



FACES Kinder / Preschool & Child Care Center

Registration Form				Date Child entered care	Date Child left care
Child's name	Last	First	Middle	Name (Nickname) used	Birthdate
Street address		City		Zip Code	
Child's parent / Guardian name		Home phone # () -	Cell phone # () -	Alternative phone # () -	
Street Address		City		Zip Code	
Address where you can be reached while the child is in care.		City		Zip Code	
Child's Parent / Guardian name		Home phone # () -	Cell phone # () -	Alternative phone # () -	
Street Address		City		Zip Code	
Address where you can be reached while the child is in care.		City		Zip Code	

Other than you, who else has permission to pick up your Child?

Name	Address	Telephone number
Name: Relationship:		Home: () - Cell: () - Alternative: () -
Name: Relationship:		Home: () - Cell: () - Alternative: () -
Name: Relationship:		Home: () - Cell: () - Alternative: () -

In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them. Parent / Guardian Signature: _____

Name:	Address	Telephone number
Name: Relationship:		Home: Cell: Alternative:
Name: Relationship:		Home: Cell: Alternative:
Name: Relationship:		Home: Cell: Alternative:

Who does not have permission to pick up your child? If applicable (A copy of supporting court document must be on file).

Name	Reason

Child's Health information

Date of Chil's Last Physical exam:	Child's health care provider	Telephone number () -
Street address	City	Zip Code
Special health problems? yes or no? If yes, specify	Allergies, including drug reactions Yes or no? If yes, specify	
Regular medication? Yes or no? If yes, specify	Other important information Yes or no? If yes, specify	
Child's dentist's name	Telephone number () -	
Street address	City	Zip Code

Child's Medical insurance coverage

Insurance company name	Member / Policy number
Policy holder name	Employer name
Insurance company name	Member / Policy number
Policy holder name	Employer name

Consent to medical care and treatment of minor children

<p>I give permission that my child, _____, may be given first aid emergency treatment by a the child care licensee and / or qualified staff at: Name of Licensee: _____ Address of License: _____</p>			
Parent / Guardian signature	Date	Parent / Guardian signature	Date
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certified under penalty of perjury under the laws of the State of Oregon that this information is true and correct.</p>			
Parent / Guardian signature	Date	Parent / Guardian signature	Date



Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- ★ conference presentation
- ★ educational presentations or courses
- ★ informational presentations
- ★ on-line educational courses
- ★ educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where this materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full name: _____

Street Address / P.O. Box: _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Signature: _____ Date: _____

If this release is obtained from a presenter under the age of 19, then the signatures of that presenter's parent or legal guardian is also required.

Parent's Signature: _____ Date: _____

_____ **I do not give permission for my child to be photographed or videotaped.**



PRE- SCHOOL AND DAYCARE
AUTHORIZATION TO ASSIST TOILETING

Child's Name: _____

_____ My Child does not need help and / or does not authorize.

_____ My Child needs assistance in toileting.

Through this document I hereby authorize FACES Preschool and Daycare Staff to help / assist my child to go to the Toilet (wash hands, accommodate clothing, clean up, etc).

Parent's name: _____

Date: _____



FACES DAILY REQUIREMENTS DOCUMENT

SCHOOL YEAR 2024-2025.

1. Every day drop off and pick up times are very important to better serve your child, please make sure that you stay within the times that you contracted.
2. Please make sure you update the emergency relatives list, and let us know who is authorized to pick up your child. If one of the parents is not authorized to pick up your child, please make sure that we have a court order in our files, otherwise we can't avoid letting the child go with that parent.
3. Uniforms (FACES shirts) are required every day, please make sure your child is wearing it. If your child shows up without the uniform, two things can happen: a) We will give him/ her a new one and the cost will be added to your invoice. b) he / she will not be accepted until he / she is wearing it. During the Winter, we will have sweat shirts for sale, because if you send your child with a heavy jacket that cannot be taken off once inside the building, it defeats the purpose.
4. It is very important that your child has two extra sets of clothes in their backpack, or cubby every day. The clothes can be the ones that your children do not use frequently, or they are old.
5. It is also very important that your child comes to school every day clean and groomed. Make sure that he / she comes with a clean diaper or pull-up, that is the way that you will be receiving your child as well. Encourage your child to brush his / her teeth and take a shower daily, this is a healthy habit.
6. It is very important the "school-parent communication", please make sure you respond and / or request information through our system Lillio (Hi mama). This will better the overall communication in our Center. Also, it is very important that you get involved in your children's school activities. We understand that parents work most of the day, but participating in your children's education is part of their development.
7. Please make sure your child has eaten any food he /she might be eaten in the car, before entering the building.

8. We are not responsible for any loss of toys, or similar that your child brings to school, we'll prefer that your children don't bring any, but if they do, is your responsibility to check on them before they go home that day.
9. For safety, please don't send your child with sandals to school, they need to wear covered shoes.
10. If your child comes to school with any scrape, or injury of any kind, please let the front people know, so they can record it. If we notice any injury after you had left, we will call you and let you know that we are writing a report.

Thank you, we are looking forward to a healthy and successful school year.

Sincerely,

Juanita B. Estrada
Director

Parents signature

Date



Family Preschool and Child Care Contract

This contract is made between the parent (s) guardians:

_____ name of parent(s)
_____ address of parent(s)

and FACES Of America Dual Language Preschool for the academic and care services of the following children:

_____ child's name and date of birth.
_____ child's name and date of birth.
_____ child's name and date of birth.

The payment for such services shall be \$_____ per month and reflects a schedule as follows:

Arrival time ___ am and Pick up time ___ pm from Monday through Friday.

The above times and days are not flexible. If a parent is going to be late picking up the child, every effort must be made to contact FACES. A late pick up fee of \$10.00 for each 5 minutes late will be charged.

Payment is due to FACES in advance of care and paid on the 1st - 5th day of the month. If a payment is not made on time, the following fee will apply: \$50.00 the first week, \$100.00 for the second week. If payment is not received by the end of the second week, the child will not be accepted, until full payment is made.

Accepted methods of payment include cash, personal check, credit card or money order. If a personal check is returned due to a lack of funds, the parent/guardian must pay a \$35.00 returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment.

DHS PAYMENTS

If you are on the DHS program, the payment policy is as follows:

Co-payments and parents difference, must be paid within the same first five days of the month. Families using the state subsidy program DHS are responsible for paying any and all amounts not covered by the Program.

Overtime rates are as follows:

For the purpose of this contract, overtime rates are considered any amount of time that care occurs prior to the scheduled drop off time or after the scheduled pick up time.

With advance notice by the parent and approval by FACES, it agrees to provide overtime care at a rate of \$5.00 per hour.

Without advance notice by the parent and approval by the provider, the overtime rate will be \$15.00 per hour.

Payments during Holidays, Vacations, and other absences:

FACES will not be open for business on the required by State Holidays, or during the end of the year holidays, for deep cleaning and pest control. FACES works under a full year tuition base, which it is divided into 12 installments and follows the School District Calendar; we exclude their professional development and grading days. FACES do not charge per hour/per day, or per week.

If a parent takes days off, or in case of illness and the child will not be in care, FACES must be given notice in advance, as FACES tuition is a yearly based, full payment is required.

Additional charges:

FACES will charge additional fees for damaged property.

Termination Procedures:

This contract may be terminated by the parent(s) or FACES. A 4 week notice prior to the last date of care is required.

FACES may immediately terminate this contract without any notice. If payment is not made on time.

Other:

- If FACES chooses not to enforce any portion of the contract, it does not give up the FACES's right to enforce any other portion of the contract.
- The contract can be revised at any time by the FACES if necessary.

Signatures:

The signatures below indicate agreement with this contract and with the written policies of FACES (contained in the Parents' handbook and Daily requirements document).

FACES may change policies as needed with advance written notice.

_____ Parent's name.
_____ Parent's name.
_____ FACES Director's name.
_____ Parent's signature / date
_____ Parent's signature / date
_____ FACES Director's signature / date.

If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.