

Linnton Community Center
10614 NW St. Helens Rd
Portland, Oregon 97231
503-286-4990

Enrollment and Authorization Form

Name of Child: _____ Date enrolled: _____

Birth date: _____ Nickname _____ Age at entry _____

Allergies? _____

Responsible Party # 1 Name _____ Relationship _____

Home Address _____ Home phone _____

Work Phone _____ Cell phone _____ Employer _____

Home _____ Email: _____

Responsible Party # 2 Name _____

Home Address _____

Work Phone _____

Relationship _____

Home phone _____

Cell number _____

Employer _____

Please list two emergency contacts:

1. Name: _____ Phone: _____
 - a. Relationship to child: _____
 - b. Phone _____
 - c. Email _____

2. Name: _____
 - a. Phone: _____
 - b. Relationship to child: _____
 - c. Email _____

My Signature gives permission for the following:

- In an emergency, the Linnton Community Center has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 will be called, and the child will be transported to the nearest hospital and seen by Dr. on call. (Parents are always notified as soon as possible.)
- My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication).
- My child may be taken on neighborhood walking excursions under required supervision.
- My child may be photographed for publicity or news purposes.
- I agree to actively participate in fundraising events for or at the Linnton Community Center.
- I agree to volunteer two hours of service per year at the Linnton Community Center.

Parent/Guardian signature: _____ Date _____

A special permission form will be provided for all field trips

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to talk with us whenever necessary.

Has your child had previous experience in child care? _____

Please give any information concerning your child which will assist us

Play _____ Eating habits and
schedule _____

Sleeping habits and schedule _____

Fears * _____

Likes and dislikes _____

Schools attending or previously attended:

Please list additional children in household: _____

Please list any special needs your child may have: _____

Any signs or symptoms we should to watch for: _____

Dietary Restrictions: _____

Religious or cultural considerations: _____

We must have the following information to determine fees for service:

Are you requesting a reduction in our fees for services: _____?

If so a scholarship form will be provided. Please feel free to accompany any materials will a

letter further explaining extenuating circumstances.

Signature _____

Date _____

Authorization for Another to Consent to Treatment of a Child

As the parent or legal guardian of the following child:

Childs Name _____

Date of Birth _____

I hereby authorize the staff of the Linnton Community Center, to consent to any necessary emergency medical or surgical treatment of the above child if the parent or legal guardian cannot reasonably be located when the child is brought in for treatment.

The above authorization will be effective as of September 2023 and will expire Septembe 2024

Signature _____ Date _____

Preferred Hospital _____

Health Insurance Provider Name _____

Group Number _____

Primary Care Physician _____

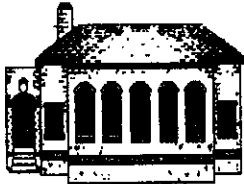
Chronic Illnesses _____

Current Medications _____

Allergies _____

Linnton

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Portland, Or 97231
503-286-4990
pat@linnton.com



I understand the Linnton Community Center continues to insure a safe environment and the safety of all activities. I agree to hold harmless the Linnton Community Center for any injury I or my child may sustain while participating in activities.

Signature _____

(Notice required by insurance company)

Additional Emergency Contacts and Persons Authorized to Pick-up:

- Name: _____ Phone: _____
 - Relationship to child: _____
 - Phone _____
 - Email _____
- Name: _____
 - Phone: _____
 - Relationship to child: _____
 - Email: _____
- Name: _____
 - Phone: _____
 - Relationship to child _____
 - Email: _____
- Name: _____
 - Phone: _____
 - Relationship to child: _____
 - Email: _____
- Name: _____
 - Phone: _____
 - Relationship to child: _____
 - Email: _____
- Name: _____
 - Relationship to child _____
 - Phone _____
 - Email: _____

Signature of parent or Gaurdian _____ Date _____