PORTLAND CHRISTIAN

Portland Christian Preschool Information Sheet 2026/2027

Child's name_____ Birthday_____

Please write the name your child goes by: _____

Parents (Mother) _____ Cell Phone: _____
Work Phone: _____

(Father) _____ Cell Phone: _____
Work Phone: _____

Current Address: _____

Allergy/Medical Alert (please attach extra documentation if needed)
Does your child have any known allergies to food, medications, insect bites, or other health problems that the school should be aware of? If so, please list the allergies and what immediate actions the school should take:

Is your child fully potty trained? ____ No, still in diapers/pull ups_____ Work in Progress _____

Independent including wiping themselves _____ Other information: _____

Name of persons authorized to PICK UP child. If more are listed on the back, check here _____

Name	Relationship to child	Phone
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Please list the names and phone numbers to call in the case of an emergency: sickness, disaster, or early release if/when parents cannot be reached.

#1_____ Phone: _____

#2_____ Phone: _____

#3_____ Phone: _____

Emergency Release: In Emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person/s at Portland Christian School Systems to have your child transported to that hospital.

Name of pediatrician:_____ Phone_____

Preferred hospital (please include physical address): _____

Signature of Parent or Guardian_____Date: _____

Photo/Video/Website/Radio Release: I permit PCS to use photographs, video images, or voice recordings of my child/children that promote the school on the school's website, public radio, or public television.

Yes_____ No_____

Parent/Guardian Signature:_____ Date: _____

Revised 12-10-25