

**Hands On
Art & Play Inc.
503.239.8521**

**Registration Form
2012-13**

Child's Name: _____

Age (in September) _____ Birthday: _____

Parent's names: _____

Email address: _____

Phone Number: _____

____ Yes, we would like to be included in the school directory! This class email & phone list is only shared with Hands On families.

We take lots of photos and add them to the newsletters and website. Your child's name will never be shared on the site or in any publications. If you do not wish your child to be in any photos please check below.

____ No thanks, please don't add any photos of my child to the website or any other publications.

Please circle the days you would like your child/children to attend:

1st Choice Mondays Tuesdays Wednesday Thursdays Fridays

2nd Choice Mondays Tuesdays Wednesday Thursdays Fridays

**Preschool hours are 9 -12:30PM*

** Early drop off is 8:30 AM and late pick-up is 1PM. Extended days are \$3 per use.*

Tuition is based on the actual number of school days between **September 12 and May 31.*

** There are 9 equal monthly tuition payments for the school year.*

** Tuition payments are due by the first of each month beginning September 1 and ending May 1.*

**A late fee of \$25 will be added to payments made after the 5th of each month.*

**Tuition payments are as follows:*

1 day-=\$160/mo., 2 days=\$270/mo., 3 days=\$380/mo., 4 days=\$480/mo. and 5 days=\$580/mo.

**Music class is an annual fee of \$100 for children attending Tuesdays or Wednesdays. $\frac{1}{2}$ of the payment is due September 1 and $\frac{1}{2}$ due January 1. If your child attends both days your total payment is still only \$100.*

**Hands On will begin enrolling current families Feb. 1 and new students Feb. 21, 2012*

To register, mail completed forms with a non-refundable deposit of \$40 to:

**Hands On Art & Play, Inc.
2800 SE Harrison St.
Portland, Or. 97214**

Emergency Information

Child's Name: _____ Birthday _____

Allergies: _____

Parent's Information

Name: _____

Address: _____ zip _____

Home Phone: _____ Work: _____ Cell: _____

Email address: _____

Name: _____

Email address: _____

Home Phone: _____ Work: _____ Cell: _____

Physician: _____ **Phone #:** _____

Health Insurance and ID Number: _____

People to contact if parents are not available in an emergency:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

People authorized to pick up your child in addition to those listed above:

- 1.
- 2.

Field Trip Permission Slip

When the weather is nice the classes enjoy walking around the block or playing at Hosford and Edwards Schools. In order for your child to take part in this part of our day we need to have a permission slip on file. Any other field trips will have their own permission slips and parents will be informed and invited to attend.

I give permission for my child, _____, to play at the School Playground and to go for walks with their class.

Signed _____ Date _____

Medical Emergency Treatment Consent Form

I, _____, (name of parent/guardian) give permission to the staff of Hands On to give consent for all emergency medical, dental, or other care for my child, _____ . This care may be given under whatever conditions are necessary to preserve life, limb, or well being.

Signed _____ Date _____