

THE STUDENT STOP SUMMER 2022 REGISTRATION FORM

NON-REFUNDABLE SIGN-UP FEES

___ \$40.00 REGISTRATION FEE (NEW STUDENT ONLY)

___ OCCASIONAL CARE

___ \$40.00 SUPPLY FEE (ALL STUDENTS)

I WOULD LIKE MORE
INFORMATION ABOUT PRIVATE
TUTORING

STUDENT INFORMATION

_____	_____	_____
Child's Name	Home Address	Home Phone
_____	_____	_____
Age	Birth Date	School

Tentative days and times your child will attend The Student Stop

Are there any allergy, health, or behavior problems? Explain.

PARENT/GUARDIAN INFORMATION

_____	_____	_____
Mother's Name	Home Address	Home Phone
_____	_____	_____
Employer	Work Address	Work Phone
_____	_____	_____
Driver's License	E-Mail Address	Cell Phone
_____	_____	_____
Father's Name	Home Address	Home Phone
_____	_____	_____
Employer	Work Address	Work Phone
_____	_____	_____
Driver's License	E-Mail Address	Cell Phone

IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

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

Who is authorized to pick student up other than parents/guardians?

MEDICAL INFORMATION

_____ Child's Doctor	_____ Address	_____ Phone Number
_____ Child's Dentist	_____ Address	_____ Phone Number
_____ Health Plan	_____ Plan Number	

I GIVE PERMISSION TO THE STUDENT STOP FOR THE FOLLOWING (CHECK ALL THAT APPLY)

- _____ My child may be given prescribed medication with parental consent.
- _____ My child may be given non-prescribed medication with parental consent.
- _____ My child may be taken on field trips by bus under required supervision.
- _____ My child may be photographed for publicity or news purposes.
- _____ My child's picture may be posted on Student Stop's Private Facebook page

In signing this document, I verify that I have read the PARENT HANDBOOK (www.thestudentstop.org) and am bound by the policies within. I understand that I am responsible for all tuition costs and fees. In an emergency, The Student Stop has my permission to authorize emergency medical services if I cannot be contacted. The Student Stop will transport child by ambulance to the nearest hospital or clinic. I agree to be responsible for any expenses that may be incurred because of an emergency.

Signature of Parent

Date

Please email this form to Studentstopkids@aol.com or return form with applicable sign-up fees to Bonny Slope School:

**Attention: Student Stop
Bonny Slope Elementary School
11775 NW McDaniel Road
Portland, Oregon 97229**