



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

For office use:

School Year (Sept – May) Enrollment Form For Year: _____

Child's Name: _____

Birth date: _____ Birth Place: _____

Morning Program Selection (core program 9am - 1pm):

∞ **RED ROSE Pre-K/Kindergarten Class ∞ (4 – 5 yrs. old)** 3 day Minimum

Pick Requested Days: M TU W TH F (M or F required for 3-day slot)

∞ **MORNING GLORY Preschool Class ∞ (3 - 4 yrs. old)** 3 day Minimum

Pick Requested Days: M TU W TH F (M or F required for 3-day slot)

∞ **BLUE BELL Nursery Class ∞ (2* - 3 yrs. old)** *need to be 30 months for aftercare

Pick Requested Days: M TU W TH F 2 day Min (M or F required for 3-day slot)

Before and Aftercare Needs?: (Best guess :) _____ (days/times)

Drop off/Pick up anytime between: **7:30 am - 9:00 am:** Yes No Sometimes _____

1:00 pm - 5:30 pm: Yes No Sometimes _____

Note: Quiet time "Big Rest" is between 1:45 – 2:30. Please pick up before or after if possible.

Information About the Family: Any Siblings? (names, ages) _____

Parent: _____ Cell # _____ Other # _____

Address: _____

Place of Work: _____ Occupation: _____

E-Mail: _____

Parent: _____ Cell # _____ Other # _____

Address (if different) _____

Place of Work: _____ Occupation: _____

E-Mail: _____

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

Name: _____ Phone: _____

Doctor: _____ Phone: _____

Any Known Allergies to medications? _____ next page >

Information About the Child:

Previous group experience? _____

Interests and/or Talents? _____

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

Hours of 'screen time' viewed daily? _____ weekends? _____

Other Information:

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

Name	Relationship	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

What have you read or heard about Waldorf Education? _____

How did you hear about Circle of Friends? _____

Medical Information:

Does child have any known allergies or food sensitivities? _____

Does child have any physical challenges or extraordinary conditions? _____

Please list any major illnesses, childhood diseases, accidents, etc. _____

Current Medications _____

Signature of Parent/Guardian _____ **Date** _____

To Register: Submit w/ yearly Reg Fee of \$100.00/fam: Cash ___ Check ___ or Pay online ___

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 e-mail: office@circleoffriendsbend.com #541-389-5475
 Circle of Friends admits students of any race, creed, physical handicap, national or ethnic origin.