



Child's Name _____ Birth date _____ Age on August 1, 2022 _____
 Address _____ City _____ Zip _____
 Parent's Name _____ E-mail _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Non-refundable Fees: \$75 Registration Fee \$75 Supply Fee (due yearly)

Plans (Circle the fee of the plan you are registering for)	Fees (Weekly)	Monthly Fees(4wks)
Preschool Only (8:00- 3:00) <i>student cannot be signed in before 7:55 and must be picked up 3:05</i>	\$135.00 a week	\$540.00 a month
Preschool plus Kids Club Morning Care Plan (6:30-3:00) TBD based on staffing	\$155.00 a week	\$620.00 a month
Preschool plus Kids Club Afternoon Care Plan (8:00-6:00)	\$175.00 a week	\$700.00 a month
Preschool plus Kids Club Morning and Afternoon Care (6:30-6:00)	\$185.00 a week	\$740.00 a month
Drop In (Early Release dismissed at 12:00, if not currently enrolled in the aftercare program)	\$25.00 a day	-----
Drop In Morning Care (any time before 7:55 am)	\$20.00 a day	-----
Drop In Aftercare (released at 3:00)	\$20.00 a day	-----

____ (Initial) I have read, understand, and agree to adhere to the parent handbook and payment policies.
 ____ (Initial) I understand if my tuition payment is not paid prior to service my child cannot attend, and I may lose my space.
 ____ (Initial) **NO CREDIT** will be given for days that are not used. Accounts cannot be placed on hold.
 ____ (Initial) I understand that if my child is registered for the Preschool only plan and I arrive early (before 7:55AM) I will be billed an additional \$25.00 for that day. If I pick up late (after 3:05PM) I will be billed an additional \$25.00 for that day or \$50.00 if it's more than one day.
 ____ (Initial) I understand I am responsible for my child's lunches. Your child may bring their own sack lunch, or purchase one. School lunches are \$2.50 a meal. Qualified families may apply for free or reduced meals.
 ____ (Initial) I give permission for my child to be photographed or videotaped in a school-related setting, including at public programs provided by schools, and have the pictures and/or videotapes reproduced in the media and/or school-related publications such as, but not limited to, newsletters, brochures, and school/district websites.
 ____ (Initial) **A TWO WEEK WRITTEN NOTICE IS REQUIRED TO STOP OR DECREASE SERVICES.**
 ____ (Initial) I understand my child must be toilet trained to attend these programs.
 ____ (Initial) I understand my child can't attend unless he/she is in good health, and has no fever and no current health issues that make it unsafe for my child to participate in the preschool program.
 ____ (Initial) This agreement is subject to change in order to meet the needs of Laveen School District due to the pandemic.

_____ **Parent/Guardian's Signature** _____ **Date**

Registration will not be accepted without the following documentation attached:

- Completed Registration Form with signature
- New Student Enrollment Form Part 1 & 2
- Official Birth Certificate
- Court Papers (if applicable)
- ADHS Emergency Information Form
- Immunization Record
- IEP (if applicable)
- Parent/Guardian's state ID

If you wish to change your original registration you must complete a new registration form.

All changes must be done in person two weeks prior to the effective date at the Kids Club Office located at Desert Meadows School.

New Registration form submitted on: _____ Change effective date: _____ \$20.00 fee on 3rd registration change.

DES Authorized Services or Special Education Services

- ____ (Initial) I understand if my DES services stop I am subject to the same fees as cash paying participants.
- ____ (initial) I understand if I fail to follow DES rules regarding times and signatures on the attendance sheet I will be responsible for that day's tuition fees.
- ____ (initial) I understand I am responsible to pay any charges DES does not cover including weekly fees.

DUE AT THE TIME OF REGISTRATION:

\$ _____ \$75.Registration fee (non-refundable)
 \$ _____ \$75.Supply Fee (non-refundable)
 \$ _____ First week payment
 \$ _____ Total due today

Start Day: _____

This agreement will end on May 24, 2023

Taken by _____ Processed by _____ Original site copy s _____
 DES auth received _____, Sch emailed _____



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:

Health Care Provider*	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.

In case of injury or sudden illness, I request that this individual be called first:	
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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 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

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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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New Student Enrollment Form – PART 1

REV 01/16/2020

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Student's Middle Name	Jr, III, IV, etc	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
What language would you prefer school-to-home communication? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Date of Birth (MM/DD/YYYY)	Age	Birth City	Birth State	Birth Country
Ethnicity: (CHECK ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino		Race: (Check ONE or MORE, regardless of ethnicity) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> *American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
*If American Indian or Alaska Native, list Tribe Affiliation:		Tribal Affiliation Documents: <input type="checkbox"/> CDIB (Certificate Degree of Indian Blood) <input type="checkbox"/> 506 (must include enrollment number)		Is the student's address on the Gila River Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Student's Primary Home Address (REQUIRED):			City	State	Zip
Student's Mailing Address (if different from Home Address)			City	State	Zip
Primary Phone Number (REQUIRED): <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Secondary Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
Last Name, First Name (as it appears on Driver's License)			Email Address		
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student			
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch: _____					
Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
Last Name, First Name (as it appears on Driver's License)			Email Address		
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student			
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch: _____					
Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
Last Name, First Name (as it appears on Driver's License)			Email Address		
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student			
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch: _____					

LIST SIBLINGS ATTENDING ANY SCHOOL WITHIN LAVEEN DISTRICT

Last Name, First Name	School	Grade
Last Name, First Name	School	Grade
Last Name, First Name	School	Grade

OTHER STUDENT INFORMATION

Name of Previous School and District Attended:	Withdrawal Date (MM/DD/YYYY)	Previous School (City, ST, Zip, Phone, Email)	Has your child been identified for Gifted Services? <input type="checkbox"/> No <input type="checkbox"/> Yes
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I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge and belief and hereby authorize the release of academic, health, behavioral, and psychological records for the above child. Also, that by providing my cell phone number and email address I'm opting into school notifications. I understand it is my responsibility to notify the school in writing of any changes and that I may unsubscribe from non-critical school notifications at any time during the school year.

Parent/Guardian Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

Proof of Residency:	Immunization: Yes <input type="checkbox"/> Exempt	Birth/Name Verification:	CTDS: 07-04-59	School #:	State ID#:
Start (Enter) Date	Date Entered in SIS	Enter Code	Grade	Teacher	School Student ID #:
				Entered into SIS by:	



New Student Enrollment Form – PART 2

REV 01/26/17

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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LEGAL DOCUMENTS

Please mark any items that apply to this student, and provide the school with copies of related documents:

- | | |
|---|--|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Guardianship for Court-Appointed Guardian |
| <input type="checkbox"/> Department of Economic Security Report | <input type="checkbox"/> Custody/Parenting Time Agreement |
| <input type="checkbox"/> Order of Protection Against: | <input type="checkbox"/> Other: |

STUDENT BACKGROUND INFORMATION

Has the student ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, at what grade level?	Has the student ever attended another school in AZ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which school/district?
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Has the student ever attended any of the Laveen District Schools listed below: No Yes If Yes, indicate school with Year and Grade attended:

Laveen Elementary	Year:	Grade:	Trailside Point	Year:	Grade:
M. C. Cash Elementary	Year:	Grade:	Desert Meadows	Year:	Grade:
Vista del Sur Accelerated	Year:	Grade:	Rogers Ranch	Year:	Grade:
Cheatham Elementary	Year:	Grade:	Paseo Pointe	Year:	Grade:

DISCIPLINE INFORMATION – SUSPENSION/EXPULSION

Has this student ever been suspended from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:
Has this student ever been expelled from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:
Has either action ever been recommended for this student? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:

TRANSPORTATION QUESTIONNAIRE

Student's A.M. Transportation (To School):	Student's P.M. Transportation (From School):
<input type="checkbox"/> *Bus <input type="checkbox"/> Parent <input type="checkbox"/> Walk <input type="checkbox"/> Kids Klub <input type="checkbox"/> Bike <input type="checkbox"/> Daycare: _____	<input type="checkbox"/> *Bus <input type="checkbox"/> Parent <input type="checkbox"/> Walk <input type="checkbox"/> Kids Klub <input type="checkbox"/> Bike <input type="checkbox"/> Daycare: _____

* If eligible, you will be provided with time and location, along with the Bus Rules, which must be signed and returned to the Bus Driver. Student Transportation Services are a privilege and not a right. LESD may withdraw bus privileges to any student that fails to follow the Bus Rules or follow directions of the Bus Driver or other adult supervisor.

STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN

If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to assume temporary custody of and responsibility for my child. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.

Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
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I affirm all information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understand the information provided to me in this enrollment form.

Parent/Guardian Signature:

Date: