Childswork Learning Center

4235 SE Salmon
Portland, OR 97215
Phone: 503-234-3611
Fax: 503-234-2593

Registration Form 2011-12

Student's Name: _____
Last *First* *Middle*

Student's Nickname: _____ Gender: Male Female

Date of Birth: _____ Age @ Entry: _____

Student's Address: _____
Street

_____
City *St* *Zip*

Parent/Guardian: _____ Phone: _____

Cell Phone: _____ Work Phone: _____

E-Mail _____

Address (if different): _____
Street *City* *St* *Zip*

Occupation: _____ Work Name: _____

Parent/Guardian: _____ Phone: _____

Cell Phone: _____ Work Phone: _____

E-Mail _____

Address (if different): _____
Street *City* *St* *Zip*

Occupation: _____ Work Name: _____

Please list persons other than parent/guardian who may be called in case of emergency or to pick-up the child from school. Indicate the appropriate pick-up and/or emergency boxes below.

Name: _____ ☐ *Authorized for p/u* ☐ *Contact in an emergency*

Phone: _____ Cell Phone: _____ Relationship: _____

Name: _____ ☐ *Authorized for p/u* ☐ *Contact in an emergency*

Phone: _____ Cell Phone: _____ Relationship: _____

Name: _____ ☐ *Authorized for p/u* ☐ *Contact in an emergency*

Phone: _____ Cell Phone: _____ Relationship: _____

Name: _____ ☐ *Authorized for p/u* ☐ *Contact in an emergency*

Phone: _____ Cell Phone: _____ Relationship: _____

Name: _____ ☐ *Authorized for p/u* ☐ *Contact in an emergency*

Phone: _____ Cell Phone: _____ Relationship: _____

I understand that if a court order exists to prevent a parental contact, a copy of such a order must be kept on file in the Childswork office.

Parent/Guardian Signature ***Date***