



**LEAP/Extended Day Program
ENROLLMENT APPLICATION**

In accordance with the Arizona Department of Health Services the student to teacher ratio is 1 to 20. In an effort to keep track of the LEAP/Extended Day Program ratio please complete the information below.

Child's Name	Grade	Teacher's Name

Select the School Your Child Attends:

- | | | |
|---|--|---|
| <input type="checkbox"/> Estrella Mountain ES | <input type="checkbox"/> Freedom ES | <input type="checkbox"/> Las Brisas Academy |
| <input type="checkbox"/> Liberty ES | <input type="checkbox"/> Rainbow Valley ES | <input type="checkbox"/> Westar ES |

Does your child require and special services or accommodations? Yes No

If Yes, please specify: _____

Which program will your child be attending?

- | | |
|---|---|
| <input type="checkbox"/> AM only \$80/month | <input type="checkbox"/> Las Brisas Student AM only \$155 |
| <input type="checkbox"/> PM only \$210/month | <input type="checkbox"/> Las Brisas Student PM only \$130 |
| <input type="checkbox"/> Both AM & PM \$235/month | <input type="checkbox"/> 10 USE Occasional Block \$135 – Each session = 1 use |
| <input type="checkbox"/> Early Release Only \$60 | |

Please Check:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\$30 Annual Registration Fee Due per Child

I understand:

- A written notification must be given to the District Office at least two weeks in advance to change program usage or withdraw from the program.
- Additional fees are required for non school days ie. breaks and inservice days

Parent/Guardian Name (Printed)

E-mail Address

Parent/Guardian Signature

Date



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.

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

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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 If yes, list precautions:
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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**Arizona Department of Health Services
Bureau of Child Care Licensing**

MEDICATION CONSENT FORM

First & Last Name of CHILD :			
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:
Start date:	End Date:	Times & frequency:	
REASON:			
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.			
Date of authorization:		Signature (parent/guardian):	

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

*** Injections: Attach health care provider's written authorization.**

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:	YES	NO
Is the medication consent form complete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full name of the child on the container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the prescription or over-the-counter medication current?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?	<input type="checkbox"/>	<input type="checkbox"/>
Staff initials: _____		

Please use the second page to document administration of the medication.



**LEAP/Extended Day Program
Media Consent Form**

This Media Consent Form allows Liberty Elementary School District to videotape and photograph your child with his/her teacher this school year. The purpose of the video and/or photograph is to provide a resource of reflection.

Child's Name	Grade	Teacher's Name

Web/Internet Publishing

1. Image - Make one selection only:

I will allow my child's image (including photo- graph and video) to be published on the school and/or District website.

I will **not allow** my child's image to be published on the school and/or District website

2. Schoolwork– Make one selection only:

I will allow my child's schoolwork (including photograph and video) to be published on the school and/or District website.

I will **not allow** my child's schoolwork to be published on the school and/or District website

3. District Publishing (for use by the District) - Make one selection only:

I will allow my child's image (photo, audio and video), to be used by the District for promotional purposes. Photos may be published in the form of print, electronic presentations or video materials created for District use and/or community-wide distribution.

I will **not allow** my child's image to be used by the District for promotional pur- poses.

Please read, sign below and return to your child's school. Thank you.

I understand that, in the event the school or district uses photographs and/or video footage of my child, that no compensation will be made to me for this use. I also understand that this form is applicable only for the duration of my child's enrollment at the school mentioned below and that I will be required to complete a new form to make changes or when my child enters a new school. I acknowledge by my signature below that I understand the above stated information.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date



LEAP/Extended Day Program Movie Consent Form

On occasion LEAP Extended Day will be showing PG rated movies that are age appropriate. Movies to be shown on the given day will be posted at the sign-in desk along with the movie rating. The below form gives your child permission to view PG rated movies. If you turn in the form below and decide there is a movie you do not want your child to watch, please notify a staff member. We will find an alternative activity for your child to do during this time.

I _____ give permission for my child(ren)

- | | |
|-------|---|
| _____ | <input type="checkbox"/> Can watch PG movies. |
| _____ | <input type="checkbox"/> Cannot watch PG movies |
| _____ | <input type="checkbox"/> Can watch PG movies. |
| _____ | <input type="checkbox"/> Cannot watch PG movies |
| _____ | <input type="checkbox"/> Can watch PG movies. |
| _____ | <input type="checkbox"/> Cannot watch PG movies |
| _____ | <input type="checkbox"/> Can watch PG movies. |
| _____ | <input type="checkbox"/> Cannot watch PG movies |

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date



**LEAP/ Extended Day Program
ACKNOWLEDGEMENTS AND VERIFICATIONS**
This form must be returned to your LEAP Site within 10 days.

School/LEAP SITE _____

Date _____

Child's Name (Print) _____

Child's Name (Print) _____

Child's Name (Print) _____

Child's Name (Print) _____

Parent/Guardian's Name (Print) _____

By signing below you acknowledge and verify that you have received and taken the responsibility to review the LEAP/Extended Day Program Parent Handbook. The procedures were designed to create an orderly environment that is safe for all children and the staff. The rules are reasonable and fair and they are the same at all of the LEAP/Extended Day sites. We ask that you read this handbook carefully.

Please note: Federal privacy laws prohibit LEAP/Extended Day staff from naming students involved in disciplinary actions and from revealing the consequences of those actions to the parents of other students.

Signature of Parent/Guardian _____

Signature of Child _____

Signature of Child _____

Signature of Child _____

Signature of Child _____