



2025-26 Preschool Registration Form

CHILD'S NAME: _____

AGE (IN SEPTEMBER): _____ BIRTHDATE: _____

PARENTS' NAMES: _____

EMAIL ADDRESSES: _____

PHONE NUMBERS: _____

SCHOOL DIRECTORY:

This class email & phone list is only shared with Hands On families.

Yes we would like to be included! No we would NOT like to be included!

PHOTOS OF CHILD/CHILDREN:

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.

Yes, my child's photo/s may be included! No, my child's photo/s may NOT be included!

PLEASE CHECK THE DAYS YOU WOULD LIKE YOUR STUDENT TO ATTEND:

MORNING
(9am-12:30pm): **Mondays** **Tuesdays** **Wednesdays** **Thursdays** **Fridays**

AFTERNOON
(1:00pm-3:30pm): **Mondays** **Tuesdays** **Wednesdays** **Thursdays** **Fridays**

To register, mail/email completed forms and send a non-refundable deposit of \$50
to: Hands On Art & Play, Inc.
2800 SE Harrison St.
Portland, OR 97214



Preschool Registration Form
Emergency Information

CHILD'S NAME: _____ BIRTHDATE: _____

KNOWN ALLERGIES: _____

PHYSICIAN: _____ PHONE NUMBER: _____

HEALTH INSURANCE CO.: _____ HEALTH INSURANCE ID #: _____

PARENTS' NAMES: _____

ADDRESSES: _____

EMAIL ADDRESSES: _____

HOME PHONE #: _____

WORK PHONE #: _____

CELL PHONE #: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

PEOPLE AUTHORIZED TO PICK UP CHILD OTHER THAN THOSE LISTED ABOVE:

NAME: _____ NAME: _____



Preschool Registration Form

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,

_____ (*name of child*). This care may be given under whatever conditions are necessary to preserve life, limb, or well-being.

SIGNATURE: _____ DATE: _____

TUITION:

- Morning preschool hours are **9 -12:30PM**, afternoon preschool hours are **1:00-3:30 PM**
- There are 9 equal monthly tuition payments for the school year.
- The first month's tuition is due at time of registration and may be refunded before August 1st if your plans change. Then tuition payments are due by the first of each month, starting October 1 and ending May 1.

Morning Preschool Tuition Rates:

1 day=\$265/mo., 2 days=\$395/mo., 3 days=\$520/mo., 4 days=\$645/mo., 5 days=\$760/mo.

Afternoon Preschool Tuition Rates:

1 day=\$200/mo., 2 days=\$315/mo., 3 days=\$415/mo., 4 days=\$495/mo., 5 days=\$590/mo.

*Sibling discounts available.

To register, email completed forms to jennifer@handsonartandplay.com. Then you will receive an emailed invoice for a non-refundable deposit of \$50, and your child's first month tuition, refundable by Aug. 1st. This will secure your child's space in the school.