



**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 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 Parent & Child Profile

Please fill out the following questions. This valuable information will help the teacher(s) get to know you and your family a little bit better. Use additional paper as needed. There are no “correct” answers. Every child and parent is unique. Use this form as a way to reflect on your family, personal values, and child.

Child’s name and age

Parents’ names:

Phone and e-mail:

Best time for teacher to call:

Best mode of communicating with you about general class information (newsletters, announcements, etc)

- ◇ Email
- ◇ Printed materials to take home
- ◇ Printed materials posted in classroom

Getting to know your child....

1. List previous experience(s) in day care and/or preschool. Include length of time, name of facility, number of children attending and your child's overall experience.

2. When you think of your child's unique qualities, what comes to mind? What makes you laugh? What amazes you? What inspires you? What does your child teach you? What drives you nuts?

3. How does your child behave when frustrated or angry? What things might set your child off? What strategies have you found successful for dealing with such behavior? How does your child take care of themselves in these moments?

4. Are there any behaviors you would like to see change in your child?

5. Has your child had any recent traumas? If so, please describe.

6. What types of play and learning activities do you currently pursue at home? Does your child take any classes or lessons outside of school?

7. How does your child interact with the media (movies, television, video games, computers, etc.)?

8. Who does your child live with? (parents, siblings, grandparents, room mates, pets, etc.) Tell us a little about these special people or animals in your child's life.

9. Please tell us about other special people in your child's life. Does he/she have special peers? Does he/she have opportunities to spend time with grandparents or other extended family?

10. Describe the following for your child:

· Eating habits:

· Sleeping habits:

· Fears:

· Likes/Dislikes:

· Special words & their meanings:

11. Does your child have any allergies? If so please share more with us about your child's allergic reactions and the steps needed to help him/her during an allergy attack. If your child has specific allergy medicine you will need to fill out a separate medication authorization form for each medication. We would also like for you to meet with our staff to discuss further the administration of this medication

Getting to know you...

1. Please tell us a little about yourself. Where did you grow up? What do you enjoy doing? What do you do to earn a living? What is your cultural heritage? Do you speak any other languages?

2. Please tell us about your relationship with your child. How do you spend time together?

2. What goals do you have for your child? For yourselves as parents? How can we assist you in obtaining those goals (types of classes to offer, resources, support at home, etc.)?

4. What are some of your family's special traditions?

5. Tell us about other things that are important to you and your family.

We love working together with our parents to create amazing learning experiences for our children. Please answer the following questions about how you may be able to partner with us in this endeavor.

6. Are you available to volunteer in the classroom, to help with class projects, serving lunch or documentation? If so please tell us which of these opportunities most interests you. What types of projects or activities would you be interested in sharing with our students?

7. Are you available to chaperone for field trips? If so, would you be willing to drive other students? How many additional children could you take in your vehicle?

8. Are you interested in working on one of our parent committees?

- ◇ Fundraising (Meet monthly to plan Chinook book sales, silent auction, and parents night out)
- ◇ Community Involvement (Meet as needed to plan Mississippi Street Fair, Annual art show, and other community projects)
- ◇ Strategic Planning (Meet quarterly to plan for the future growth of Escuela Viva)
- ◇ Teacher Support Committee (Meet once a month, or on an as needed basis to plan ways to provide support for teachers)

9. Are you available to help us from home with any of the following:

- ◇ Scrap booking
- ◇ Field Trip planning & Coordination
- ◇ Project Prep
- ◇ Photocopying/Printing
- ◇ Other: _____

10. Is there anything else you'd like us to know about you? Other family circumstances you'd like us to be aware of, other ways you'd like to help out, other ways you feel we can support your family, etc.?

Thank you so much for taking the time to share this information with us. Have a beautiful day!



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