The Dome School	CHILD NAME			
9367 Takilma Rd		First	Last	
PO Box 812 Cave Junction, OR 97523		Nickname		
Birthdate		Birthplace Ethnic Origin		
(1)				
First Name	Last Name	Relationship to child	Email Address	
Street Address		Mailing Address		
	Phone- Home	Phone- Cell	Phone- Work	
(2)				
First Name	Last Name	Relationship to child	Email Address	
Street Address		Mailing Address		
	Phone- Home	Phone- Cell	Phone- Work	
Siblings (Names, Ages, Schoo	I_{G}			
With whom does your chil	d live? (<i>Include relationshi</i>	(ps)		
Please tell us about your c	hild's previous education	1		
	F			
What do you feel we need	to know about your chil	ld?		
Does your child have any	allergies (food, medication,	stings, etc.)?		
List anyone who has perm	ission to pick up your ch	nild from school (include	name and relation to child)	
List anyone specifically de	enied nermission from n	icking un vour child fro	om school	
List anyone specificany de	emed permission from p	icking up your clinu no	<u> </u>	
Please state parents'/guard	ians' special skills, areas	s of interest, resources a	nd possible ways of doing your	
share of helping the schoo	1			
			Dete	
			Date	
Date Birth Certificate seen	ı In:	itials of Staff		

Dome School - General Medical Release / Field Trip Permission Slip

(Child's name)	has my permission to go on field trips of the Dome School					
Check one:	with my per	with my permission over the phone only OR				
	on any field	trip for the entire year				
In case of emergency, p	lease notify:					
Depart on Casadian (ani		Dhana hawa	1-	11		
Parent or Guardian (prin	11)	Phone home	work	cell		
Parent or Guardian (prin	nt)	Phone home	work	cell		
Friend or Relative		Phone				
Doctor		Office phone				
Any allergies to medica	tion?					
If none of the above per medical or other necess	-	ted, I give the Dome School e discretion of the staff	ol my permissio	on to seek emergency		
Parent or Guardian sign	ature(s)		D	ate		
	Dome	School – Image Release 1	Form			
		papers when we have outing parents to provide the follo				
Please check one:						
No, I do not want related publications or f	=	and/or picture to be used in	n any news artic	cles or Dome School		
Yes, it is all right publications or features	-	name and/or picture in new	s articles and I	Dome School related		
(domeschool.org). Pleas	se note it is our po see how we use the	dents on our Facebook pag licy to not include student to e images (at domeschool.or below.	names with the	images. Please consider		
Please check one:						
No, I do not want m	y child's picture sl	hared on the school faceboo	ok page or web	site.		
Yes, it is alright to p	ost my child's pic	ture on the school facebook	k page or websi	te.		
Parent or Guardian sign	ature(s)		D	ate		
Parent or Guardian (prin	nt name)					

Dome School - Policy Agreements

Please initial each of the following, indicating that you have read and agree to the items indicated below. Please also sign and date the statement at the bottom. Please note: each parent or guardian must initial and

sign that they agree to these school policies. I understand that messages can be left with students during school hours, but students and teachers should not be interrupted during class time with phone calls. I understand that teachers have a right to ask anyone to leave the class if necessary, including guests and parents, should they be disruptive or distracting to the classroom environment. I understand that parents do not receive payment for their required parent hours, though you will receive a credit toward tuition for hours provided they are completed within 60 days. I understand there is a late pick-up fee for picking up children. I understand that dogs are not allowed in the classroom, including for sharing activities. I understand that tuition is due by the first of the month, though we have a grace period. If unpaid by the 15th of the month, late charges will acrrue at the rate of \$10 per month/per child.. I agree to follow all Dome School policies, including those stated in both the Cooperative Information for Parents sheet and the Guidelines for Classroom Volunteers sheet (both available from the office or at www.domeschool.org/info). Parent or Guardian signature(s) ______ Date_____ Parent or Guardian (print name) **Dome School - Permission to Release Records** (for students transferring from another school) I, (print name)_____, give my permission for the release of all school records for Student name Previous school Street or PO Box City, State, Zip Phone Parent or Guardian signature(s)

Date Signature of Dome School Co-Administrator Date

Dome School - Parent Participation Hours Interest Survey

Name(s)		
would not be able to operate. The g	good news is you get to count these to sk Ryan or Susan). So to help us known	s. In fact, without parent and community volunteers, we oward your required parent commitment hours of 4-10 bw how you'd like best to be involved, please take a
teachers? Also, would you be Language, etc., either regular	interested in teaching a speci ly (once each week) or for a n	periodically in the classroom as an aid to the fic subject, such as Art, Music, Spanish, Sign nore intense unit (several days per week for a few ch subject and class. (Note: does not have to be in
REGULAR HELP Pleas we need help in these areas (ing you would be open and available for, should
Dump and/or recycling Playground Supervision Weekly lice checks Repair furniture Fill in potholes Shampoo rugs Other Deep Cleaning (V	Chop/stac Organize Change b Clean fin Clean sto	chen and janitorial rags/towels ck kindling and firewood playground shed ulbs in motion detection lights s inside walk in cooler ve, grease traps, or metal filter above stove os from windowsills, clean gutters or roof)
		andraisers (Halloween Dance, Martin Luther King the following we could call on you for assistance
Before the event Setting up.decorating Food preparation Posters/publicity	During the event Kitchen/Food prep Kitchen Food sales Front door Security	After the event Re-setting common room (putting tables and chairs away, etc.) Cleaning kitchen/washing dishes Cleaning school/mopping
	periodically need help for perested in being called to help w	ople to fill in for others who miss a day or shift. ith any of the following:
Substitute cook Substitute teacher	Substitute janitor Substitute office help	
• • •	et us know if you have any otl of your parent hours. Thank y	ner special skills or interests you'd like to share you!