



Student's last name _____ First name _____

Date of birth _____ M _____ F _____ Today's date _____

Enrolling in grade _____ for: month _____ year _____ # days/wk _____

Parent/Guardian Information:

Parent 1

Name _____

Address _____

City _____ State _____ Zip _____

Phone: (hm) _____ (wk) _____

(cell) _____ e-mail _____

Occupation/Title _____

Interests, hobbies, talents _____

Parent 2

Name _____

Address _____

City _____ State _____ Zip _____

Phone: (hm) _____ (wk) _____

(cell) _____ email _____

Occupation/Title _____

Interests, hobbies, talents _____

Step-parents/partners (if applicable):

Parent 1

Occupation/Title _____

Phone: (hm) _____ (wk) _____

(cell) _____ e-mail _____

Interests, hobbies, talents _____

Parent 2

Occupation/Title _____

Phone: (hm) _____ (wk) _____

(cell) _____ email _____

Interests, hobbies, talents _____

Please explain the student's living

arrangements: _____

Persons to contact in case of illness or injury if parents cannot be reached (people who are readily available):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Medical Information:

The State of Oregon requires the names of your health practitioners to be on file in our office. If you do not currently have a practitioner, please list the physician where your child’s records are kept.

Doctor’s Name _____ Phone _____ Address _____

Dentist’s Name _____ Phone _____ Address _____

Should your doctor/dentist be notified in case of emergency? Yes _____ No _____

Does your child have any allergic reactions? Yes ___ No ___

Describe _____

Does your child have any special health considerations we should be aware of? Yes _____ No _____

List and describe _____

Does your child regularly take any medications? Yes ___ No ___ List & describe _____

First Aid Remedies Permission:

May the Faculty and Staff of the Eugene Waldorf School have permission to dispense homeopathic/herbal remedies to your child? [For example, the main remedies we use are Arnica Montana ointment(externally) or remedy (internally), for bumps, bruises, or sprains; herbal salve for cuts and scrapes, “Sting Stop” for stings (externally), Apis/Belladonna for stings (internally), and Bach Rescue Remedy for trauma.] Yes _____ No _____ Initial _____

Emergency Care: The Eugene Waldorf School is authorized to call an ambulance or to obtain medical treatment for my child, or take my child to an available physician or medical treatment facility in case of a serious accident or emergency during school hours, after care hours, or during school sponsored events at parent’s expense. (Note: It is the school’s policy to notify parents as soon as possible in case of accident or emergency.)

Signed: _____ Date _____

Signed: _____ Date _____

Photo Release:

I hereby give the Eugene Waldorf School the right and permission to use my child or children’s photograph for promotional or informational purposes. Yes _____ No _____ Initial _____

After School Release Permission

The following people may pick up our child from school or from After School Care. I understand that if I want someone other than those listed below to pick up my child, I need to give written notice to the teacher, reception office, or After School Care teacher.

Field Trip Permission

I, the undersigned, hereby give permission for my child to accompany his/her class on class/school outings during the school year. I understand the class coordinator will call to advise me of field trips taking place, except for short walks in the surrounding neighborhood.

Signed: _____ Date _____

Signed: _____ Date _____