Open Bible Learning Center

2018

1605 N. College Street • Newberg, OR 97132 • 503 / 538-4470

Student Information (Please Print Clearly)

Last Name _____ First _____ MI _____ Nickname _____

Date of Birth _____ Age _____ Gender: M F Elementary School *& Grade* _____

Address _____ Home Ph _____

City & Zip _____ E-Mail _____ OK for Billing ( )

Parent(s) *Living* With Child

Marital Status _____

Father / Step _____ **Mother** / Step _____

Employer & City _____ Employer & City _____

W Ph _____ Cell _____ W Ph _____ Cell _____

ODL _____ ODL _____

Religious Denomination _____ Religious Denomination _____

Parent *NOT* Living With Child at Above Address

Name _____ H Ph _____

Address _____

Employer _____ City _____

Work Ph _____ Cell Ph _____

If divorced or separated who has custody? _____

Are there any factors in your child's life such as an absent parent, limited visitation rights, No Contact Order, etc.? A copy of Court Order must be on file.

ALTERNATE EMERGENCY CONTACTS & PICK-UP PEOPLE (*Not Parent or Guardian*)

Name _____ Ph _____

Name _____ Ph _____

Name _____ Ph _____

Name _____ Ph _____

I UNDERSTAND that these people have permission to pickup my child without any further permission from me. _____

AUTHORIZATIONS

1. Open Bible Learning Center has my permission to call an ambulance for my child in case of an emergency. ( ) Yes ( ) No
2. I authorize the Center staff to seek medical attention in the event of sudden illness or accident. ( ) Yes ( ) No
3. The Center has permission to take my child on pre-announced field trips. ( ) Yes ( ) No
4. I understand that the Learning Center will take pictures of my child during school activities for files and display. ( ) Yes
5. The Center may apply sunscreen I bring. ( ) Yes ( ) No
   The Center may apply the Center's sunscreen. ( ) Yes ( ) No
6. My child may participate in water play activities. (Sprinklers, Slip-n-Slide, etc.) ( ) Yes ( ) No

Health Information

Food & Other Allergies Mild ( ) Moderate ( ) Severe ( )

Physician _____ Ph _____

Health Care Provider _____ Policy # _____

Dentist _____ Ph _____

Health Care Provider _____ Policy # _____

Requested Schedule

Start Date _____

Class & Teacher _____

_____

Times

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

IMMUNIZATIONS

Every child entering Oregon schools **must have a signed Immunization Record, (for Exemptions back of Form must be completed and signed), on file before the first day of attendance.** State Law requires records be updated as new immunizations are given.

ALLERGIES:

( ) None ( ) Mild ( ) Moderate **( ) Severe**

( ) Dust ( ) Pollen ( ) Insect Stings ( ) Asthma

( ) Foods _____

_____

_____

( ) Medications _____

_____

_____

( ) Other _____

_____

_____

_____

Circle the following that your child has now or has had in the past:

Chicken Pox	Yes	No	Year _____
Diabetes	Yes	No	Year _____
Fainting Spells	Yes	No	Year _____
Glasses / Contact Lenses	Yes	No	Year _____
Hearing Treatments	Yes	No	Year _____
Seizure Disorder	Yes	No	Year _____
Urinary Tract Infections	Yes	No	Year _____
Frequent Illness	Yes	No	
Prone to Infection	Yes	No	
Currently on long-term medication or shots	Yes	No	

Please explain any yes answers _____

_____

_____

ADDITIONAL INFORMATION

Brothers & Sisters (Name & Age) _____

Eating habits and napping schedule _____

Fears _____

Scars, Birthmarks _____

Comments regarding behavior, physical problems or limitations: _____

_____

_____

Previous daycare/school attended and reason for leaving. _____

_____

How did you hear about us? Ph Book ( ) Paper ( ) Friend ( ) Online ( ) Other _____

I HAVE READ AND UNDERSTAND THAT:

( ) My registration fee of $_____ is non-refundable.

( ) I will pay $_____ on the first of each month according to my child's schedule listed on front. I understand my payment may vary according to changes in my child's schedule. Schedule changes must be in writing 1 week in advance.

( ) Payment is due on the first day of each month. There is a $10 late fee on 10th of month.

( ) A minimum $20 charge will be assessed for checks returned by the bank for any reason. See Handbook.

( ) Two weeks written notice must be given prior to withdrawal. See Handbook.

( ) There are no vacation discounts or credits available. See Handbook.

( ) I will keep the office up-to-date with changes in job, phone, emergency/pickup contacts and immunizations.

( ) **I have received my Open Bible Learning Center Handbook and agree to read it. Handbook is also available online at www.newbergoblc.com**

X _____ **X** _____

Parent or Legal Guardian Date

Providence Newberg Hospital
1001 Providence Drive • Newberg, OR 97132
503 / 537-1555

Emergency Consent Form for Treatment of a Minor

As a parent or legal guardian of the child/children listed below, I hereby consent to any medical or surgical treatment which is deemed advisable by any physician or surgeon on the staff of Providence Newberg Hospital, if a parent or guardian cannot reasonably be located when the child/children are brought in for treatment.

Child's Name	Chronic Illness	Allergies	Current Medications	Date of Last Tetanus Immunization	Birth Date

Physician _____ Telephone _____

Home address of parent/Guardian _____

Employer _____

Health Insurance Co. _____ Member # _____ Group # _____

Signed, Parent / Guardian _____ Date _____

Expiration Date: **September 30, or 1 year from date signed - whichever is later**

Note: Children 15 years and older may legally sign consent for themselves.
* This consent will be kept on file for one year from date of signature unless otherwise indicated.

Parent Partnership Agreement

The best and safest program includes Parents & Teachers
working closely together for the betterment of the Child.

We ask that all parents work closely with our Center and Teaching Staff. Your Child will feel secure, happier, have less discipline problems, and will learn to love school.

In case of Illness, Injury, Contagious Conditions (Fever, Lice, etc.) we expect parents to put their child's health and well being first, before work and all other obligations. This tells your child you love him/her and that he or she is your first priority. This also protects the health and welfare of the other children.

We expect you, as parents, to follow through with discipline in the case of behavior problems. We understand this may be difficult at times but it is necessary for consistency. The child may become confused or even angry without consistent parent backing.

It may be necessary for you to leave work and come to the center just to show your child you are serious, you follow through with discipline, and you support their Teachers.

You may, for minor problems, receive a call to keep you informed or to speak with your child by phone. There is a potential danger to the other children when one child requires all of their teacher's attention.

Parents will only be called if a child becomes ill or if the child has a behavior problem we cannot handle.

We are here to help you by working together with you. Your child will grow to be a secure and well-mannered child through this partnership. We count it a blessing and privilege to have your child in Open Bible Learning Center.

I have read and agree to abide by this Parent Partnership Agreement. A copy of this agreement is in the Center Handbook.

Parent's Signature Date

Print Name

Open Bible Learning Center
School Age Child Transportation Agreement

Student's Name _____

Elementary School _____

Grade & Teacher's Name _____

Please Circle which days your Student will be arriving on the bus from the school named above.

Monday Tuesday Wednesday Thursday Friday

I understand that if my child is **NOT** going to arrive as scheduled I will call at least 30 minutes ahead to notify the office of the change for that day or in the event of multiple days (i.e. planned time off) will give written notice at least 1 day ahead of time.

If my child does not arrive on the bus as scheduled please contact:

Elementary School Phone: _____

Parent/Guardian Name _____ Work: _____ Cell: _____

Parent/Guardian Name _____ Work: _____ Cell: _____

Emergency Contact Name _____ Work: _____ Cell: _____

For the Security of you Child:

There is a $25 minimum fee if notice is not given and we must call to locate your child.

If, for any reason we cannot locate your child by
calling the Elementary School, Parents, or Emergency Contact listed above
we will call the police to report a missing child.

Parent/Guardian _____ Date _____