

First Circle of Friends Preschool and Kindergarten  
 1321 Linn Ave  
 P.O. Box 1718, Oregon City, OR 97045  
 503-722-5654

Child's Full Name (first, middle, last)		Birthday (M/D/Y)		Preferred Name (nickname)	
Allergies, Medical Conditions					
Permanent Medications					
Father's Name		Home Phone	Cell	Employer	
Father's Home Address					Living with child Yes No
Mother's Name		Home Phone	Cell	Employer	
Mother's Home Address					Living with child Yes No
Primary Email Contact Address			Additional Email Contact Address (if wanted)		
Childcare Name		Phone #		Email Address	
Church Affiliation					
EMERGENCY CONTACT - If parent cannot be reached			Relationship to child		Phone #
Child's Doctor		Phone #	Dentist	Phone #	
Hospital Preference		In the event of a medical emergency, I give First Circle of Friends my permission to call an ambulance, and if parents cannot be reached, to transport to the hospital. Yes No			
Insurance Company		Name of Insured		Policy/Group #	
Child is up-to-date on immunizations: Yes No					
Child receives special services or on an IFSP: Yes No			If yes, for what and with whom (i.e. speech, Clackamas ESD)		
I am responsible for transporting my child on all field trips. Signature					
Please circle class placement preference: <div style="display: flex; justify-content: space-around; text-align: center;"> <span>Tu/Th 3</span> <span>W/F 3</span> <span>AM 4</span> <span>PM 4</span> <span>Kindergarten</span> </div>					

Siblings	Birthdate

Parent Signature

<b>For Office Use Only</b>
Date Registration Fee Paid
Actual Placement