

## Student

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Primary Parent/Guardian

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone (Mom): \_\_\_\_\_ Cell Phone (Dad): \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Sibling Information (if applicable)

Name: \_\_\_\_\_ Age: \_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_ School: \_\_\_\_\_

PLEASE NOTE: This form must be filled out in its entirety to complete registration. For families registering more than one child, we must have a copy of the medical release and registration form for each child. This information will be kept on file at JAMS of Portland, LLC officed to be used in case of emergency.

## MEDICAL RELEASE FORM

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

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

### PHYSICIAN INFORMATION

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

### MEDICATIONS

Type of medication(s): \_\_\_\_\_ Schedule: \_\_\_\_\_

Condition: \_\_\_\_\_

JAMS of Portland, LLC staff will dispense medication under physician's orders. Under statute ORS 30.800 and 30.807 (which states that all medications must be in a prescription container, clearly labeled with the child's name, type of medication, dosage and times to administer medication). Please administer medications to my child in the manner described by the physician's orders.

### ALLERGIES

List of known allergies: \_\_\_\_\_

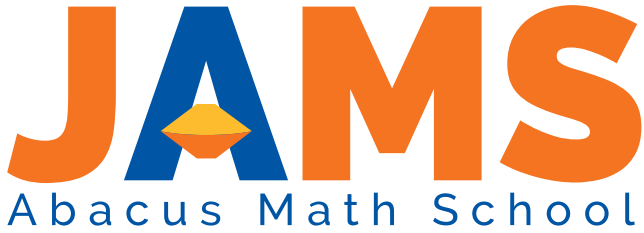
### OTHER

Are there any other concerns we should be aware of? \_\_\_\_\_

## SHARE YOUR CHILD'S GOALS

- |  |  |
|--|--|
| <input type="checkbox"/> Currently struggling, want to get better is enough        | <input type="checkbox"/> Currently average, want to get above average          |
| <input type="checkbox"/> Above average, want to get Anzan Skill (Mental Math)      | <input type="checkbox"/> Dislike math/numbers, want to like them and have fun. |
| <input type="checkbox"/> Want to get a solid foundation and understand basic math. | <input type="checkbox"/> Want to be Advanced Level Abacus/Anzan                |
| <input type="checkbox"/> Want to be Master Level and participate in competitions.  |  |
| <input type="checkbox"/> Individual Goals - Explain:                               |  |

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# Registration Form

15160 NW Laidlaw Road, Suite 215 / Portland, Oregon 97229  
503.419-8040 / JamsPortland.com / info@JamsPortland.com

## SCHEDULE

**New Students are required to attend two classes. Please select your first three choices below.**

Term: Fall / Winter / Spring / Summer

First Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Second Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Third Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

PLEASE INITIAL THE FOLLOWING:

\_\_\_\_\_ JAMS is not responsible for providing care for students before or after class sessions. Students are not to be left at the school for more than five (5) minutes before or after classes. There is a charge of \$25.00 if Students are not picked within 5 min of class dismissal and an additional \$25.00 per thirty minutes thereafter. No exceptions will be made. If I am unable to pick up my child I need to provide a permission form to authorize another adult to pick up my child(ren) form JAMS.

\_\_\_\_\_ Classes are first-come-first-serve, and your position is only guaranteed after JAMS receives the tuition payment for the term. JAMS has right to change class schedules if it is needed

\_\_\_\_\_ Payments received after the deadline posted/announced are subject to a \$25.00 late fee. Payment by PayPal is subject to a 5% fee.

\_\_\_\_\_ As parent/guardian, I give JAMS of Portland, LLC permission to seek medical attention for my child in case of accident or emergency. I understand that every effort will be made by JAMS of Portland, LLC staff to contact myself and/or the emergency contact person in the event of a medical emergency.

\_\_\_\_\_ Make up classes are only available when JAMS of Portland has received notice of the student's absence at least 24 hours in advance. All make-up lessons are restricted to the end of term in which the absence occurs.

I (Parent / Guardian signature) \_\_\_\_\_ agree to the above policies. Refunds, credits or make-ups cannot be given for class days missed by the student. Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE : All parents of new students are required to read and sign Parent Handbook for adhering to policy and procedures of JAMS. After reading the Handbook, please sign your acknowledgement below.**

I will abide by JAMS policies and procedures as stated in the Parent Handbook and will not hold JAMS responsible for any injuries during or as a result of participation of myself or my child(ren) in any JAMS class or workshop. I agree to indemnify and hold harmless JAMS of Portland, LLC and its members and all employees, instructors and volunteers connected with JAMS of Portland, LLC.

If I do not personally pick up my child(ren) from inside the building, I do not hold JAMS responsible for them.

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RECEIPT

Date: \_\_\_\_\_ From: \_\_\_\_\_ Amount: \_\_\_\_\_

JAMS of Portland, LLC has recieved tuition for: \_\_\_\_\_