

Registration and Enrollment: 2008-2009

Angels Academy, LLC.

17415 NW Walker Rd, Beaverton OR 97006

Phone: 503-810-8724, 503-442-4163

Child's Name _____

Date of Birth _____

Mom's Name _____

Dad's Name _____

Home Address _____

Home phone _____

Mom's work phone _____

Dad's work phone _____

Mom's mobile _____

Mom's Email _____

Dad's Mobile _____

Dad's Email _____

Guardian's Name _____

Guardian's Address _____

Guardian's Mobile _____

Emergency contact person 1 _____

Emergency contact person 2 _____

Child's doctor _____

Dentist _____

Allergies _____

Enrolled: Full Time _____ Part Time _____

Preferred hospital in case of emergency _____

If emergency medical care is needed, I give permission to Angels Academy to transport my child to the nearest/ preferred hospital for treatment and agree to pay all the medical bills.

I give permission for Angels Academy to take pictures of our child to post in the classroom and on the school web site.

Yes

No

Parent signature _____ Date _____