Parent Contract

Please mail this packet and your deposit fee to:
Attention: Karla Elias | Owner
Uno Dos Tres Academy
P.O BOX 82843 Portland, Or. 97282
Or email to: Karlae@unodostresacademy.com

To enroll and secure your slot please provide the school with a non-refundable $200.00 one-time Enrollment Fee

Enrollment Form - Sellwood Location

Parent's Name: _____
Child's Name: _____
Date of Birth: _____
Home Address: _____zip _____
Phone (preferred): _____ (cell) _____ (work) _____
Email Address: _____
Ideal Start Date:_____
How would you like to be contacted: ☐ Via E-mail_____ ☐ Phone _____

Please indicate what class your child will be in;

Elefantitos	**Koalas**	**Mariposas**	**Ositos**	**Patitos**	**Lechuzas** (Kinder-Readiness)
6 months	**12 months**	**2 year old**	**3 year old**	**3-4 year old**	**4-5 year old**

Please indicate which ALL-DAY schedule you are interested in;

☐ 5 Days 7:00am-5:45pm Monday-Friday

☐ 4 Days 7:00am-5:45pm
Please indicate which 4-days you are interested in; Monday/Tuesday/Wednesday/Thursday/Friday

☐ 3 Days 7:00am-5:45pm
Please indicate which 3-days you are interested in; Monday/Tuesday/Wednesday/Thursday/Friday

☐ 2 Days 7:00am-5:45pm
Please indicate which 2-days you are interested in; Monday/Tuesday/Wednesday/Thursday/Friday

Please indicate which AM schedule you are interested in;

☐ 5 Days 8:00am-12:15/45pm Monday-Friday

☐ 4 Days 8:00am-12:15/45pm
Please indicate which 4-days you are interested in; Monday/Tuesday/Wednesday/Thursday/Friday

☐ 3 Days 8:00am-12:15/45pm
Please indicate which 3 days you are interested in; Monday/Tuesday/Wednesday/Thursday/Friday

☐ 2 Days 8:00am-12:15/45pm
Please indicate which 2-days you are interested in; Monday/Tuesday/Wednesday/Thursday/Friday

_____ _____
Parent Signature Date

"A Spanish Immersion Pre-School"
Emergency Card

Child's Name _____ Birth Date_____

Address_____City_____Zip_____

Parent/Legal Guardian Contact Information

Parent/Legal Guardian	Parent/Legal Guardian
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Home Address	Home Address
Work Address	Work Address
Email Address	Email Address

Emergency Contact Information

Name	Name
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Home Address	Home Address
Relationship	Relationship

Medical Information

Primary Physician	Dentist
Phone Number	Phone Number
Address	Address
Medical Insurance Company	Policy #ID
Medications	
Allergies	
Significant Medical History	

In the event of an emergency I give permission for Uno Dos Tres Academy to call an ambulance or to take my child to any available physician or hospital and to obtain all medical treatment for my child (surgical, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician). You will be notified as soon as the emergency has taken place, however, for immediate circumstances 911 will be called and your child will be transported to the nearest hospital. By signing this statement you are agreeing to take full financial responsibility for the transportation and treatment costs.

_____ _____

Parents Signature Date

_____ _____

Parents Signature Date

Enrollment Information

Uno Dos Tres Academy wants to ensure that your child is well taken care of, that is why this questionnaire MUST be completed and on file before your child may attend class. If you wish to make changes, please notify your child's teacher or the director.

Child's Full Name:
Child's Birth Date:
Child's Nick Name (if applicable):
Parents/Legal Guardian Name:
Address:
Home Phone Number:
Parent Cell Number(s):

The following are Uno Dos Tres Academy Policies and Oregon Child Care Division Regulations. Each policy is explained in full detail in the Parent Handbook, please read carefully and **initial next to each item below**. If you have any questions, please contact the director for additional information.

___ I have provided Uno Dos Tres Academy with Oregon's proof of immunization record or a religious or medical exemption, and understand that my child cannot attend school until I as the parents/legal guardian provide the needed information.

___ I have read the Uno Dos Tres Academy Parent Handbook, and I understand its contents and agree to all of the rules and policies as outlined.

___ I understand that Uno Dos Tres Academy staff will be taking photographs of all of the children enrolled at the school. These photos are strictly for school use and educational purposes. These photographs will be displayed in the classroom, on the school's bulletin board, school website, school's Facebook page and any promotional materials.

___ While at school, my child may be given anti-bacterial ointment or first aid ointments.

___ I give permission for my child to go on walking trips under the direct supervision of UDT Academy staff. These walking trips will be taken on a daily basis to the Johnson Creek Park, located on 21st and Clatsop. (Ositos/Patitos/Lechuzas Class ONLY)

___ I understand that Uno Dos Tres Academy is a year round school and I am committing to a full year (12 months) of enrollment. **If you will be withdrawing your child before August 2018, we ask that you fill in the section below to avoid any early withdrawal fees or provide the school with a 30 day withdraw notice to avoid any fees.**

___ My child's last day of Uno Dos Tres Academy will be _____.

___ I understand that Uno Dos Tres Academy will have 3 weeks off during the school year, plus 10 days off due to holidays and planning days. There is no refund for sick days or other absences, including scheduled breaks/holidays/snow days. (Specific dates are listed on the Parent Handbook).

___ I understand that my tuition is due on the **1st** of each month and is subject to a $25 late fee if received after 5th.

___ I understand that if tuition is not received by the 5th of each month a fee of 5$ will be charged per day, until tuition is paid in full.

___ Checks that are returned for Non-Sufficient Funds will have a $25 late fee, plus a $35 return check fee.

___ I understand that I must pick my child up from school on time. I also understand that I will be charged a $5 fee for every minute that I am late to pick up my child from school. *Please pay late fee to closing staff member.

___ I understand there is a $30.00 Re-Enrollment Fee due April 30th for the following school year. This fee secures your child's preferred slot for the following school year.

___ I understand if families choose to be unenrolled for Summer Break (July – August 31st) families will pay their Re-Enrollment Fee, in addition to a "Holding Fee" of $250.00 per month. Total amount will be billed June 30th

___ I understand that staff will conduct Ages and Stages Developmental screening for every child enrolled in the school. The screening tool will be discussed with parents during conferences.

___ I understand that UDT reserves the right to terminate enrollment in the event of irresolvable aggressive behaviors, which affect the rights of students in the class. We use the Termination Procedures to evaluate the circumstances.

_____ _____

Parents/Legal Guardian Signature Date

Authorization to Pick Up

I, _____ authorize the individuals listed below to pick up my child, _____, from school. I understand that if the individual is unfamiliar to the staff we will ask to see valid picture identification (driver's license or Oregon identification card). This authorization is valid until I submit further notice in writing to my child's teacher or director.

Authorized Individuals: (please print)

Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____

_____ _____

Parent Signature Date

Family and Child Information

The purpose of this form is to allow us to know your child and his/her needs better so we may do the best job possible. All information is kept confidential.

Child's Name: _____ Nickname: _____

List of all children in the family in order of age (include children enrolled)

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____

Do both the parents live in the same household?

_____

If separated, does the child live in both households?

_____

Please list previous school/child care experience, include name of school, duration of enrollment, ages of children, and briefly explain your child's experience.

_____
_____
_____
_____

Does your child need help with the following areas? Dressing, Eating, Communicating, Toileting (Children entering the 3 year old classroom must be independent in using the bathroom)
Other_____
_____
_____
_____

Does your child have any disabilities? Does your child have any allergies or food preferences? (Please explain in detail) If your child needs to take specific medication you will need to fill out a separate Medication Authorization Form for each medication. Would you like to meet with the director and teachers to fully discuss medication and allergies? *(please use back if necessary)*

Child's Favorite:

Toys/Games:

_____

_____

Songs/Books:

_____

_____

Foods/Drinks:

_____

_____

Describe the following about your child and answer each question?

- Temperament

- Likes/Dislikes

- What is your child's first language?

- Has your child been exposed or have prior knowledge of Spanish?

- Does your child take any classes outside of attending Uno Dos Tres Academy?

- What holidays does your family celebrate/not celebrate?

- Special talents or interests that you would like to share with the school?