



Preschool and Kindergarten, LLC
702 NE Norton Ave. 541-389-5475

Application for Enrollment

Date Rcvd. _____
Amt. Paid _____

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Child's Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Birth Place \_\_\_\_\_

#### Morning Program Selection:

Red Rose Kindergarten class (older 4 – 6 yr olds) Full time / Part time  
Sunflower Preschool Class (4 yr olds turning 5) Full time / Part time  
Part time: Days of the week requested (circle choices): M T W H F  
*3, 4 or 5 day options*

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Morning Glory Preschool Class (3 yr olds turning 4) Full time / Part time
Blue Bell Nursery Class (30 months old and older) Full time / Part time
2, 3, 4 or 5 day options: (circle choices): M T W H F

Before and Aftercare Needs:

7:45 - 9:00 am _____ 1 pm - 5:45 pm _____
Full Time? _____ Part-time? (days/times if known) _____

Information About The Family

Parent Name _____ Home # _____
Address _____ Cell # _____
_____ Work # _____
Place of Work _____ Occupation _____
E-Mail : _____

Parent Name _____ Home # _____
Address _____ Cell # _____
(if different) _____ Work # _____
Place of Work _____ Occupation _____
E-Mail: _____

Siblings (names and ages) _____
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#### Emergency Information

Emergency contact persons (in case the parents cannot be reached)

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Any Known Allergies to medications? \_\_\_\_\_

**Information About The Child**

Previous group experience? \_\_\_\_\_

Interests and/or Talents? \_\_\_\_\_

What do you consider your child's strongest aptitude and traits of character?

\_\_\_\_\_

Hours of 'screen time' viewed including tv, video, computer?  
daily? \_\_\_\_\_ weekends? \_\_\_\_\_

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Other Information

List people, other than parents, to whom your child may be released on a regular basis:

Name Relationship Phone

What have you read or heard about Waldorf Education? _____

How did you hear about Circle of Friends? _____

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**Medical Information**

General Health (describe) \_\_\_\_\_

Does child have any known allergies or food sensitivities? \_\_\_\_\_

Does child have any physical challenges or abnormal conditions? \_\_\_\_\_

Please list major illnesses, childhood diseases, accidents, etc. \_\_\_\_\_

Current Medications \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

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To Register: Please fill out this form completely and submit with yearly
Registration Fee of \$ 100.00 (make checks to Circle of Friends) to:
Circle of Friends Preschool and Kindergarten
702 NE Norton Ave.
Bend, Or. 97701
e-mail: office@circleoffriendsbend.com
Questions? Just call the school at 541 389-5475 Thanks!

*Circle of Friends admits students of any race, creed, physical handicap,
national or ethnic origin.*