

FIND US ON YOUTUBE: AMIGUITOS SUMMER CAMPS 2026 REGISTRATION FORM EASTSIDE



5101 SE Aldercrest Rd., Milwaukie, OR 97225 (503)-653-4081
EIN 93-1274641

STUDENT NAME: _____ DOB _____

PARENT(S)/GUARDIAN(S) NAME(S): _____

ADDRESS: _____

CITY, ZIP CODE _____

Email address _____

HOME PHONE _____ MOBILE PHONE _____

EMERGENCY CONTACT: _____ PHONE _____

ALLERGIES: _____

If your child requires medication, please complete a Permission form for Prescribed Medication.

REGISTER MY CHILD FOR CAMP(S) INDICATED BELOW (Check box/s)

- | | | | | |
|--------------------------------------|------------------------------------|------------------------------------|-------------------|-------------|
| <input type="checkbox"/> 8/3 - 8/7 | <input type="checkbox"/> 9-1 \$325 | <input type="checkbox"/> 9-3 \$415 | 3 to 10 year olds | INSECTOS |
| <input type="checkbox"/> 8/10 - 8/14 | <input type="checkbox"/> 9-1 \$325 | <input type="checkbox"/> 9-3 \$415 | 3 to 10 year olds | DINOSAURIOS |
| <input type="checkbox"/> 8/17 - 8/21 | <input type="checkbox"/> 9-1 \$325 | <input type="checkbox"/> 9-3 \$415 | 3 to 10 year olds | OCÉANO |
| <input type="checkbox"/> 8/24 - 8/28 | <input type="checkbox"/> 9-1 \$325 | <input type="checkbox"/> 9-3 \$415 | 3 to 10 year olds | NÚMEROS |

DISCOUNTS

- **EARLY BIRD DISCOUNT:** Sign up before March 31st and get \$40 off per child, per week.
- **SPRING DISCOUNT:** Sign up before May 31st and get \$20 off per child, per week.
- **SIBLING DISCOUNT:** 10% off second child. 15% off third child. Applies to same week(s) only. Discount applies to the lower-priced registration.
- **Discounts cannot be combined. Discounts apply to tuition only and not refundable.**

POLICIES

- **Payment:** 50% with registration, 50% first day of camp. See refunds.
- **Refunds:** If cancellation is made by June 18, all but \$75 will be refunded. **HOWEVER**, if cancellation are made on or after June 19, there will be no refund.

Lunch: children attending 9-1 NO LUNCH. Children attending 9-3 bring their own lunch Monday through Friday. Please write your child's name on their lunch bag. Snacks are included in all camps (popsicles on Fridays). Hot lunch available for weeks 1 and 3. Please see menu and pricing on separate form if interested.

- **I have read and understand the terms and policies as stated in this form and . . .**
 - I am attaching Check # _____ in the amount of \$ _____
 - I am attaching cash in the amount of \$ _____

DATE _____

SIGNATURE _____

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PARENT AUTHORIZATIONS

STUDENT NAME _____

MEDICAL/EMERGENCY:

In case of emergency, Amiguitos! Preschool will first contact the parents. If parents cannot be reached, contact the following EMERGENCY CONTACT OTHER THAN PARENTS:

NAME/RELATION _____

PHONE _____

NAME/RELATION _____

PHONE _____

If neither parents nor emergency contact is accessible, contact the following physician:

PHYSICIAN _____ CLINIC _____

ADDRESS _____

PHONE _____

MEDICAL INSURANCE NAME _____ POLICY # _____

ALLERGIES _____

MEDICAL/OTHER INFORMATION _____

For minor injuries, Amiguitos staff may apply as needed:

Bactine/Antiseptic Wash Antibacterial cream Witch hazel Sunblock

In case of an accident or illness involving the child listed above, I authorize Amiguitos! staff to call an ambulance or take a child to an available physician or medical treatment facility to obtain emergency medical treatment. If possible, at the following facility _____.

PHOTOGRAPHS:

As your child participates in our program, we would like to take some pictures. Pictures are shown at our end of year festival, Amiguitos Facebook page, Amiguitos website, Amiguitos instagram, and put in an Amiguitos only private Remini account. I give consent for my child to be photographed.

YES NO

Amiguitos! Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies and other school-administered programs.

DATE _____

SIGNATURE _____