



Parent Contract

Please email to: Karlalae@unodostresacademy.com
Sellwood: Mariana@unodostresacademy.com
St. John's: Kelly@unodostresacademy.com

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



Enrollment Form

Parent's Name: _____

Child's Name _____

Date of Birth: _____

Home Address: _____ zip _____

Phone (preferred): _____

Email Address: _____ Ideal Start Date: _____

Please indicate which location you are enrolling for: ☐ SELLWOOD ☐ ST. JOHNS

Elefantitos: 6 months (offered at Sellwood only)

Koalas: 12 months

Mariposas: 24 months

Indicate your child's preferred schedule.

☐ 5 Days: 7:30am-5:00pm or 8:00am-12:00/30pm

☐ 4 Days: 7:30am-5:00pm or 8:00am-12:00/30pm

Please indicate the 4 days you are interested in: Monday/Tuesday/Wednesday/Thursday/Friday

☐ 3 Days: 7:30am-5:00pm or 8:00am-12:00/30pm

Please indicate the 3 days you are interested in: Monday/Tuesday/Wednesday/Thursday/Friday

☐ 2 Days: 7:30am-5:00pm or 8:00am-12:00/30pm

Please indicate the 2 days you are interested in: Monday/Tuesday/Wednesday/Thursday/Friday

Ositos: 3-4 years old

Patitos 3-5 years old

Lechuzas: 3-5 years old

Indicate your child's preferred schedule.

☐ 5 Days: 7:00am-5:00pm or 8:00am-12:00/30pm

☐ 4 Days: 7:00am-5:00pm or 8:00am-12:00/30pm

Please indicate the 4 days you are interested in: Monday/Tuesday/Wednesday/Thursday/Friday

☐ 3 Days: 7:00am-5:00pm or 8:00am-12:00/30pm

Please indicate the 3 days you are interested in: Monday/Tuesday/Wednesday/Thursday/Friday

☐ 2 Days: 7:00am-5:00pm or 8:00am-12:00/30pm

Please indicate the 2 days you are interested in: Monday/Tuesday/Wednesday/Thursday/Friday



Emergency Form

Child's Name _____ Date of Birth: _____

Parent/Legal Guardian Contact Information

Parent/Legal Guardian	Parent/Legal Guardian
Preferred Phone	Preferred Phone
2 nd Phone	2 nd Phone
Home Address	Home Address
Email Address	Email Address

Authorization to Pick Up/Emergency Pick Up: I authorize the individuals listed to pick up my child from school. This authorization is valid until I submit further notice in writing to the site director.

Name	Name
Preferred Phone	Preferred Phone
Relationship	Relationship

Name	Name
Preferred Phone	Preferred Phone
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, 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 and life-threatening circumstances 911 will be called first. If required by paramedics your child will be transported to the nearest hospital. By signing this statement, you agree to take full financial responsibility for the transportation and treatment costs.

Parents Signature

Date



Uno Dos Tres Academy Policy Acknowledgment

The following are Uno Dos Tres Academy Policies and Department of Early Learning and Care Rules and Regulations. Each policy is explained in full detail in the Parent Handbook, please read and initial each item.

_____ I have read the Uno Dos Tres Academy Parent Handbook, understood its contents and agree to the policies as outlined.

_____ I have provided Uno Dos Tres Academy with my child's immunization record and understand that UDT will report children who are not up to date with vaccines to Multnomah County.

_____ I understand that Uno Dos Tres Academy staff will take photographs of all the children enrolled. These photos are strictly for school use and educational purposes. Photos will be displayed in the classroom, and school bulletin boards. Teachers delete photos after they are no longer needed.

_____ I give permission to have photographs that Uno Dos Tres Academy takes of my child used for the school's private Facebook page and website.

_____ I agree that when taking pictures or videos during school events and children from UDT appear in the photo or video, I will either obtain permission from the child's parent before taking the photo or video, before using the photo or video, blur out all children except my own, or delete the photo altogether.

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

_____ My child has permission to go on walking trips under the direct supervision of UDT staff. Walking trips are done daily and approved by the site-director. Teachers take a first aid kit, sign in/out sheet and cell phone.

_____ I understand that staff will conduct an Ages and Stages questionnaire (ASQ) and Ages and Stages Social-Emotional questionnaire ASQ-SE for every child enrolled. The screening tool will be discussed with parents during conferences.

_____ I have reviewed the current license certificate, located in the hallway.

_____ I have reviewed the school closure dates.

_____ I have reviewed the illness policy for Uno Dos Tres Academy.

_____ I have reviewed the grievance policy for Uno Dos Tres Academy.

_____ I have reviewed the tuition policy for Uno Dos Tres Academy.



Family and Child Information

The purpose of this form is to help us better understand your child's needs, preferences and create a supportive environment. All information is kept confidential.

Child's Name: _____ Nickname: _____

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

_____ Age _____
_____ Age _____
_____ Age _____

Do both parents live in the same household?

If separated, does the child live in both households?

Please list previous school/childcare 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, Other (*Children entering the 3-year-old classroom should be out of diapers and pull-ups before the first day of school and have independence with toilet skills*)

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 an Allergy Care Plan and 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/Food Drinks:

Describe the following about your child and answer each question?

Temperament:

Likes/Dislikes:

Was your child born prematurely or experienced any complications during birth?

Has your child had any surgeries, long-term hospital stays, or ongoing medical needs?

What is your child's first language?

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

What holidays does your family celebrate/not celebrate?
