



New Student Registration Form 2017 - 2018

PLEASE FILL IN APPLICATION COMPLETELY. MAKE A COPY FOR YOURSELF.

Monthly Tuition, \$990 (Puffins, Rockets, Bears classes) Due the first day of each month, beginning July 1, 2017

Monthly Tuition, \$950 (School Age classes) Due the first day of each month, beginning July 1, 2017

Annual Registration & Assessment Fee \$200. Field Trip Fee \$200 (Sept.), Annual CAPA Dues \$240 per family with one child, \$345 per family with two or more children (July). Annual school supply fee = \$55 per child (July)

STUDENT INFORMATION

Student's name: _____
Last First MI
Home telephone: (____) _____ Birth date _____ Age: _____ Sex (M/F) _____
mm/dd/yyyy
Street Address _____ City _____ State _____ Zip _____

PARENT INFORMATION

Parent 1 full name: _____ Parent Birth Date: _____ Relationship to Child: _____
mm/dd/yyyy
Home phone: (____) _____ Business Phone: (____) _____ Cell # (____) _____
Business Address: _____
E-Mail Address: _____
Name of company _____ Occupation/Title: _____
Home address (if different than above): _____ City _____ Zip _____

Parent 2 full name: _____ Parent Birth Date: _____ Relationship to Child: _____
mm/dd/yyyy
Home phone: (____) _____ Business Phone: (____) _____ Cell # (____) _____
Business Address: _____
E-Mail Address: _____
Name of company _____ Occupation/Title: _____
Home address (if different than above): _____ City _____ Zip _____

Bilingual household: (____)No (____)Yes Language _____
With whom does the child reside: (____) Both parents (____)Mother (____)Father (____)Guardian

EMERGENCY CONTACT – MEDICAL INFORMATION

In case of an accident or medical emergency I, the undersigned, request CLASS Academy to contact me. If CLASS Academy is unable to reach me, I hereby authorize CLASS Academy to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, CLASS Academy may make whatever arrangements deemed necessary. I agree to cover expenses should it be deemed necessary to transport my child by ambulance.

Signature of Parent or Guardian: _____ **Date:** _____

Health Insurance Carrier _____

Policy Number _____ **Group Number** _____

Signature of Parent or Guardian: _____ **Date:** _____

Allergies (describe): _____

Other conditions (be specific): _____

List any food child must avoid: _____

My child may be given children's Tylenol if deemed necessary. Yes _____ No _____ **Signed:** _____

My child may have sunscreen applied when going outside on sunny days. Yes _____ No _____ **Signed:** _____

My child may be given Benadryl in case of a life-threatening emergency. Yes _____ No _____ **Signed:** _____

Are there any physical activities that your child cannot participate? No _____ Yes _____

If yes, explain: _____

Physician's name: _____ Address: _____ Phone: _____

Dentist's name: _____ Address: _____ Phone: _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE OF FORM

EMERGENCY CONTACTS: List two relatives, friends, individuals with whom you would entrust your child if you cannot be reached.

Name: _____ Day telephone: (_____) _____
Name: _____ Day telephone: (_____) _____

PERMISSION TO PICK UP CHILD

Who has permission to pick up your child (include older siblings' names if they will pick up child)
Please list name and relationship. Remember, they will be asked for ID when picking up child.

Name: _____ Relationship _____ Phone: _____
Name: _____ Relationship _____ Phone: _____
Name: _____ Relationship _____ Phone: _____

PERMISSION TO PICK UP NOT GRANTED TO: (Any relative or family member who may not pick up my child).

Name: _____ Relationship: _____
Name: _____ Relationship: _____

****It is the custodial parent or guardian's responsibility to notify the school at time of enrollment if there are any court-mandated custody agreements that would prohibit the other parent from picking up the child.***

AUTHORIZATION FOR ACTIVITIES OFF SCHOOL GROUNDS

Although all reasonable efforts will be made to secure the safety of all, I agree not to hold CLASS Academy liable to any injuries, accidents, or damages. I hereby consent to have my child participate in field trips and off-the-grounds activities supervised by CLASS school staff.

Signed: _____ **Date:** _____

PHOTOGRAPH RELEASE

Permission is hereby granted for photographs to be taken of my child and CLASS Academy has the right to utilize these photographs in school brochures, display material or on the school website. I do not expect reimbursement for my child's picture being used.

Signed: _____ **Date:** _____

SWIMMING/ICE-SKATING RELEASE

I hereby consent to have my child to participate in annual ice skating and swimming lessons if they are offered. Although all reasonable efforts will be made to secure the safety of all, I agree not to hold CLASS Academy liable to any injuries, accidents, or damages. If my child does not attend lessons and there are no supervisors left at CLASS Academy, my child will be a spectator and supervised at the swimming/skating facility.

Signed: _____ **Date:** _____

OPTIONAL – RACE AND ETHNICITY DATA

What is this student's/your race? (choose one or more)

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)
- Asian (A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

CLASS Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, athletic, and other school administered programs.

Thank you for submitting your application to CLASS Academy, a school where children come first and are treated with dignity and respect. Our program is designed to raise your child's IQ, self esteem, confidence, and level of academic achievement. CLASS Academy has an Open Door Policy. You are welcome, as a parent, to visit the school at any time.

Physical Address: CLASS Academy, 2730 NW Vaughn Street, Portland, OR 97210

Mailing Address: CLASS Academy, P.O. Box 10186, Portland, OR 97296

Telephone (503) 223-9099 / Facsimile: (503) 517-8840

Website: www.classacademy.com / E-Mail: class@classacademy.com