**Student(s) Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Grade** | **New/returning student** | **Class Type** |
|  |  |  | [ ]  New[ ]  Returning | [ ]  In person[ ]  Online |
|  |  |  | [ ]  New[ ]  Returning | [ ]  In person[ ]  Online |
|  |  |  | [ ]  New[ ]  Returning | [ ]  In person[ ]  Online |
|  |  |  | [ ]  New[ ]  Returning | [ ]  In person[ ]  Online |
|  |  |  | [ ]  New[ ]  Returning | [ ]  In person[ ]  Online |

**Mailing Address:**

Street:

City: State: Zip Code:

**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:

**Tuition Information**

Includes enrollment fee, Escola Virtual enrollment fee, books, education & cultural events:

* **Option 1**: Payment of tuition in full by October 1st 2021: $750.00 per child
* **Option 2**: Payment of tuition in two installments: $375 due by October 1st 2021 and February 1, 2022

**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, 2021. 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 select 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

*Note:* Payments are not accepted by teachers.

**Dismissal Authorization** *(In-person classes)*

\_\_\_ 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 it 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 of 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:

**Media Release**

The EPCS documents their events, festivals and programs. These screenshots/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:

**Virtual Classroom Safety & Security Expectations for Parents & Caregivers**

**Safety & Security Expectations for Parents & Caregivers**

By participating in virtual remote learning opportunities, you agree to the following statements.

1. The EPCS prohibits images, including screenshots, or audio or video recordings from being taken in the virtual classroom. In Massachusetts, it is illegal to record another person through any medium without their consent.
2. The laws that protect the privacy and confidentiality of student’s personally identifiable information apply to remote learning as they do during in-person instruction. Household members who normally are not privy to the day-to-day classroom discussions agree to respect and keep confidential any personal or private information inadvertently discovered about others due to proximity to remote learning.
3. Remain in the room, or vicinity, while the student is participating in the virtual classroom environment. Your role is to be sure that the student is attentive and following school expectations. Younger students may rely on you for device and WIFI support.

Parent signature: Date:

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

Obrigado.