

OWS Student Registration

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age\_\_ Class \_\_\_\_\_

Student Emergency Contact Information

*In case of illness, emergency, or concern, whom should we contact? Please list in order we should call.*

1 Name _____ Relationship _____ Number(s) _____	2 Name _____ Relationship _____ Number(s) _____
3 Name _____ Relationship _____ Number(s) _____	4 Name _____ Relationship _____ Number(s) _____

*Please list all guardians and caregivers in household. Both home and mailing address are required.*

Name _____	Name _____
Home _____	Home _____
Cell _____	Cell _____
Work _____	Work _____
Email _____	Email _____
Phone Number for Roster _____	

Home Address  Yes! Please include this address on the OWS family carpool map.

Mailing Address  Same as home address

For Second Household

*Please list all guardians and caregivers in household. Both home and mailing address are required.*

Name _____	Name _____
Home _____	Home _____
Cell _____	Cell _____
Work _____	Work _____
Email _____	Email _____
Phone Number for Roster _____	

Home Address  Yes! Please include this address on the OWS family carpool map.

Mailing Address  Same as home address

Custody Schedule (if applicable) \_\_\_\_\_

Pick-Up & Drop-Off

Please list the individuals permitted, and or not permitted, to transport your student:

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Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age\_\_ Class \_\_\_\_\_

## Student Health Information

In order for us to dispense **any and all** medicines, we need a completed **Medication Dispensing Authorization Form** from a licensed doctor. Copies of this form are available through your medical practitioner or in the school office.

Dentist's Name \_\_\_\_\_ Approximate Last Visit: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Approximate Last Visit: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ Does student have health insurance?  Yes  No

If so, please provide your Medical Insurance Plan and # \_\_\_\_\_

Does your child require an Emergency Medical Plan to be filed with the school?  Yes *See Below*  No

For the following serious health concerns or others, please attach additional information.

 Diabetes Type \_\_  Allergies with Epi-Pen  Asthma  History of Seizures  Heart Condition  Visual/Hearing Aides**Student is allergic to:****Minor health concerns of student we should be aware of (food intolerances, etc.):**

This is to certify that Olympia Waldorf School has the permission of the undersigned to authorize necessary emergency medical care by the attending physician, or others he or she may choose, in the case of accidental injury, ingestion or illness. The undersigned accepts all financial responsibility for necessary treatment and services.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## OWS Policies &amp; Procedures

OWS's full policies are available at the Parent Resource Area outside the main office in Prairie Hall, in the Cubby Room of the Kinderhaus, and on our website at the following link: <http://www.olympiawaldorf.org/current-families.html>

**I have read and understood Olympia Waldorf School's policies and procedures, including the Disaster Preparedness Plan.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Photography Authorization and Release

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, a minor, hereby grant to the Olympia Waldorf School the irrevocable and unrestricted right to use and publish photographs or recordings of my child, or in which they may be included, for school publications, electronic reproductions (website) and/or promotional material or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction; and to copyright the same. I hereby release the photographer and Olympia Waldorf School from all claims and liability relating to said photographs.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

 **I DO NOT** grant the school permission to use my child's photograph.

## Extended Family &amp; Friends For community and fundraising events, including Grandparents' Day

Name &amp; Relationship to Student \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name &amp; Relationship to Student \_\_\_\_\_

Mailing Address \_\_\_\_\_

Please Complete Both Sides