

NORTHWEST CHINESE ACADEMY

Registration Form 2018/19

Student Information

Name of Child: _____
First Last Middle Preferred Name

Gender: _____ Birth Date: _____ Grade Level 2018/19 _____

Parent/Guardian Contact Information

Parent Name: _____ Relationship: _____

Home Address: _____

Email: _____ Cell #: _____ Home #: _____

Employer/Location/Hours: _____ Work #: _____

Parent Name: _____ Relationship: _____

Home Address: _____

Email: _____ Cell #: _____ Home #: _____

Employer/Location/Hours: _____ Work #: _____

Emergency Contacts

We always try to contact parents First. However, we are required to have an emergency contact OTHER THAN parents. The parties (include child care provider, if appropriate) listed below are authorized to pick up this child from school and to make decisions regarding cases of emergency, serious illness or accident. Please list ALL appropriate phone numbers below. Additions and edits may be made throughout the school year as needed.

- Name: _____ Relationship: _____
Cell #: _____ Home #: _____ Work #: _____
- Name: _____ Relationship: _____
Cell #: _____ Home #: _____ Work #: _____
- Name: _____ Relationship: _____
Cell #: _____ Home #: _____ Work #: _____

Additional authorized people to pick up your child in non-emergency situations:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Early School Closure: If NWCA were to close early, what should your child do? Please choose only one.

___ Will be picked up by: _____

___ Will stay with: _____

___ Alternate plan: _____

In accordance with ORS 339.250, please answer the following questions:

Has your child ever been expelled from a school? Yes ___ No ___

If yes, reason: _____

Name of School: _____ Phone #: _____

Medical Information

❖ **ALLERGY ALERT:** Does your child have allergies or medical conditions? Yes ___ No ___
If yes, please list and explain reaction and medical needs:

❖ **Medical Condition & Medication Report:** What type of dietary restrictions, allergies or health problems does your child have and what do we need to know to provide the best possible care? Do these restrict your child's daily school activities, if so, in what way?

Please check all conditions that apply and elaborate if necessary.

___ Life threatening allergies	___ Heart disease	___ Orthopedic problems	___ Asthma
___ Kidney disease	___ Hearing problems	___ Seizure disorder	___ Diabetes
___ Vision problems	___ Dietary restrictions	___ Medications Take/Dosage	

Please list any medications that your child may take at NWCA. All medications must be current, in the prescription case and requires a signed permission form for each medication for NWCA to dispense to your child. See attached form. Medications may be added throughout the year as needed.

❖ **Doctor and Insurance Information:** *Please include first and last name of doctor and dentist.*

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Insurance Company: _____

Policy Number: _____

❖ I hereby authorize Northwest Chinese Academy personnel to obligate me for Emergency Medical Services and Transportation. Indicate preferred hospital or closest hospital below.

___ Yes, my child should be taken to _____

❖ Objection to medical treatment: ___ Yes ___ No

If yes, please indicate alternative plan: _____

Participation Permission

My signature gives permission for my child to participate in Northwest Chinese Academy academic programs and events and for the following:

- ❖ In an emergency, Northwest Chinese Academy has my permission to call an ambulance to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child unless otherwise noted in this registration form. In most emergencies, 911 is called and the child is transported to nearest hospital and seen by Dr. on call unless otherwise noted in this registration form. (Parents are always notified as soon as possible.)
- ❖ My child may be given non-prescription and prescription medication as indicated on the container when provided by our family with a signed Medication Administration Form. Medications can include sunscreen, children's pain reliever, cough drops, antibacterial first aid cream and ointment and syrup of ipecac may be administered if deemed necessary by the poison control operator. If a new medication is needed, I will bring to NWCA with a new Medication Administration Form. Staff will note when medications are given on the form. All medications must be current and in the original container. NWCA does not administer any medication without parent permission.
- ❖ My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision and with signed field trip permission forms.
- ❖ My child may be photographed for publicity, marketing, advertising or news purposes.
- ❖ My child may be video-recorded for publicity, marketing, advertising or news purposes.
- ❖ Please list any restrictions to permissions:

All information provided on this form is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Family Directory Contact Information Approval

Please circle or list the contact information your family wishes to be placed in NWCA's Family Directory. The directory will only be distributed to current NWCA families and is not to be used for solicitation.

Home Address: Yes No

Mailing Address: Yes No

Cell Phone: Mother - Yes No Father - Yes No

Home Phone Yes No

Email: Mother - Yes No Father - Yes No