



1.- Enrollment Form

Date of Application:
Projected Start date:
(we ask that your projected start date is as close as possible to the actual start date)
Name of the Child if available:
Date of Birth:
Name of the Parent # 1:
Address:
Phone number:
Email address:
Name of Parent #2:
Address:
Phone number:
Email address:

We are open Monday through Friday 7:45 am to 5:30 pm.

I choose the following schedule:

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

(Mark days that you will need care).

Our monthly tuition price is: _____

*see Fee Schedule

Today we are paying an enrollment fee of 200\$ and a Deposit Fee of the First Month Tuition. The Deposit Fee will be applied to the first month's tuition.

*Our School is subject to fee schedule changes (5-7%) related to cost of living and teacher salary wage increase. We will notify you before your start date if your tuition fee has changed.



This is a contract between Casita Azul LLC and _____ and if I decide not to enroll my child by the projected start date. I will forfeit my deposit and enrollment fee. If there are any issues with a project start date Casita Azul LLC and _____ will discuss new start date. Parent will forfeit \$500 deposit but will not need to pay for \$ 200 enrollment fee and a new start date will be determined.

Laura Paz / Casita Azul

Parent(s)

Parent(s)

Date: _____

2.- Emergency Card

Child's Name _____ Child 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

3.- Emergency Contact Information

Parent 1	Parent 2
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 **Casita Azul** 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

4.- Enrollment Information

Casita Azul Spanish School 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 **Casita Azul** 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 Casita Azul 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 Casita Azul Parent Handbook, and I understand its contents and agree to all of the rules and policies as outlined.

___ I understand that Casita Azul 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 Casita Azul staff. These walking trips will be taken on a daily basis to the park or walks around the neighborhood.

- ___ I understand that Casita Azul 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, 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 Casita Azul will be _____.

- ___ I understand that Casita Azul has a Holiday and closure Calendar and I have received a copy and reviewed it. There is no refund for sick days or other absences, including scheduled breaks/holidays/snow days. (Specific dates are listed on the Holiday Closure Calendar).

- ___ I understand Casita Azul utilizes a payment and processing application called "Brightwheel". Parents can use credit cards to pay using the application however I'm responsible for any fees associated with credit card payments. Debit cards payments do not have a fee associated to them. Checks are also accepted but our preferred payment system is through our application Brightwheel.

- ___ 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 \$1 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 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 Casita Azul, 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

5.- 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?

6.- 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 premature?
- 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?



7.- Authorization to pick up a child from Casita Azul

Name of Child(ren): _____

I hereby inform Casita Azul, that the people listed below are authorized to pick up the above named child(ren) at anytime. Accordingly, Casita Azul is hereby instructed to release my child(ren) into the care of the following people whenever they come to Casita Azul.

Authorized Pick-Up Person:

	Name	Relationship to Child	Phone Number
1.			
2.			
3.			
4.			

I understand that:

- ✓ Parents/guardians must inform Casita Azul (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not.
- ✓ The "Authorized Pick-Up Person" **must be at least 18 years old** and may be asked to provide a photo ID to the staff.
- ✓ This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Authorized by:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



8. Social Media Statement

I _____ give consent for Casita Azul LLC to photograph or video my child and or/use the videos and photographs they already exist that were taken in the childcare setting.

I know that the photographs may be used and published in Casita Azul website as well as Casita Azul's LLC Facebook and Instagram page.

Parents should not post pictures downloaded from the Brightwheel application that show other children other than their own in personal social media accounts. Pictures may be shared with the permission of child's parent.

Child Name:
DOB:
Date:
Signature: