____

Hospitalizations _____

List of Commonly Needed Items for Donation:

Paper towel rolls
Wrapping paper tubes
Baby food jars / containers
Napkins Paper/plastic cups
Disinfecting wipes (Clorox)
Baby wipes
Sponges / Rags
Ziplock bags of various sizes
Scrapbooking paper, stickers, materials
Tissue paper, wrapping paper
Copper wire or other easily bendable wire
Thread spools
Corks
Foam sheets / Styrofoam pieces
Dish soap
Picture frames – various sizes

Any ideas?? Just ask and maybe we have a use for it!! It is surprisingly fun for us to take weird household items and let the children create things with it. It is very fun for them as well!