



Parent Contract

Please email to:

Karlae@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): _____ (cell) _____ (work) _____
Email Address: _____
Ideal Start Date: _____
Please indicate which location you are enrolling for: SELLWOOD ST. JOHNS

Class cohort is based on age.

| Elefantitos (Sellwood Only) | Koalas | Mariposas | Ositos | Patitos | Lechuzas |
|-----------------------------|-----------|------------|------------|--------------|--------------|
| 6 months | 12 months | 2 year old | 3 year old | 3-5 year old | 4-5 year old |

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

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

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.

| |
|------------------------------------|
| 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): |

___ I have provided Uno Dos Tres Academy with Oregon's proof of immunization record and understand that UDT is mandated by Multnomah County to report children who are not up to date with vaccines. We require children who attend have complete and current vaccinations.

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

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

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

___ I give permission for my child to go on walking trips under the direct supervision of UDT staff. Walking field trips are done daily, approved by site-director.

___ I understand Uno Dos Tres Academy is a year-round school and I am committing to a full year (12 months) of enrollment. To avoid early withdrawal fees, we ask that you provide the school with a full 30-day withdrawal notice. All notices must be emailed to the site director.

___ I understand that Uno Dos Tres Academy has 2 late start days, 4 weeks, and 12 days off each year. There is no refund for sick days or other absences due to unforeseen circumstances, including scheduled breaks, holidays, snow days, school-wide illnesses, state of emergency, natural disasters and/or pandemics. (Specific school closure dates are listed on the Parent Handbook and website).

___ I understand if I am choosing to pay full year or bi-yearly tuition, I am forfeiting all lost tuition due to my early withdraw or in the event of a school closure as stated above. (Specific tuition discounts are listed on the Parent Handbook and website).

___ I understand that my tuition is due on the 1st of each month and is subject to a \$25 late fee if received after the 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 I must pick my child up from school on time. I will be charged \$5 for every minute that I am late to pick up my child from school. School closes at 5:00pm. *Late fee is paid directly to closing teacher.

___ I understand there is a \$30.00 re-enrollment/non-refundable fee to secure your child's preferred slot for the following school year.

___ 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 have reviewed the current license certificate, located in the hallway.

Parents/Legal Guardian Signature

Date

Parents/Legal Guardian Signature

Date



Authorization to Pick Up

I, _____ authorize the individuals listed below to pick up my child, _____, from school. I understand if the individual is unfamiliar to the staff, we will ask to see valid picture identification (driver's license or 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. 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/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 (*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

- Was your child born prematurely?

- Has your child had any surgeries, long-term hospital stays, 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?

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