



Phone: 503-643-3093

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Enrollment Information

Child's Full Name (First, Middle, Last)

Date of Application (mm/dd/yyyy)

Boy

Girl

Date of Birth (mm/dd/yyyy)

Home Address

City

State

Zip Code

Mother/Guardian's Name

Email

Work Phone

Cell Phone

Home Phone

Father/Guardian's Name

Email

Work Phone

Cell Phone

Home Phone

If the Parent/Guardian cannot be reached in an emergency, whom may we call?

Name

Work Phone

Cell Phone

Home Phone

Name

Work Phone

Cell Phone

Home Phone

Name

Work Phone

Cell Phone

Home Phone

If your child is going to be picked up from the school by anyone other than the parents/guardians or emergency contacts, Ari's Academy requires a letter of consent written by the parent/guardian.

Ari's Academy does not discriminate on the basis of race, color, creed, national or ethnic origin, or sexual orientation in its educational or admission policies.

Medical Information

Important Notice: State law requires all students to be immunized before they enter school. Please complete/update the immunization form and return it to Ari's Academy before the first day of school.

Please describe any allergies or other health issues concerning your child:

Physician Information

Name of child's physician	Phone number	Clinic or Address
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_____	_____
Date of last physical exam	Date of last dental exam

Dentist Information

Name of child's dentist	Phone number	Address
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Consent to medical treatment and care of minor children

I, _____, hereby give permission that my child may be given emergency treatment, including first aid and CPR, by a qualified staff member at Ari's Academy. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Permission for field trips

I hereby give my child permission to go on any field trips or excursions planned by Ari's Academy and to use transportation provided by the school.

Parent/Guardian signature	Date
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Permission to be photographed

I hereby consent and authorize Ari's Academy to use my child's photograph for educational and promotional purposes related to Ari's Academy. Furthermore, I understand that I will not receive compensation for the use of said photos.

Parent/Guardian signature	Date
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Please select your child's weekly schedule and days of attendance:

Full day
7am–6:00pm

Partial day
7am–2:30pm

Half day
7am–1:00pm

Half day
7am–12:00pm

After kindergarten

After elementary school

Monday

Tuesday

Wednesday

Thursday

Friday

Time of arrival

Time of departure

First day of attendance

Parent Questions

Describe your child, including strengths and weaknesses:

Describe your child's interests and activities:

Describe your child's previous school experiences:

What are your goals for your child's education at Ari's Academy?

Does your child have any special needs (physical, emotional, social) we should know of?

Would you be willing to volunteer at Ari's Academy? YES/NO If yes, how often? _____

What type of volunteer activities interest you?

In the classroom One-on-one reading Paperwork/collating, cutting, etc.

Please complete and return forms to Ari's Academy