



# AGIA SOPHIA ACADEMY

## Agreements & Forms

2021-2022 Academic Year

***\*\* Fill Out and Return to the School Office \*\****  
***\*\* prior to the start of school \*\****

Phone: 503.641.4600 | Web: [www.asapdx.org](http://www.asapdx.org) | Fax: 503.641.5951



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14485 SW Walker Road, Beaverton, OR 97006  
Phone: 503-641-4600 Fax: 503-641-5951  
www.asapdx.org

## POLICY HANDBOOK AGREEMENT

***Please take a moment to read the 2021-22 Agia Sophia Academy Handbook prior to signing.***

I/We, \_\_\_\_\_, have read and understand the Agia Sophia Academy Handbook for 2021-22 school year, and in the spirit of cooperation, have discussed it with our child(ren). We agree as a family to follow and uphold the school policies and practices at all times while on the school property. We understand that if either we or our child(ren) violates this agreement, our child(ren), at the discretion of the school, may be subject to revocation of acceptance, suspension, or expulsion.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Student #1 Signature

\_\_\_\_\_  
Student #3 Signature

\_\_\_\_\_  
Student #2 Signature

\_\_\_\_\_  
Student #4 Signature

## COVID-19 RELEASE WAIVER

I/We, \_\_\_\_\_, on behalf of ourselves and our children hereby release, covenant not to sue, discharge, and hold harmless Agia Sophia Academy, its employees and board representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to our participation in ASA's programs or activities. I/We understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees and board representatives, whether a COVID-19 infection occurs before, during, or after participation in any hosted or programmed event by this organization.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Printed Name

*Names of Children:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***Please mail or deliver this form to the Agia Sophia Academy office no later than the first day of school. Failure to do so will result in a \$10 fine accrued for each school day this agreement is late.***



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## BACK TO SCHOOL VERIFICATION

Before the beginning of every school year, we require parents/guardians to review and/or update their family and student information. Keeping your family's information up-to-date is crucial to the safety of your student, timely communication from Agia Sophia Academy, and that you can be contacted in case of emergency. ***These updates should be done online through your Brightwheel account.***

I/We, \_\_\_\_\_, have reviewed Brightwheel and attest that the address & parent phone numbers listed are correct, allergies/medication & Doctor information is current, and all our authorized pickup persons/emergency contacts have been added. I/We also agree to submit changes to Brightwheel throughout the year and regularly read messages posted to our Brightwheel account.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Signature & Date

## CONSENT FOR MEDICAL CARE

In the event of an EMERGENCY, I authorize Agia Sophia Academy to call 911, transport my child(ren): \_\_\_\_\_, via ambulance, and/or utilize the emergency room of the nearest hospital if deemed necessary. If I cannot be reached, I hereby give permission to the attending physicians to administer appropriate emergency treatment, to hospitalize, and/or to order injections/anesthesia/surgery for my child as named above. Furthermore, I understand I am financially responsible for any charges incurred and authorize the release of information requested by the insurance company.

Signed (parent/guardian): \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY PLAN

YES, my child has at least one known allergy. In addition to listing allergies on Brightwheel, I have completed a F.A.R.E form (*available from your doctor or online at [www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan](http://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan)*) and submitted it to the school office. I understand this document presents critical information including allergen(s), symptoms and treatment instructions in an easy-to-follow format—critical in an anaphylactic emergency – and may be posted in my child’s classroom/lunch room for quick reference depending on the potential severity of the allergic reaction.

NO, my child has no known allergies at this time.

Signed (parent/guardian): \_\_\_\_\_

Date: \_\_\_\_\_

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## MEDIA RELEASE FORM

To comply with State and copyright laws, ASA needs a parent or Legal Guardian's signature to include student images or work in publications such as bulletin boards, school/church newsletters, newspapers/advertisements, banners/signs, websites, videos or other public documents and are an essential part of how we connect with friends, donors, and community members. This form only needs to be completed once, per student.

**Student Name:** \_\_\_\_\_  
(please complete one for NEW each student)

- I, \_\_\_\_\_, authorize Agia Sophia Academy to use my child's image. I understand that my child's full name will not be published with his/her image.
- I do not authorize use of my child's image in any Agia Sophia Academy publications or promotional materials. My child's image will not be included on the website, hallway bulletin boards, or ASA publications.

I understand this authorization will remain in effect even after the designated school year is completed, unless I notify the school of any changes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Certificate of Approval**

Be it known that:

Agia Sophia Academy, Board of Directors

is hereby granted a Certificate of Approval to operate:

Agia Sophia Academy  
14485 SW Walker Rd  
Beaverton, OR 97006

The Office of Child Care has conducted a review and found this facility and its operation to be in compliance with the laws of the State of Oregon and applicable administrative rules.

Hours of Operation: 7:45 AM - 5:00 PM	Provider Number: CC503675
Age Range: 36 Months through 12 Years	Maximum Number: 45
Ratio Group: 3A	

Monday: <input checked="" type="checkbox"/>	Days of Operation:	Thursday: <input checked="" type="checkbox"/>
Tuesday: <input checked="" type="checkbox"/>		Friday: <input checked="" type="checkbox"/>
Wednesday: <input checked="" type="checkbox"/>		Saturday: _____
		Sunday: _____

This certificate is effective:  
November 05, 2020 through November 05, 2021

Exceptions: Rescue medications allowed to be unlocked but must remain out of reach or in a container worn by a provider/staff member at all times. (11/23/20-11/05/21)

Conditions: Complete playground fencing is not required if removable fencing is installed. (11/23/20-11/05/21)

Special Conditions:

Questions or complaints regarding this facility should be directed to:

Office of Child Care  
Kristina Christian  
7995 SW Mohawk Street  
Tualatin, OR 97062  
(503)612-4247

Original - Facility This certificate is not transferable

## DECLARATION OF VIEWING

I acknowledge that I have reviewed a copy of the current Agia Sophia Academy Child Care License Certificate and understand this document is also posted in the hallway outside the Montessori classrooms.

Signed (parent/guardian):

\_\_\_\_\_

Print:

\_\_\_\_\_

Signed (parent/guardian):

\_\_\_\_\_

Print:

\_\_\_\_\_



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## ASA SCHOOL DIRECTORY

*ASA publishes a yearly directory, with contact information from each family at school, as a resource to help instill communications between parents. This directory is distributed solely to ASA student, parents & teacher and will not be published online.*

- Please publish the following Contact Information in the Agia Sophia Academy 2021-22 School Directory: *(Note: you may include as little or as much contact information as you like published)*

**(PRINT CLEARLY)**

**LAST NAME:**

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**PARENTS NAME(S):**

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**STUDENTS NAME(S):**

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**HOME PHONE:**

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**ADDITIONAL NUMBERS: PLEASE SPECIFY: WHO & TYPE (WORK, CELL, ETC.)**

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**MAILING ADDRESS:**

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**CITY, STATE ZIP:**

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**MAJOR CROSS-STREETS: (HELPFUL IN ARRANGING CARPOOLS)**

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**E-MAIL(S):**

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- I do NOT wish to be added to the school directory
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**\*Note to families starting mid-school year:**

*While we will not reprint the directory, by providing this form to the office you hereby give ASA permission to share the above listing information to parents who ask us for it.*