



## Enrollment and Authorization Form

Please complete the information below, sign where indicated, and **return to the school office along with your payment for the enrollment fee of \$100.** If you have questions, contact our Enrollment Director at 541-758-4674.

**ALLERGY ALERT:** \_\_\_\_\_ (Details on reverse)

### PART I: GENERAL INFORMATION

I intend to enroll my child at the Corvallis Waldorf School for the 2010 – 2011 school year in grade \_\_\_\_\_. I understand that the normal school week is 5 days, however, the teacher and I have agreed to enroll my child for \_\_\_\_\_ days per week.

Start Date \_\_\_\_\_

Child Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

### PART II: ETHNIC IDENTITY & EMERGENCY INFORMATION

Child's Ethnic Identity (Providing this information is optional and is requested for federal reporting purposes)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black Non-Hispanic |
| <input type="checkbox"/> Hispanic               | <input type="checkbox"/> White Non-Hispanic             | <input type="checkbox"/> Other _____        |

Emergency Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other adults authorized to pick up your child in non-emergency situations:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_

Dietary restrictions? \_\_\_\_\_

Medical needs/precautions? \_\_\_\_\_

Continued on back

**PART III: PARENT AUTHORIZATION**

My initials and signature below grants permission for the following:

\_\_\_\_\_ In an emergency, the Corvallis Waldorf School has the permission to call an ambulance or to transport my child to any available physician or hospital at my expense and to obtain medical treatment for my child.

\_\_\_\_\_ My child may be given non-prescription medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, diaper ointment. Syrup of Ipecac may be administered if deemed necessary by the Poison Control Center operator. My child may also be given homeopathic remedies, including Arnica Montana (for bumps, bruises, sprains and muscular trauma), Calendula salve (for cuts and scrapes), "Sting Stop" or Apis/Belladonna (for stings), Aloe Vera (for burns), and Rescue Remedy/Ointment (for all of the above medical conditions). The school will make every effort to contact parents prior to administering non-prescription pain-relievers. Prescription medications must be current and accompanied by a permission slip from the parent before the school can administer the medication.

\_\_\_\_\_ My child may be taken on field trips or school-sanctioned excursions by bus or private motor vehicle driven by a school staff person or a Waldorf parent. I understand that if my child is transported by a Waldorf parent, he or she is in the care of that parent and not the school during transportation. My child may also be taken on school-sanctioned neighborhood walking excursions under the supervision of the school staff.

\_\_\_\_\_ My child may participate in swimming or other water activities under the supervision of a certified lifeguard

\_\_\_\_\_ My child may be photographed for publicity or news purposes:     On site     Off site

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_