

Student(s) Last Name:



2019-2020 REGISTRATION

NEW STUDENT/S

How did you hear about Escola Portuguesa?

Student(s) Information:

1. Child's name: _____ DOB: _____ School Grade: _____

☐ Class this School Year:

☐ Saturdays at 9:15 am (Michelle) 11:00 am (Michelle) 11:00 am (Vera)

☐ Mondays at 4:15 pm

2. Child's name: _____ DOB: _____ School Grade: _____

☐ Class this School Year:

☐ Saturdays at 9:15 am (Michelle) 11:00 am (Michelle) 11:00 am (Vera)

☐ Mondays at 4:15 pm

3. Child's name: _____ DOB: _____ School Grade: _____

☐ Class this School Year:

☐ Saturdays at 9:15 am (Michelle) 11:00 am (Michelle) 11:00 am (Vera)

☐ Mondays at 4:15 pm

4. Child's name: _____ DOB: _____ School Grade: _____

☐ Class this School Year:

☐ Saturdays at 9:15 am (Michelle) 11:00 am (Michelle) 11:00 am (Vera)

☐ Mondays at 4:15 pm

Mailing Address:

INCLUDE Street, City, State, Zip Code

Student(s) Last Name:



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Parent(s)/Guardian Information

Name of Parent/s or Guardian:

Relationship to child:

Name of Parent/s or Guardian:

Relationship to child:

School Communication

Parent(s) or Guardian(s) name(s) and email(s) for School Communication:

Home Telephone:

Cell:

Emergency Contact Information

Contact Name

Phone Number for **emergency**, during school hours:

Relationship to child:



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Tuition Information

Includes enrollment Fee, Books, Education & Cultural Events:

Early Registration – by June 22, 2019

- ☐ Option 1: Early registration by June 22, 2019, payment of tuition in full \$700
- ☐ Option 2: Early Registration by June 22, 2019, payment of tuition in 2 installments \$350 due by June 22, 2019 and February 1, 2020

After June 22, 2019

- ☐ Option 1: Payment of tuition in full by October 1st: \$750.00 per child
- ☐ Option 2: Payment of tuition in two installments: \$375 due by October 1st and February 1, 2020

Scholarship

The School also has two scholarships available for students who qualify. Please visit our website for an application and details. Please note, only completed applications will be evaluated. Applications are due by October 1, 2019. In order to maintain confidentiality, applications will only be accepted by mail.

Discounts

10% discount for 3 or more children from the same family. Discount will be in accordance with options above.

Payment Information – Please circle preferred method of payment

By check: Mail to PO Box 41072, Cambridge, MA 02141

By credit card: Visit our website Paypal, Mastercard, Visa, Discover, Amex

*Payments are not accepted by teachers.



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Dismissal Authorization

___ My child(ren) has/have permission to walk home by themselves

___ I will pick up my child(ren) no later than _____ (time)

___ My child/ren will be picked up by (full name and phone #)

Medical Consent and Disclosure of Medical Information

As parent/guardian, I authorize:

Please list all students:

to participate in "Escola Portuguesa de Cambridge e Somerville, Inc.", (EPCS) and sponsored events.

By signing in the space provided below, I understand that there may be inherent risks in the activities of the EPCS and I agree to release and hold harmless the EPCS from liability and loss occurring in connection with my child's participation in the EPCS and EPCS sponsored events. I hereby agree to waive future claims against the EPCS and its employees, agents and assigns. In the event that my child/ward becomes seriously ill or injured, I consent to the administration of emergency procedures/treatments upon advice and general or specific supervision of an attending hospital/physician. The emergency procedures/treatments may include, but are not limited to anesthesia, x-rays, medical or surgical diagnosis, etc. However, I understand that the staff of EPCS will make every reasonable effort to immediately contact me, in the first instance, when such illness or injury occurs.

As described below, my child/ward has the following medical conditions and is taking the following medications. I understand that I am obligated to update this information. **Circle all** that apply and describe in detail. Asthma, Heart, Lungs, Epilepsy, Muscular/Bone Injuries, recent exposure to Chicken Pox or other contagious illnesses/diseases, other (explain):

My Child/Ward is taking the following medication(s):

I understand the contents of this authorization, medical consent and liability release and am aware that if I make any alterations to this form, it shall be rendered void and incomplete and my child/ward shall not be allowed to participate in the EPCS. I will not hold the EPCS, and its employees, agents and assigns responsible in case of accident or injury as a result of such participation.

Parent signature:

Date:

Student(s) Last Name:



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Media Release

The EPCS photo documents their events, festivals and programs. These photos are used for limited publicity, brochures, and may be sent along with grant applications. Visual support material is important when writing and documenting grants or programming details.

Please let us know if the Escola Portuguesa de Cambridge e Somerville, Inc. can or cannot use photos of your child/ren.

☐ Yes, EPCS may take photos of my child/ren for limited publicity purposes

☐ No, EPCS does not have permission to use photos of my child/ren

Parent signature:

Date:

Please email registration: escolaportuguesa.cambridge@gmail.com and submit payment to complete registration process. Obrigado.