## **2021 REGISTRATION FORM EASTSIDE**



## 5101 SE ALDERCREST RD., MILWAUKIE, OR 97222 (503) 653-4081 EIN 93-1274641

STUDENT NAME:			DOB				
PAREN	T(S)/GUARDIA	N(S) NAME(S):				_	
ADDRESS:			CITY, ZIP CODE				
Email	address					_	
			MOBILE PHONE			<u>—</u>	
		T:	PHONE				
FOOD	ALLERGIES:						
OTHE	R ALLERGIES	:					
If you	r child require	s medication, ple	ease complete a Per	mission form for	Prescribed Me	edication.	
REGI	STER MY CH	HILD FOR CAM	P(S) INDICATE	D BELOW (Chec	ck box/s)		
0			9-3 \$290 9-3 \$290			WAITLIST AVAI	II ADI F
0	_	•	9-3 \$290	-		WAITLIST AVAI	LABLE
0	_	<u>9-1 \$200</u>	<del>9-3 \$290 9-3 9-3 9-3 9-3 9-3 9-3 9-3 9-3 9-3 9-3</del>	3 to 8 year olds	S PIRATAS	WAITLIST AVAI	LABLE
			ee shirt included. P				
		a X Sinaii	POLIC		<b>1</b> M (10 12)		
•	Payment: 50% NO SIBLING D		, 50% first day of can				
•	Refunds: If	cancellation is	made by June 21 June 22, there wi		l be refunded	I. HOWEVER,	if
Ī	<b>Lunch:</b> childi through Thur	ren attending 9-1 sday. Please write	NO LUNCH. Childre your child's name lays. Snacks are in	en attending 9-3 b on their lunch bag	ı. Quesadillas,		d a
•	I have read	and understar	nd the terms and	d policies as sta	ated in this	form and	•
0	I am attachir	ng Check#	in the amount	of \$			
0	I am attachir	ng cash in the am	ount of \$	<u> </u>			
DATE			SIC	GNATURE			