



Child Applicant

Child 1

First Name _____ Last Name _____ Age _____ Male _____ Female _____

Child 2

First Name _____ Last Name _____ Age _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____ Tel _____

Father's Name _____ Tel _____ Email _____

Mother's Name _____ Tel _____ Email _____

Emergency contact (2)

1) Name _____ Tel _____ Email _____

2) Name _____ Tel _____ Email _____

Adult Applicant

First Name _____ Last Name _____ Age _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____ Tel _____

Home Phone _____ Cell _____ Email _____

I authorize the following person(s) to pick up my child from school (in addition to parents)

1) Name _____ Tel _____ Relationship _____

2) Name _____ Tel _____ Relationship _____

Child's Medical Information and Release for Emergency Medical Treatment

Allergies _____

Health Insurance Company _____ Policy # _____

Doctor's Name _____ Tel _____

I authorize the school, in the event of a medical emergency, to contact 911 and to transport my child to a licensed and accredited medical hospital for emergency medical treatment.
Signature _____ Date _____

Homework Assistance : 1 session daily (\$10/hour) : Circle and check the day and hour you need.

Monday – Tuesday – Wednesday – Thursday – Friday

3:30– 4:30 4:30–5:30

Monday: 3:30– 4:30 **Ballet** – **Creative Thinking** French for adult Beginners (5 PM to 6PM)

Tuesday: 3:30– 4:30 **Computer Technology** **French for bilingual** **French for Children**

Wednesday: 3:30– 4:30 Art and Creation Arabic for Children Music, Props & Theater

Thursday: 3:30– 4:30 French For bilingual Sapanish Theater Mad Science (Nov. 5/ Dec. 17)

French for adults Intermediate/Advanced : 5 PM to 6 PM

Send payment to : ILA P.O Box 996 Lake Oswego OR 97034