



AGIA SOPHIA ACADEMY

Yearly Agreements & Forms 2025-26 Academic Year



- 1) Read the 2025-26 Handbook
prior to completing these forms!*
- 2) Update your child's Brightwheel account!*
- 3) Then Fill Out & Return to the School Office
prior to the start of school.*

AGIA SOPHIA ACADEMY

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.

Child(ren)'s Name: _____

Signed (parent/guardian): _____ Date: _____

FOOD ALLERGY & ANAPHYLASIS EMERGENCY PLAN

☐ YES, my child _____ has at least one known allergy. ☐ YES, my child carries an Epi-Pen.

In addition to listing allergies on Brightwheel, attached is the required F.A.R.E form (*available from your doctor or online at www.tinyurl.com/FARE4ASA*). I understand this document presents critical information including allergen(s), symptoms and treatment instructions in an easy-to-follow format—which is critical in an anaphylactic emergency, and may be posted in the class/lunch rooms 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: _____

POLICY HANDBOOK AGREEMENT

We have read and understand the ASA Handbook for the 2025-26 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 Signatures

Student Signatures

BACK TO SCHOOL VERIFICATION

We understand keeping our family's information up-to-date is crucial to the safety of our student(s) and timely communication in an emergency. We have reviewed Brightwheel and attest that 1) address & parent phone numbers are correct, 2) known allergies (and/or dietary restrictions), medications & Doctor information has been inputted or updated, and 3) all our authorized pickup persons/emergency contacts were added. We also agree to submit changes to Brightwheel throughout the year and regularly read messages posted to our Brightwheel account.

Sign (parent/guardian) & Date

Sign (parent/guardian) & Date

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.



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 - 5:30 PM

Provider Number: CC503675

Age Range: 36 Months through 12 Years

Maximum Number: 45

Ratio Group: 3A

Days of Operation:

Monday: X

Thursday: X

Saturday:

Tuesday: X

Friday: X

Sunday:

Wednesday: X

This certificate is effective:

May 05, 2023 through May 05, 2024

Exceptions:

Conditions:

Special Conditions:

Questions or complaints regarding this facility should be directed to:

Office of Child Care
Sarah Ziegler
7995 SW Mohawk Street
Tualatin, OR 97062
(503)731 - 4629

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 classroom.

Signed (parent/guardian):

Date:

Signed (parent/guardian):

Date:

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 our school Christmas Card, social media, 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 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, including, but not limited to, the school's Christmas Card, social media posts, hallway bulletin board displays or other ASA publications.

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

Parent/Guardian Signature

Date

AGIA SOPHIA ACADEMY

PTP Agreement

All parents are automatically part of our Parent-Teacher-Partnership (PTP). We work to support our staff and students by hosting events, volunteering, and fundraising for classroom needs as well as enrichment activities for the students.

All families are required to volunteer 20 hours (10 hours for part-time or single parent families) and fundraise \$200 per school year.

Volunteer Hours

All volunteering on behalf of the school counts. Parents must maintain a log of their volunteer time – tracking the date, time spent (in 0.25 hours), and a brief description of what they did – and **submit their log by May 31 to the PTP Treasurer at ptptreasurer@asapdx.org**. Time submitted after May 31 will be applied to the following school year. Unmet volunteer time is billed to families in June at a rate of \$20/unmet hour.

SAMPLE FAMILY VOLUNTEER LOG

Date	Time Spent	Description
9/13/25	1.0	Lunch Duty
10/25/25	0.5	Bottle Drop
3/12/26	0.75	Shopping for Special Guest Day
TOTAL	2.25	

Fundraising

Families can meet their fundraising requirement in one of two ways. Either by participating in PTP Fundraisers throughout the year (these are separate from ASA fundraisers like the Greek Open, Gala, etc..) or by purchasing food and goods for various PTP events and submitting receipts to be applied to their Fundraising credit. (Parents are also welcome to submit receipts for direct reimbursement but then they will not receive a fundraising credit for that purchase.) Please note: the receipts must be for a PTP specific event, not a general purchase, and **all receipts must be turned in by May 31**. Receipts turned in after May 31 will be applied to the following school year. Unmet Fundraising will also be billed in June.

If you have any questions, please contact the PTP Treasurer at ptptreasurer@asapdx.org.

By signing below, I understand our family's obligation to volunteer at least 20 hours a year (10 hours for part-time or single parent families) for ASA and fundraise \$200 on behalf of PTP by May 31.

Signature

Date

Printed Name

AGIA SOPHIA ACADEMY

SCHOOL DIRECTORY

To help instill communication & friendships between families, we publish a school directory each year. Inclusion is optional (and you may include as little and is distributed solely to ASA parents & staff. You may include as little or a much contact information as you like published, or opt out completely.

☐ YES, please include the following information:

☐ I do NOT wish to be added to the directory.
Name: _____

LAST NAME: *(use student's last name if different from parents)*

PARENTS NAME(S):

STUDENTS NAME(S):

PHONE NUMBERS: *(specify who &/or type)*

EMAIL: *(specify who)*

MAILING ADDRESS: *(include city, state & zip code)*

MAJOR CROSS-STREETS: *(can be helpful in arranging carpools)*

Directory Listing Examples

Smith, Bob & Betty

Jack

1234 SW Somewhere Place
Beaverton, OR 12345

503-111-2222 (Betty's Cell)

503-222-3333 (Home)

971-333-4444 (Bob)

bettysmith@gmail.com (Betty)

bob.smith@yahoo.com (Bob)

Major Cross-Street:

Murray Blvd & Walker Rd

Jones: John Deer & Jane Doe

Ryan Jones

503-555-1212 (Jane)

971-555-5555 ext 123 (John's work)

mommyjane@gmail.com (Jane)

Major Cross-Street:

185th & Baseline

*** Note to Families starting mid- 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 ASA parents who ask us for it.