



**ESCUELA VIVA
Emergency Card**

Child's Name _____ Birthdate _____
Address _____ City _____ Zip _____

Parent/Legal Guardian Contact Information

Parent One _____	Parent Two _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Home Address _____	Home Address _____
Work Address _____	Work Address _____

Emergency Contact Information

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

Medical Information

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

In the event of an emergency I give permission for Escuela Viva staff to call an ambulance or to take my child to any available physician or hospital and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to the nearest hospital and seen by the Dr. on call and parents are notified. I take full financial responsibility for transportation and treatment costs.

Parents Signature

Date



ESCUELA VIVA
ENROLLMENT QUESTIONNAIRE

The following information is critical to your child's participation at Escuela Viva. You are required to notify staff of any changes to this information so that we may keep accurate information regarding your child. This questionnaire must be completed and on file before your child may attend class.

Child's Full Name

Child's birth date

Child's Nick Name (if applicable)

Family's Address

Home Telephone Number

Parent One Name

Parent Two Name

Please read and initial next to each item below.

___ My child may be given any non-prescription medication as indicated on the original container, including ONLY sunscreen, anti-bacterial ointment, and any other first aid ointments or creams necessary. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering any non-prescription pain-relievers to obtain approval prior. Prescription medications must have written authorization for each medication.)

___ My child may be taken on walking field trips under the direct supervision of Escuela Viva staff. I understand that due to the spontaneity of our days and of the children's project ideas parents may not be notified of these trips in advance. Parents must complete a separate permission slip for excursions via bus or other motor vehicle.

___ I understand that by enrolling my child at Escuela Viva I am committing to a full year of enrollment (Sept 1, 2009 to Aug 31, 2010) unless I give 2 months notice of withdrawal. Failure to give 2 months notice will result in a bill for any tuition lost due to my early withdrawal. If you plan on withdrawing your child prior to August 31, 2010 please specify that below:

___ I understand that my tuition is due by the 5th of each month and is subject to a \$5 per day late fee.

___ I understand that I must pick my child up by 5 p.m. I also understand that I will be charged \$1 per minute that I am late to pick up my child from school (past 5 p.m.)

___ I understand that it is important for my child to have sufficient time to transition into the school day in the morning. If my child is not in school before circle time begins (9 a.m. for Cachorros, Tortuguitas, and Angelitos, 8:30 a.m. for Grade School) I will need to bring my child to school after 10 a.m.

___ I have read the Escuela Viva parent handbook, understand its contents and agree to follow all rules and policies as outlined.

___ I understand that Escuela Viva staff will be taking photographs of all of the children in order to document work and projects. These photos are strictly for parent use and educational purposes and will not in anyway be used for marketing or other purposes without the parents prior consent. These photographs will be displayed in the classroom and on the school's private, secure website. All Escuela Viva families will have access to these photographs.

___ I understand that my family's contact information will be made available to other Escuela Viva families in a class roster. I agree to respect the privacy of other families by not sharing this information with people outside Escuela Viva and by using this information solely for personal use.

Parents Signature

Date



ESCUELA VIVA
Authorization to Pick Up

I, _____ authorize the individuals listed below to
(Guardian/parent name)
pick up my child, _____,
(Child's name)

from school. I understand that these individuals must show valid picture identification (driver's license or Oregon identification card). This authorization is valid until I submit further notice in writing.

Authorized Individuals:

Name	Relationship to Child
_____	_____
Name	Relationship to Child
_____	_____
Name	Relationship to Child
_____	_____
Name	Relationship to Child
_____	_____
Name	Relationship to Child
_____	_____
Name	Relationship to Child
_____	_____

Parent's Printed Name

Parent Signature

Date