



FACES DAILY REQUIREMENTS DOCUMENT
SCHOOL YEAR 2020-2021

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 authorize 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 2 extra set of clothes in their backpack, or cubby every day. The cloths 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, so, 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 new system (Remain). 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 be check on them, before they go home that day
9. For safety, please don't sent 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

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Kinder/Preschool & Child Care Center

PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in the FACES Kinder/Preschool & Child Care Center. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

Child's Name: _____ Date of Birth: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Information:

Name: _____

Relationship: _____

Address: _____

Phone: _____ Phone: _____

E-mail: _____

We are a full-time, Monday through Friday Kinder/Preschool Program

Class schedule is from 9:00 a.m. – 3:00 p.m. – We have before and after school daycare available.
Our Center is open from 7:00 a.m.-5:00p.m. – We have a 30-minute grace period policy, there will be a tardy fee, when children are picked up after 5:30pm.

What date would you like enrollment to begin? _____

How did you hear about Us? _____

We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability and is subject to priority enrollment rules of the Center.

Please enclose a check for \$100 and return it to: 1687 Summer St NE, Salem OR 97301

(Parent/Guardian's Signature)

(Date)



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 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 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 child'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 medications? 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	
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 Licensee _____.	

Parent/guardian signature	Date	Parent/guardian signature	Date
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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 my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Oregon that this information is true and correct.

Parent/guardian signature	Date	Parent/guardian signature	Date
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Child Enrollment and Authorization

Child's Last Name	Date Entered Care
Child's First Name	Age at Entry to Care
Child's Nickname	Date of Birth

ALLERGY ALERT: Does child have allergies? Yes No If yes, list all allergies on back side of form

Parent or Guardian Contact Information

Name (first, last)	Relationship	
Home Address	City	Zip
Home Phone	Work Phone	
Employer and Work Hours	Cell Phone	
Email Address	City	Zip
Name (first, last)	Relationship	
Home Address	City	Zip
Home Phone	Work Phone	
Employer and Work Hours	Cell Phone	
Email address	City	Zip

Required Emergency Contact Information-person other than parent or guardian that is authorized to pick up child

Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship

Non-Emergency Contact Information-person other than parent or guardian that is authorized to pick up child

Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
Dental Provider (if child is school-age. If none, list dental provider for child care facility)	Phone

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

- My child** may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).
- My child** may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard).
- My child** may be photographed for publicity or news purposes On-site Off-site
- My child** may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.

In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature _____ Date _____

Continued on back (additional signature and date)

Child Information

Has your child previously been in child care?	If yes, what type of care and for how long?
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Reason for requesting care

Child General Information- please include all information that will assist us in providing quality care for your child

Likes and Dislikes

Eating Habits and Schedule

Sleeping Habits and Schedule

Play

Fears

Special Words and their Meanings

Child Medical Information

Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had chickenpox? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?

Other Children in Home

Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender

Special Transportation Arrangements

Office of Child Care requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan:

_____ (Child) attends _____ (school). He/she will be transported/escorted between the child care facility and the school by (check applicable type): _____ school bus, _____ head start bus, _____ child care facility or _____ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): _____ parent or guardian, or _____ the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (specify, ie: work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time, etc):

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 presentations
- 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 these 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 signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____



PRE-SCHOOL AND DAY CARE

AUTHORIZATION TO ASSIST TOILETING

Child's Name _____

_____ My child does not need help and /or do 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: _____



Family Preschool and Child Care Contract

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

_____ name of parent(s)

_____ address of parents(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 service 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 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 – 4th 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 four 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.