



**Elementary Enrichment Academy Program**  
**North Santiam**  
 2019-2020 Registration Form  
 Salem-Keizer Education Foundation

Student ID: \_\_\_\_\_

Child's Name \_\_\_\_\_ Male or Female (circle one)  
                     First                    Middle                    Last

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School \_\_\_\_\_

**Parent/Guardian Information**

\_\_\_\_\_- \_\_\_\_\_  
**Custodial** Parent/Guardian (relationship) Street Address  
 \_\_\_\_\_ (h)Ph # \_\_\_\_\_ (Cell)Ph # \_\_\_\_\_  
 City State Zip

Place of Employment \_\_\_\_\_ Work ph# \_\_\_\_\_

Email \_\_\_\_\_ Business Address \_\_\_\_\_

\_\_\_\_\_- \_\_\_\_\_  
 Parent/Guardian #2 (relationship) Street Address *(if different)*  
**List only if authorized for pick-up.**  
 \_\_\_\_\_ (h)Ph # \_\_\_\_\_ (Cell)Ph # \_\_\_\_\_  
 City State Zip

Place of Employment \_\_\_\_\_ Work ph# \_\_\_\_\_

Email \_\_\_\_\_ Business Address \_\_\_\_\_

**Emergency Contacts – Authorized Pickup People**

(2 emergency contacts are required by the Oregon Child Care Division in addition to parent/guardian(s) listed above)

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_  
 (relationship to child) \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_  
 (relationship to child) \_\_\_\_\_

MEDICAL INFORMATION (Must be completed prior to attending!)

\_\_\_\_\_  
Child's Doctor

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy #

Please fill in every blank or write "n/a" (not applicable).

List any known allergies or dietary restrictions

\_\_\_\_\_  
\_\_\_\_\_

List special medical conditions or problems of which we should be aware.

\_\_\_\_\_  
\_\_\_\_\_

List special medication for chronic problems. Medication(s) must be accompanied by a signed "permission to administer medication" form

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_(initial) My child may have his/her picture taken and used for publicity purposes.

\_\_\_\_\_(initial) My child may participate in walking or bus field trips

Authorization Agreement

I personally assume all risks associated with my child's participation in the program/event presented by Salem-Keizer Education Foundation, including but not limited to: use of facilities; use of streets; and all hazards from participation in the program/event. I hereby release for myself, my child (children) and his/her heirs, executors and administrator's; SKEF; all sponsors and co-sponsors of the program/event; their officers, agents, and volunteers, from any and all claims, demands, action or causes of action incident to my child's participation in the program/event. I grant permission to all of the foregoing to use any photographs, motion pictures, video recordings, or any other record of this program/event for any purpose.

I authorize the Salem-Keizer Education Foundation and its representatives to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident or illness, and I will program payments for these. Every reasonable effort will be made to reach the parent(s) as soon as possible. The program is designed for the enjoyment and benefit for ALL students. Should disciplinary problems occur, parent/guardian will be contacted to pick up the student. My signature indicates that I have read and understand the instructions and information on this form.

Parent/Guardian (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_