

Peninsula Children's Learning Center
 School Age Program Information Authorization

Child Information:					
Name of Child:	Birthdate:	Date entered care:	Primary Language:	Ethnicity:	Gender:
Name of Child:	Birthdate:	Date entered care:	Primary Language:	Ethnicity:	Gender:
Name of Child:	Birthdate:	Date entered care:	Primary Language:	Ethnicity:	Gender:
Parent/Guardian Information:					
Name:	Relationship:		Single Parent home?	Primary Language:	Secondary:
Home Address:	City:	Zip:	Primary & Alternate Phone:		
	Ethnicity:	E-mail:			
Employer:			Occupation:		
Work Address:		City:	Zip:	Gross Monthly Pay:	
Name:	Relationship:		Single Parent home?	Primary Language:	Secondary:
Home Address:	City:	Zip:	Primary & Alternate Phone:		
	Ethnicity:	E-mail:			
Employer:			Occupation:		
Work Address:		City:	Zip:	Gross Monthly Pay:	
Emergency Contacts/Authorized Pick-up Persons:		<i>Please provide at least two contacts 18 years or older.</i>			
Name:	Relationship:	Phone:		Alternate Phone:	
Name:	Relationship:	Phone:		Alternate Phone:	
Name:	Relationship:	Phone:		Alternate Phone:	
Name:	Relationship:	Phone:		Alternate Phone:	
Medical Information & Authorization:		<i>A check in the box indicates approval/agreement:</i>			
<input type="checkbox"/> In an emergency, Peninsula Children's Learning Center (PCLC), has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and obtain medical treatment.		<input type="checkbox"/> My child may be taken on field trips by walking, use of center vehicles, or public transportation under required supervision.		<input type="checkbox"/> My child may be given prescription medication with my written permission.	
				<input type="checkbox"/> My child may be given non-prescription medication with my written permission.	
				<input type="checkbox"/> I understand that the Portland School District provides only space to PCLC and does not supervise the care of my child or the manner in which the facility is operated, even if its staff has knowledge or any aspect of the services being provided by PCLC.	
Signature of parent/guardian:				Date:	