



# Oregon City Preschool

**Sign and return this contract to Oregon City Preschool along with the registration fee. Keep a copy of the contract for your records.**

Child's Name \_\_\_\_\_  
Please print

Child's Address \_\_\_\_\_  
Street City State Zip

Child's Birth date \_\_\_\_\_ Gender M / F  
Month/Day/Year

## Mother/Guardian #1 Information

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Please Print

Home Address \_\_\_\_\_  
Street City State Zip

Cell# \_\_\_\_\_ E-Mail Address \_\_\_\_\_ (optional)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Father/Guardian #2 Information

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Please Print

Home Address \_\_\_\_\_  
(If Different) Street City State Zip

Cell # \_\_\_\_\_ E-Mail Address \_\_\_\_\_ (optional)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Party Responsible for Payment** \_\_\_\_\_

**Phone #** \_\_\_\_\_

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**This is a legal Binding Contract**  
**Make checks or money orders (No Cash Please) to:**  
**Oregon City Preschool**  
**718 6th St**  
**Oregon City, OR 97045**  
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How did you find out about Oregon City Preschool?

- \_\_\_ Phone Book
- \_\_\_ P.C.P.O.
- \_\_\_ Flyer
- \_\_\_ Internet
- \_\_\_ Other: If other how? \_\_\_\_\_