



Open Bible Learning Center

1605 N College Street Newberg, OR 97132 (503) 538-4470

Enrollment 2026/2027

Enrollment 2027/2028

STUDENT INFORMATION

Last Name	First	Nickname	
Date of Birth	Age	Gender	CSLA (Elem before school care) <input type="checkbox"/>
Address		City	
Zip	Email	Ok for billing? Yes ()	

PARENT(S) LIVING WITH CHILD

Marital Status			
Father/Step/Guardian		Mother/Step/Guardian	
Employer		Employer	
Employer Address		Employer Address	
Work Ph	Cell	Work Ph	Cell
Religious Denomination		Religious Denomination	

PARENT NOT LIVING WITH CHILD AT ABOVE ADDRESS		EMERGENCY CONTACTS & AUTHORIZED PICKUP PEOPLE (not parent/guardian)				
Name	Home Ph	Name	Ph			
Address		Name	Ph			
Employer	City	Name	Ph			
Employer Address		I understand that these people have permission to pick up my child without any further permission from me. Initial <input type="checkbox"/>				
Work Ph	Cell	AUTHORIZATIONS				
If divorced or separated who has custody?		1. OBLC has my permission to call an ambulance for my child in case of an emergency	Yes ()	No ()		
Are there any factors in your child's life such as absent parent, limited visitation rights, No Contact Order, etc.? A copy of Court Order must be on file.		2. I authorize the Center staff to seek medical attention in the event of sudden illness or accident	Yes ()	No ()		
		3. I authorize the Center to take pictures of my child during school activities for in school files & displays	Yes ()	No ()		
		4. The center has my permission to post pictures of my child on social media and the OBLC website	Yes ()	No ()		
		5 The Center may apply sunscreen I bring	Yes ()	No ()		
		6. The Center may apply the Center's sunscreen	Yes ()	No ()		
		7. My child may participate in water play activities (sprinkler, Slip-n-Slide, etc.)	Yes ()	No ()		
HEALTH CONTACT INFORMATION		8. My child can participate when different foods are served for special occasions. (Birthdays, Holidays)	Yes ()	No ()		
Physician	Phone	9. I acknowledge that OBLC is a Christian center and that the program is inclusive of Biblical teaching.	Yes ()	No ()		
REQUESTED SCHEDULE		Monday	Tuesday	Wednesday	Thursday	Friday
Start Date	Time in/out:					
Classroom						

Office use: Fee pd ____ Roster ____ EM ____ BW ____

HEALTH INFORMATION.

ALLERGIES			
	None	Mild	Severe**
Food			
Food			
Medications			
Insect Stings			
Pollen			
Dust			
Other			
**Please discuss treatment and emergency plan with Director for severe allergies, additional Written Care Plan form required			
Notes:			

Mark any your child has now or has had in the past:			
	Yes	No	Year
Chicken Pox			
Diabetes			
Asthma			
Fainting Spells			
Seizure Disorders			
Urinary Tract Infections			
Hearing Treatments			
Frequent Illness			
Long-term medication/ shots			
Please explain any "yes" answers:			

Immunizations:

Every child entering Oregon Schools must have a signed Immunization Record (for exemptions, the back of the 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.

ADDITIONAL INFORMATION
Sibling's names & ages:
Eating habits and napping schedule:
Fears:
Scars, birthmarks:
Comments regarding behavior, developmental or physical limitations:
Previous daycare/school attended and reason for leaving:
How did you hear about us?

Initial	I HAVE READ AND UNDERSTAND THE FOLLOWING:
	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 2 weeks in advance.
	Payment is due on the first day of each month. A \$10 late fee will be added to my account if not paid by the 5 th .
	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 schedule changes or withdrawal. See Handbook.
	There are no vacation discounts or credits available. See Handbook.
	I will update the office with changes to my contact information, emergency/pickup contacts and immunizations.
	I have access to the OBLC Handbook and agree to read it. Handbook is available online at www.openbiblelearningcenter.org

Parent or Legal Guardian _____
Date

Reviewed and updated for ____/____ school year. _____
Parent or Legal Guardian _____
Date

Providence Newberg Hospital

1001 Providence Drive Newberg, OR 97132 (503) 537-1555

Emergency Consent Form for Treatment of 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 or treatment.

Child's Name	Birthdate	Allergies	Current Meds	Date of Last Tetanus Shot	Chronic Illness

Physician	Phone
Parent/Guardian Name	Phone
Parent/Guardian Name	Phone
Home address	
Employer	
Health Insurance Co.	
Policy #	Group #

Parent/Guardian Signature

Date

Reviewed and updated for ____/____ school year.

Parent or Legal Guardian

Date

Expiration Date: **September 30, 2027** or 1 year from date signed – whichever is later

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 more 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. Parents will only be called if a child becomes ill or if the child has a behavior problem we cannot handle. 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 that you support their teachers. There is a potential danger to the other children when one child requires all of their teacher's attention. If this is the case on a consistent basis, we will need to meet to discuss a plan moving forward.

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/Guardian Signature

Date

Print Name

Reviewed and updated for ____/____ school year. _____

Parent or Legal Guardian

Date