



LINCOLN COUNTY
SCHOOL DISTRICT

Early Learning Program Registration Form

Program you plan to attend (circle one):

Lincoln City Newport Toledo Waldport

Days you wish to attend:

Monday AM PM Tuesday AM PM Wednesday AM PM Thursday AM PM
Friday AM PM

The registration form must be completed each year by the parent or guardian.

Child _____ **D.O.B.** _____

Child's Race/Ethnicity: _____

1. **Name of Parent /Guardian:** _____

Address/City: _____

Home/Cell Phone _____ Work Phone _____

Preferred contact: **MAIL** / **EMAIL** (circle one)

Email Address _____

2. **Name of Parent/Guardian:** _____

Address/City: _____

Home/Cell Phone _____ Work Phone _____

Phone Service Provider: _____ Preferred contact: **MAIL** / **EMAIL** (circle one)

Email Address _____

3. **Emergency contacts if parent/guardian is unavailable: (MANDATORY)**

Name: _____

Home Phone _____ Work Phone _____

Relationship to Parent & Child: _____

Name: _____

Home Phone _____ Work Phone _____

Relationship to Parent & Child _____

4. **Please list the names of adults who can pick up your child. If not listed we will NOT release child into their care.**

Name: _____

Home Phone _____ Work Phone _____

Name: _____

Home Phone _____ Work Phone _____

Name: _____

Home Phone _____ Work Phone _____

5. **Are there any court orders that we should know about?** Circle: Yes or No

If yes, please specify and provide a copy: _____

6. **Please answer the following:**

◆ Is your child allergic to any food? Yes No

If yes, please specify _____

◆ Is your child allergic to any medication? Yes No

If yes, please specify _____

◆ Is your child currently taking any medication? Yes No

If yes, please specify _____

◆ Does it need to be administered at school? Yes No

◆ Does your child have any medical condition requiring special consideration (i.e. seizures)?

Yes No

If yes, please specify _____

7. **Child General Information**—Please include all information that will assist us in providing quality care for your child.

◆ Likes and Dislikes _____

◆ Eating habits and schedule _____

◆ Sleeping habits and schedule _____

◆ Play Interests _____

◆ Fears _____

◆ Special words and their meanings: _____

9. Other Children in the home:

Name (first-last)	Nickname	Age	Gender

10. Emergency Medical Release:

In the event of a medical emergency and the parent, legal guardian or emergency contact person can not be reached by phone, LBL ESD EI/ECSE or LCSD staff may seek medical treatment by having my child, _____, transported by an ambulance to the nearest hospital. An EI/ECSE or LCSD staff person will accompany the child to the hospital and remain with him/her until family arrives.

Child's Physician _____ Phone _____

Parent/Guardian
Signature _____ Date _____

Please circle any community resources you access: **WIC** **Head Start** **EI/ECSE** **OHP** **SNAP**
Other: _____
(optional - for data collection)

Has anyone in your household worked in agriculture, fishing, nurseries, forestry, mills, farming, dairies or canneries in the last three years? Yes No

This is an application for enrollment only, it does not guarantee your child will be enrolled in the program. Children will be enrolled on a first come first served basis. You will be contacted by an LCSD staff person to finalize the enrollment process

Immunizations MUST be up-to-date before your child can attend.

Your first month's tuition must be paid in full prior to your child attending

Please sign below stating that you have read and understand the statement above.

Parent/Guardian
Signature _____ Date _____