



PO Box 266  
125 NW Spruce St.  
Waldport, OR 97394  
541.563.READ

A community-based, nonprofit organization dedicated to helping children, adults and families improve reading, writing, math, computer and communication skills.

- Homework Help
- Adult Literacy
- Summer Camps
- Family Nights
- Saturday Breakfast
- Free Lunch
- Green Bikes
- Writing Groups
- Clothes Closet
- Preschool Playgroups

# Registration Form

## General Information

Student's Name

Age  D.O.B.  Grade  Gii

Parent/Guardian

Phone: Home  Work

Physical Address

Mailing Address

Email Address

### Emergency Contacts (or individuals authorized to pick up child/children):

Name

Relationship to Child

Street Address

Please list any dietary needs or restrictions:

I certify all information is true and accurate. Medical care and transportation is authorized. I give permission for my child to participate in all parts of the Seashore Family Literacy program.

Date

Signature



### Health Information

Child's Primary Physician

Phone:

- Yes  No Is emergency care authorized?
- Yes  No May Seashore contact doctor in case of emergency?
- Yes  No May Seashore release student to emergency contact person?
- Yes  No May Seashore transport student in an emergency?

Current Health Concerns. Please check if applicable:

- Serious Allergy       Asthma       Heart Disease
- Diabetes       Seizure Disorder       Other

If other, please describe:

If serious health problems exist, please explain (including food allergies, dietary needs, medications) and complete an emergency or health care plan:

### Permissions

- I give permission for Seashore Family to contact my child's teachers regarding academic progress.
- I give permission for Seashore Family Literacy to use my child's photograph in newspapers, newsletters, websites, brochures, social media, etc.

Parent/Guardian Signature

Date