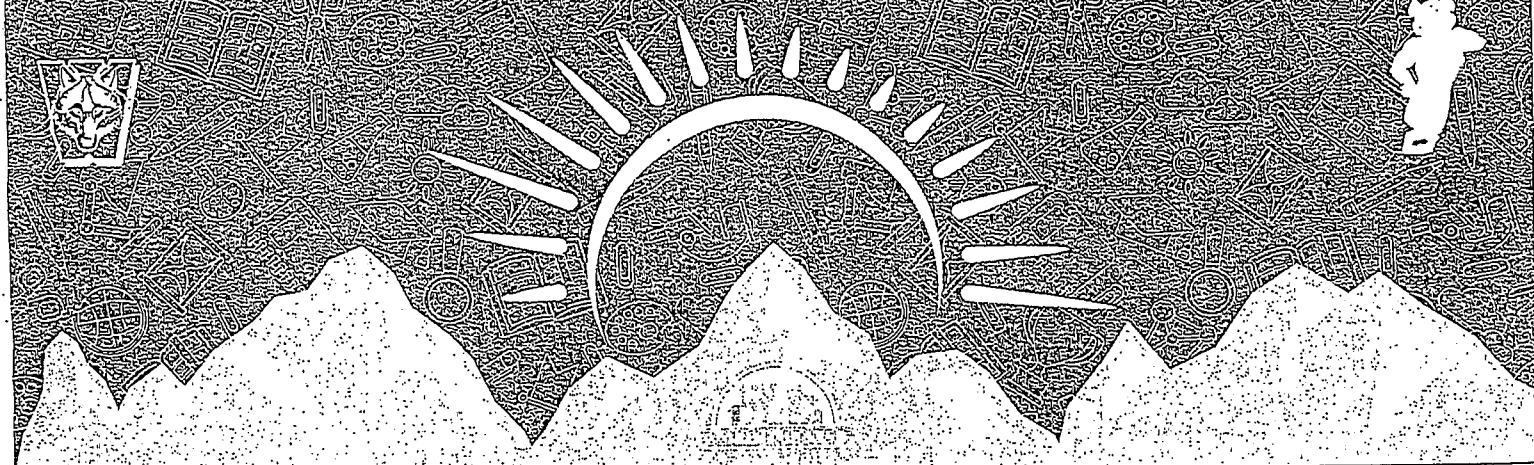




# IMAGINE PRESCHOOL at Amphitheater Schools

## ENROLLMENT REGISTRATION INFORMATION PACKET



# ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every January and July.

Parent Updates	_____ (Signature)	_____ (Date)
Parent Updates	_____ (Signature)	_____ (Date)
Parent Updates	_____ (Signature)	_____ (Date)

Site Name: \_\_\_\_\_  
Date of Registration: \_\_\_\_\_  
Date of Termination Status: \_\_\_\_\_

## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Primary Residence: ☐ Mother ☐ Father ☐ Both ☐

Guardian List the family members your child lives with—include names and ages of siblings: \_\_\_\_\_

## PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

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

Rev 1/2022



Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by Francis Araujo Lopez, Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5081, faraujolopez@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.

# ENROLLMENT REGISTRATION INFORMATION

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete Arizona Department of Health Forms required by Arizona Childcare Licensing Requirements.

### Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

☐ Emergency Contact and Release ☐ Release Only

### Optional:

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

☐ Emergency Contact and Release ☐ Release Only

### Optional:

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

☐ Emergency Contact and Release ☐ Release Only

If you want a person who is not identified above to pick up your child, you must notify site staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the site because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

Arizona licensing requires that all children are signed in and signed out daily. You must use your full legal name. Initials will not be accepted. If you must pick up your child after closing time, you will be charged a late fee per every 15 minutes or portion of 15-minute period, per child, until the child(ren) is/are picked up. Arizona licensing may require us to contact local authorities after a certain amount of time. Please see your director for additional information.



# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

### SECTION 1: TUITION AND FEES

\_\_\_\_\_ BASIC SERVICES: I understand that Imagine Preschools provides child care and development services for families with children 3 to 5 years of age. Enrollment ages may vary by availability and location.

\_\_\_\_\_ REGISTRATION FEE: I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the site.

\_\_\_\_\_ TUITION AND MODIFICATIONS CONDITIONS: \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require.

I have enrolled my child in the following site: \_\_\_\_\_

\_\_\_\_\_ PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of attendance each week.

\_\_\_\_\_ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$10 plus \$5 per day that tuition is not received. All late fees are subject to change with reasonable notice. The site follows Arizona-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The site cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ AGENCY REIMBURSEMENT: In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly sign-in or sign-out for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

\_\_\_\_\_ CHARGES AND PROCEDURE FOR LATE PICK-UP: My site is open from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., Monday through Friday, all school year, except for holidays. Imagine Preschools follow the Amphitheater Public School's calendar. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of 15-minute period, per child, until the child is picked up.

\_\_\_\_\_ DISCOUNTS: A discount of \$20 per month is available for Amphitheater employees.

\_\_\_\_\_ RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any checking account payment returned due to non-sufficient funds, will automatically be resubmitted electronically up to three times. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six-month period, I may be required to pay by an alternate method of payment for the next six-month period. I am responsible for the principal amount plus all returned check fees.

### SECTION 2: DAILY PROCEDURES

\_\_\_\_\_ DAILY SIGN-IN AND SIGN-OUT: Using the sign-in and sign-out sheets, I agree to sign my child in and out every day using the site's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the site to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. Arizona requires a manual signature due to state child care licensing regulations, I agree to complete the required manual sign-in and sign-out procedures.

\_\_\_\_\_ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the site and I understand that my child will be re-admitted according to the Arizona Childcare Licensing standards.

\_\_\_\_\_ MODEL RELEASE: The agents, affiliates, and licensees, ☐ may ☐ may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_



# ENROLLMENT REGISTRATION INFORMATION

\_\_\_\_ PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the site or staff.

\_\_\_\_ INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the Arizona child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the site, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the site.

\_\_\_\_ WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

## SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

\_\_\_\_ HOLIDAYS: I understand the site follows the Amphitheater Public Schools calendar. There will be no reduction in tuition for the following holidays: Labor Day, Veterans Day, and Martin Luther King Day. Tuition will be reduced for Thanksgiving and Rodeo Break (schools closed Thursday and Friday). The centers will be closed for Fall Break, Winter Break, and Spring Break. There is no tuition due when the centers are closed for these breaks.

\_\_\_\_ ABSENCES/VACATIONS: I agree to inform the site immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness).

\_\_\_\_ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the site's intention to be open and provide child care service every weekday of the school year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. Site's will follow the discretion of the partnering home school. I will contact the site to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the site is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

## SECTION 4: STATE LICENSING AND OUR POLICIES

\_\_\_\_ ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other Amphitheater policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

\_\_\_\_ WAIVER OF JURY TRIAL: IF A DISPUTE ARISES OUT OF OR RELATES IN ANY WAY TO OUR SERVICES OR THIS AGREEMENT, WE ENCOURAGE YOU TO ATTEMPT TO RESOLVE SUCH MATTER IN GOOD FAITH DIRECTLY WITH MANAGEMENT. HOWEVER, IF THE DISPUTE CANNOT BE RESOLVED AMICABLY, YOU AGREE TO IRREVOCABLY AND UNCONDITIONALLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY RIGHT YOU MAY HAVE TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, CAUSE OF ACTION OR COUNTERCLAIM ARISING OUT OF OR RELATING TO OUR SERVICES OR THIS AGREEMENT, INCLUDING ANY EXHIBITS, SCHEDULES, AND APPENDICES THAT ARE PART OF THIS AGREEMENT, OR THE TRANSACTIONS CONTEMPLATED HEREBY. YOU ACKNOWLEDGE THAT YOU HAVE CONSIDERED THE IMPLICATIONS OF THIS WAIVER AND MAKE THIS WAIVER KNOWINGLY AND VOLUNTARILY.

\_\_\_\_ INDIVIDUALIZED CARE PLANS: I understand that should my child have an IEP or IFSP, it should be shared with the director so the site can support my child's needs.

\_\_\_\_ FAMILY HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_ NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the director.

These policies have been reviewed with me by site management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## AUTHORIZATIONS

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Emergency Contact (Name and Phone Number): \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_.

I (we), \_\_\_\_\_, authorize, for emergency purposes only, a site-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Arizona.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to Drugs, Foods, or Other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

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

Appeared Before Me and Produced \_\_\_\_\_ as identification. Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

I (we) also authorize the site to evacuate in case of emergency. I understand that the evacuation site is posted in the site and listed in the Family Handbook.

### AUTHORIZATION FOR FIELD TRIPS

The site may plan carefully arranged, supervised special trips for the children away from the site that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks around campus. I give the site permission to take my child on these field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## Child Profile

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
CHILDREN: Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Who also cares for your child(ren)? \_\_\_\_\_

3. What language is spoken in your home? \_\_\_\_\_

4. When did your child begin speaking or using words? \_\_\_\_\_

5. What would you like most for your child to experience with us? \_\_\_\_\_

6. How would you describe your child (personality characteristics)? \_\_\_\_\_

7. What do you enjoy the most about your child? \_\_\_\_\_

8. What are your child's play interests (preference for creative, dramatic, or construction play)? \_\_\_\_\_

9. How does your child express frustration? \_\_\_\_\_

10. Does your child have any particular fears? \_\_\_\_\_

11. How does your child react to change (such as being left by parents)? \_\_\_\_\_

12. How does your child comfort himself/herself? \_\_\_\_\_

13. How do you discipline your child? \_\_\_\_\_

14. What are the foods your child likes best? \_\_\_\_\_

Least? \_\_\_\_\_

15. What are your child's mealtime routines at home? \_\_\_\_\_

16. How many hours of sleep does your child receive at night? \_\_\_\_\_

17. Does your child need to be awakened in the morning to attend the preschool? \_\_\_\_\_



Name of Child: \_\_\_\_\_

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

## ENROLLMENT REGISTRATION INFORMATION

18. What are your child's sleeping arrangements? Check appropriate answer.

☐ Own room   ☐ Shares room with \_\_\_\_\_   ☐ Sleeps in bed

19. What are your child's bedtime rituals? \_\_\_\_\_

20. Does your child take naps?   ☐ Yes   ☐ No   How long? \_\_\_\_\_

21. Does your child need a comfort item for a nap?   ☐ Yes   ☐ No   If yes, what is that specific item? \_\_\_\_\_

22. Is your child toilet-trained?   ☐ Yes   ☐ No   Explain: \_\_\_\_\_

23. What language do you use to discuss toileting in your house? \_\_\_\_\_

24. Has your child had previous preschool experiences? \_\_\_\_\_

25. Are you available to help us with field trips or other special events? \_\_\_\_\_

26. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_

27. What family or cultural traditions are important in your home? \_\_\_\_\_

28. Would you be willing to share these traditions with the children? \_\_\_\_\_

29. Is there anything else you would like us to know about your child that would help us better meet their needs? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ENROLLMENT REGISTRATION INFORMATION

## Medical History

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the preschool: \_\_\_\_\_

2. Special Dietary Needs: \_\_\_\_\_

3. Is your child able to walk? ☐ Yes ☐ No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs? ☐ Yes ☐ No Explain: \_\_\_\_\_

5. Does your child have any medical or physical needs? Explain: \_\_\_\_\_

6. Does your child have any allergies? Explain: \_\_\_\_\_

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_

## Allergies (please check and list all that apply)

☐ Medications Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

☐ Food Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

☐ Other: \_\_\_\_\_ Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening? ☐ Yes ☐ No If yes, please provide special instructions: \_\_\_\_\_

Per state regulations, a written statement is required for waiver of immunization requirements.

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information Packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

### OBTAIN SIGNED FORMS FROM FAMILY

- ☐ Completed Enrollment Registration Information Packet
- ☐ Family Handbook Acknowledgement
- ☐ Emergency Information and Immunization Record Card from Arizona State Licensing
- ☐ Other state or federal required forms: \_\_\_\_\_

### REVIEW WITH FAMILY

- |  |   |
|--|---|
| <input type="checkbox"/> The child's first day   | <input type="checkbox"/> Any photo restriction                              |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy)                     | <input type="checkbox"/> Immunization/health information                    |
| <input type="checkbox"/> Tuition payment schedule, amounts, and due dates                                | <input type="checkbox"/> Annual registration fee                            |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Late fees  |
| <input type="checkbox"/> Process and procedures of security access                                       | <input type="checkbox"/> Special needs                                      |
| <input type="checkbox"/> Authorized pick-up, late pick-up policy and emergency controls                  | <input type="checkbox"/> Absenteeism policy                                 |
| <input type="checkbox"/> Child custody documents (if applicable)   | <input type="checkbox"/> Sick policy  |
| <input type="checkbox"/> Clothing and other items to bring (labeled)                                     | <input type="checkbox"/> Meals  |
| <input type="checkbox"/> Any pick-up restrictions  | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> Any field trip restrictions   | <input type="checkbox"/> Security deposit (if applicable)                   |
| <input type="checkbox"/> Any photo restrictions  | <input type="checkbox"/> Medication policy                                  |
|  | <input type="checkbox"/> Relevant curriculum features for child's age group |
|  | <input type="checkbox"/> Review Emergency and Disaster Plans                |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Imagine Preschool's policies.

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name of Director: \_\_\_\_\_

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



Name of Child: \_\_\_\_\_

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

Parent/Guardian Initial \_\_\_\_\_

**ADHS**

LICENSING

CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing****Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

Name(s):
----------

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): \_\_\_\_\_

### Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

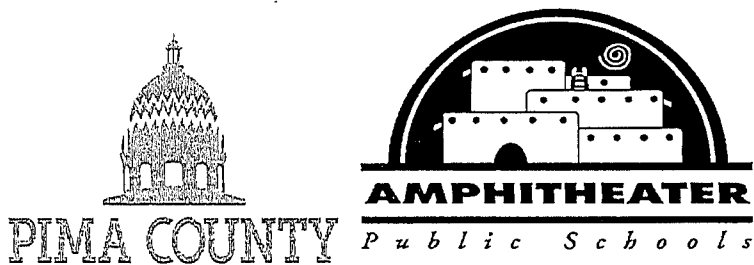
Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day/ yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day/ yr

### Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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**Pima Early Education Program at Amphitheater Unified School District  
Family Award Notification Letter**

- Imagine Preschool at Amphitheater High School
- Imagine Preschool at Holaway Elementary School
- Imagine Preschool at Lulu Walker Elementary School

Thank you for enrolling your child in a high quality preschool class! This class is funded by Pima County and your school district, as part of the Pima Early Education Program (PEEP). The PEEP mission is built on research which shows that children who attend high quality preschool programs are better prepared for kindergarten. There are long term benefits, too: Children are more likely to graduate high school, have higher incomes, and have better health. High quality preschool benefits not only children, but also families, schools and our community as a whole. Congratulations on your decision to participate!

Amphitheater Unified School District has confirmed that your child is age and income eligible to attend this class for free, and the school is only allowed to charge you for before or after school care.

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*The following section is to be completed by School Personnel, with a copy provided to parents/guardians, Pima County, and kept on file by the School.*

Today's Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Anticipated date child will start preschool \_\_\_\_\_

Child is age eligible for this class?      Yes or No

Child's family income is 200% or below the Federal Poverty Level.      Yes or No

Child's family income is 165% of below the Federal Poverty Level.      Yes or No.

If Yes, has family been provided with application information for DES child care subsidy? Yes, No, N/A

School District Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_