

**OREGON BUDDHIST TEMPLE  
DHARMA SCHOOL**

**2017-2018 REGISTRATION FORM**

**Please send a copy of this form to dharmaschool@oregonbuddhisttemple.com (or return to Ann Shintani).** Please consider donating \$10 per child (exact cash or check made payable to OBT DS) with this registration/permission form for the year.

Child/Youth 1 NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

Child/Youth 2 NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

Special instructions for my child(ren), such as food allergies/restrictions/etc:

**Contact Information and Emergency Medical information:**

Parent(s) / Guardian(s):	
Address:	
Phone(s):	
Email(s):	
Medical Insurance:	Doctor's name: Phone number:

I give permission for my child(ren) /youth(s) to participate in Dharma School activities at the Oregon Buddhist Temple for the 2017-2018 year. This will include classes about Jodo Shinshu Buddhist etiquette and teachings, volunteer work with other adults under supervision, youth choir practice and performance, and announced field trips outside of the temple. In addition, and in case of an emergency, I give permission for my child to receive medical treatment.

\_\_\_\_\_  
Parent/Guardian signature Date

I can help in the following areas:

Substitute teacher \_\_\_ Classroom helper \_\_\_ Driver \_\_\_ Provide snacks \_\_\_

Special activity \_\_\_ My area of expertise/knowledge/interest \_\_\_\_\_

Chair fundraiser: Spaghetti Bingo \_\_\_ Rummage Sale \_\_\_ Bake Sale \_\_\_ Other \_\_\_