



4235 SE Salmon St., Portland, OR 97215

503-234-3611 ~ Fax: 503-234-2593

www.childswork.org

Information Sharing Form

To place your family on the wait list, please complete and return this form with a \$50.00 wait list fee.

Child's Information

Date: _____

Child's Name _____

Nickname: _____

Date of Birth: _____

Child's Age: _____

Child's Gender:

Male

Female

Is your child a sibling of a existing or previous student at Childswork?

Yes No

If yes what School Year _____

Family Information

Parents/Guardian Name(s) _____

Relationship to child: _____

Home Phone #: _____

Cell Phone #: _____

Street Address _____

City

State

Zip

Emergency Contact Name: _____

Phone # _____

Class Information:

Requested school Year: _____

Preschool

Preferred Days:

Monday

Tuesday

Wednesday

Thursday

Friday

Preferred Times:

AM

PM

Flexible

Kindergarten

Before School Care (available at 7:30 am)

After School Care (available until 5:30)

In addition, I would like to know: _____

How did you find out about Childswork? _____

Please complete this form, include a \$50.00 (**non-refundable**) wait list fee and return to:

Childswork Learning Center

4235 SE Salmon ST

Portland, OR 97215

Checks should be made out to Childswork Learning Center