



230 NE 9th St., Bend, OR 97701 • (541) 419-3324 • info@samaralearningcenter.org • www.samaralearningcenter.org

FUN HANG OUT DAYS ENROLLMENT

I. GENERAL INFORMATION

Date: _____

Student Information

Child's name: _____ Age: _____ Gender: _____ Date of Birth: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

Name of person(s) with whom child lives (if not parents): _____

Relationship to applicant: _____

Ethnicity (Optional)

- ☐ White ☐ African American ☐ Asian American ☐ Latino/Hispanic
☐ Indian American ☐ Other _____ ☐ Decline to state

Parent (or Guardian) Information

Parent's or Guardian's name: _____ Home phone: () _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ e-mail _____

Employer: _____ Work phone: () _____

Parent's or Guardian's name: _____ Home phone: () _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ e-mail _____

Employer: _____ Work phone: () _____

Other Parent's Name: _____ e-mail _____

Employer: _____ Work phone: () _____

Other Parent's Name: _____ e-mail _____

Employer: _____ Work phone: () _____

II. School History

Current School Placement (will attend in the Fall 2019)

School presently attending: _____ Current grade: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: () _____

COST: Includes all academic supplies, crafts and art materials.

<u>Early Bird:</u>	<u>After 6/1/2020</u>
\$40/day	\$55

**Forms of Payment
Accepted:**

- Cash
- Check
- Money Order
- Credit Card (with a 2.9% + \$.30 additional charge.)

Submit your application and payment to:

Samara Learning Center
230 NE 9th St.
Bend, OR 97701

Or email application to: info@samaralearningcenter.org

SCHEDULE:

Drop off starts at 1:00 pm and pick up by 5:30 pm. Children may come any time within those hours. Price remains the same. Please pack appropriate clothing, tennis shoes, and sun protection as well as water and snacks for your child.

Please sign below to confirm that the information on this application is complete, correct, and accurate to the best of your knowledge.

Child's name: _____

Parent's/Guardian's name: Printed _____

Signature _____

Date _____

Samara Learning Center
Consent Statement -Medical Release Permission Form

I, the undersigned parent or guardian, do hereby grant permission for my child whose name is _____ and hereinafter shall be referred to as a “participant” to participate in a program at/through the **Samara Learning Center**. The participant may receive necessary medical treatment in the event of injury or illness. I hereby hold the Samara Learning Center, Heather Chatem, all staff members, and its representatives harmless in the exercise of the authority. I further acknowledge and understand and agree that in taking part in this Samara Learning Center’s program, there is a possibility of physical illness or injury and the participant is assuming the risk of such injury by participating. I agree to allow a hospital, doctor, or qualified medical professional to treat my child in the case of injury or illness.

Emergency Information

Child’s Name: _____ Gender: M _____ F _____

Grade: _____ Age: _____

Parent/Guardian’s Name

Home Address

Phone # _____ Phone # _____

Secondary Contact _____ Relationship _____

Primary Phone # _____ Secondary Phone # _____

Insurance:

Name: _____

Policy and Group Numbers:

ALLERGIES

CURRENT MEDICATIONS

Web, Social Media, & Marketing Release Form

☐

YES, the Samara Learning Center, Samara's collaborators, and/or news/information based publications may post photographs and/or videos of my child and their work on electronic media and promotional/news/informational material, including but not limited to: web pages, social media, or newspaper/magazine articles.

☐

NO, the Samara Learning Center, Samara's collaborators, or news/information based publications NOT post photographs and/or videos of my child and their work on electronic media and promotional/news/informational material, including but not limited to: web pages, social media, newspaper, or magazines.

Child's name: _____

Parent's/Guardian's name: Signature _____

Printed _____

Date _____

Samara Learning Center

PARENT/GUARDIAN NOTICE OF Occasional Walking FIELD TRIPS

Dear Parents/Guardians,

During Samara's 2020 Summer Programs we will be utilizing our local resources and take walking field trips within a few blocks of Samara Learning Center and visit:

- Juniper Swim and Fitness (primarily the park area) 800 NE 6th St., Bend, OR 97701
- Ponderosa Park 225 SE 15th St. Bend, OR 97702
- and businesses in close proximity, such as along 9th St. and Greenwood.

The purposes of these trips are to support: academic, social, and problem solving skills being learned in the classroom, as well as physical education.

There are no costs involved in these activities.

In order to go on these local walking field trips, your student will need to return this form signed with your permission before the date of the trip.

Sincerely,

Heather Chatem

Please sign and return

I hereby give my consent for my child to attend the occasional local walking field trips to Juniper Swim and Fitness (primarily the park area) at 800 NE 6th St., Bend, OR 97701, Ponderosa Park 225 SE 15th St. Bend, OR 97702, and businesses in close proximity of Samara Learning Center. I waive and release any and all rights or claims of any nature whatsoever I may have against the Board of Trustees of The Samara Learning Center, The Samara Learning Center, and any of its employees arising out of, or resulting from, the above activities.

Student's Name: _____

Parent's/Guardian's Signature: _____ Date: _____