

CLEAR CREEK PRESCHOOL APPLICATION
4100 S.E. 182nd Avenue; Gresham, Oregon 97030
Phone: 503-665-6618
FOUR AND FIVE YEAR OLD CLASS

CHILD'S NAME _____
(First) (Middle) (Last)

HOME ADDRESS _____
(Street) (City) (Zipcode)

TELEPHONE _____ CHILD'S BIRTHDATE _____

LIVES WITH: Mom _____ Dad _____ Grandparents _____ Other _____

PERSON(S) WHO WILL BE PICKING UP YOUR CHILD: _____

MOM's and/or DAD's EMAIL ADDRESS: _____

Name you wish your child called in school _____

Child's previous school experience (if any) _____

Has your child been in group situations such as:

Day care _____ No _____ Yes Where? _____

Sunday School _____ No _____ Yes Where? _____

Other _____

Is your child: Right handed? _____ Left handed? _____ Uncertain? _____

Does your child have any physical problems of which we should be aware? _____ Yes _____ No

--If yes, please explain _____

--Any allergies? _____

Any special information regarding your child that would be helpful to the teacher? _____

CLASS TIME: 9:00 A.M. - 11:30 A.M., Tuesday, Wednesday and Thursday

Father's name _____ Cell # _____ Work # _____

Mother's name _____ Cell # _____ Work # _____

Child's Physician _____ Phone _____

Hospital _____ Address _____

Person to notify in case of illness and PARENTS CANNOT be contacted:

NAME _____ Phone _____

ADDRESS _____ Relationship _____

Important Note--In case of emergency that needs immediate attention and PARENTS CANNOT be contacted, do you give permission and assume full responsibility of having your child sent to the doctor listed or hospital? _____ Yes _____ No

If your child is usually at a Baby-sitters, please give us:

NAME _____ PHONE _____

ADDRESS _____

REGISTRATION FEE, WHEN ENROLLING BY JULY 14, 2017 IS \$40.00, NON-REFUNDABLE, AND MUST ACCOMPANY APPLICATION TO ENSURE ENROLLMENT. (The Non-refundable Registration Fee for applications received after July 14 is \$50.00.)

Signature of Parent or Guardian