



## Student Registration Form 2026-2027

PLEASE FILL IN APPLICATION COMPLETELY AND MAKE A COPY FOR YOUR OWN RECORDS.

### STUDENT INFORMATION

Student's name: \_\_\_\_\_  
*Last First MI*

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT INFORMATION

**Parent 1 Full Name:** \_\_\_\_\_

Parent Birth Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: (if different than student address above) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

**Parent 2 Full Name:** \_\_\_\_\_

Parent Birth Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: (if different than student address above) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

With whom does the child reside: (\_\_\_\_) Both Parents (\_\_\_\_) Mother (\_\_\_\_) Father (\_\_\_\_) Guardian

Bilingual household: (\_\_\_\_) Yes (\_\_\_\_) No Language: \_\_\_\_\_

### EMERGENCY CONTACTS

List two (2) individuals with whom you would entrust your child if you cannot be reached.

Name: \_\_\_\_\_ Relationship to family: \_\_\_\_\_ Emergency telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to family: \_\_\_\_\_ Emergency telephone: (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

**Medical Conditions/Diagnosis** (be specific): \_\_\_\_\_

\_\_\_\_\_

**Neuro Screenings/Diagnosis** (be specific): \_\_\_\_\_

\_\_\_\_\_

**List all daily medications taken** (be specific): \_\_\_\_\_

**Important Family Genetic History (Dyslexia, ADHD, etc)** (be specific): \_\_\_\_\_

\_\_\_\_\_

**Food Allergies (List all. \*Please note if Epinephrine is required):** \_\_\_\_\_

\_\_\_\_\_

**List any non-allergy related foods your student must avoid:** \_\_\_\_\_

**Can your child be given Children's Tylenol if deemed necessary?** Yes \_\_\_\_ No \_\_\_\_ **Initials:** \_\_\_\_\_

**Can your child be given Benadryl in case of a life-threatening emergency?** Yes \_\_\_\_ No \_\_\_\_ **Initials:** \_\_\_\_\_

**Can your child have sunscreen applied when going outside on sunny days?** Yes \_\_\_\_ No \_\_\_\_ **Initials:** \_\_\_\_\_

**Are there any physical activities that your child cannot participate?** Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**EMERGENCY MEDICAL WAIVER**

In case of an accident or medical emergency I, the undersigned, request CLASS Academy to contact me. If CLASS Academy is unable to reach me, I hereby authorize CLASS Academy to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, CLASS Academy may make whatever arrangements deemed necessary. I agree to cover expenses should it be deemed necessary to transport my child by ambulance.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALTERNATE PICK-UP / PERMISSION TO PICK UP STUDENT**

Who has permission to pick up your student (include older siblings' names if they will pick up child). Please list name and relationship. Remember, they will be asked for ID when picking up child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERMISSION NOT GRANTED FOR PICK UP:** (Any specific individual or family member who is restricted from pick up).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\*It is the custodial parent or guardian's responsibility to notify the school at time of enrollment if there are any court-mandated custody agreements that would prohibit the other parent from picking up the child**

## **RACE AND ETHNICITY DATA**

**What is your student's race/ethnicity? (Choose one or more)**

- ☐ **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)
- ☐ **Asian** (A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.)
- ☐ **Black or African American** (A person having origins in any of the Black racial groups of Africa.)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

## **PHOTOGRAPH RELEASE**

Permission is hereby granted for photographs to be taken of my child and CLASS Academy has the right to utilize these photographs in school brochures, display material or on the school website. I do not expect reimbursement for my child's picture being used.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **SWIMMING/ICE-SKATING RELEASE**

I hereby consent to have my child to participate in annual ice skating and swimming lessons if they are offered. Although all reasonable efforts will be made to secure the safety of all, I agree not to hold CLASS Academy liable to any injuries, accidents, or damages. I also agree that, if my child is unable or does not attend lessons and there are no supervisors available to accommodate my student, my child will be required to be picked-up prior to when their class/cohort departs for the swimming/skating facility.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **AUTHORIZATION FOR ACTIVITIES OFF SCHOOL GROUNDS**

Although all reasonable efforts will be made to secure the safety of all, I agree not to hold CLASS Academy liable to any injuries, accidents, or damages. I hereby consent to have my child participate in field trips and off-the-grounds activities supervised by CLASS school staff.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **NOTICE OF NONDISCRIMINATORY POLICY TO STUDENTS**

CLASS Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. CLASS Academy does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, athletics, or other school administered programs.

*Thank you for submitting your application to CLASS Academy, a school where children come first and are treated with dignity and respect*



**Term of School Year: July 1, 2026 – June 30, 2027**

**Term of Contract: Office use only**

I hereby agree to the commitment of my child's enrollment at CLASS Academy as outlined in the contract below upon the submission of this registration form and contract.

I have read the CLASS Academy Parent Handbook in its entirety. My family, my student, and I agree to comply with and be subject to CLASS Academy's policies and procedures as set forth in the Parent Handbook, including specific information regarding monthly tuition payments, attendance requirements, and late pick-up policies. My family, my student, and I agree to support the philosophy and mission of CLASS Academy by adhering to academic, behavioral, dress-code, character conduct, homework, and disciplinary standards.

I agree to bring any concerns to the immediate attention of the Executive Team, both verbally and in writing, should concerns arise throughout the school term. I assume responsibility for parental monitoring of my child's education and for keeping in regular contact with my child's teachers. I also agree to support CLASS Academy's entire program through attendance at parent meetings and participation in school events.

I understand the definitions of this enrollment contract and know that if I choose to withdraw my child from CLASS Academy before my term of commitment is completed for any reason not covered as an exception below, I agree to pay an early withdrawal fee of \$8,000 per student. (6months tuition or prorated at all months remaining in the academic school year.)

CLASS Academy understands that situations arise throughout a school year which at times might require a shift to school enrollment. The exceptions listed below are designed to safeguard families from an early withdrawal fee for reasonable challenges, while also safeguarding CLASS Academy's dependence on tuition.

**Exceptions:**

I understand that this contract will become void if one of the following scenarios comes to be. If a situation does arise, I agree to schedule a meeting with the CLASS Academy Executive Team to discuss.

- If I sustain a major financial/employment loss that would render me unable to continue to pay the monthly tuition and accompanying fees.
- If I move out of the greater Portland area and am unable to bring my child to school each day without a major financial loss due to transportation.
- If CLASS Academy determines the necessary support needed to offer a positive developmental experience for a student is unable to be provided.

I understand that should I withdraw my child from CLASS Academy due to any of the above reasons, I will schedule a meeting with the Executive Team at least thirty (30) days before my next tuition payment is due, to notify them and provide documentation supporting my situation. I understand that failure to notify the Executive Team of my child's withdrawal and provide documentation at least thirty (30) days before the next month's tuition is due, will result in mandatory payment of the next month's tuition in full, in addition to the early withdrawal fee.

***By signing below, I agree to the above contract in its entirety.*** We advise to make a copy of this agreement for your records.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Printed Name: \_\_\_\_\_

Child's Printed Name: \_\_\_\_\_