



Learning Matters Educational Group

Calibre Academy of Surprise
15688 W. Acoma Rd., Surprise, AZ 85379
Phone: (623) 556-2179 Fax: (623) 556-2806

PRESCHOOL REGISTRATION

- Student Enrollment Forms
- Medication Administration Form
- Arizona Residency Form - (Must submit a copy of the appropriate documentation along with this enrollment form)**
- Home Language Survey
- Race and Ethnicity Data Collection Form
- Directory/Photo Release Form
- After School Release Form
- Parent Volunteer Services Form
- Standard of Dress Form
- Emergency Card (Blue)
- Immunization Record**
- Birth Certificate**

(For Office Use Only)
Date Packet Returned _____
Start Date _____
Assigned Teacher _____
Accepted by _____
Data Input by _____
Staff Initials
Staff Initials



Date: _____

Half-Day _____ Full-Day _____

Student Information

First Name: _____ Middle: _____ Legal Last Name: _____

Student Address: _____ City: _____ ZIP Code: _____

Gender: Male Female Grade: _____ Home Phone: _____

Date of Birth: _____ State of Birth: _____ Country of Birth: USA Other: _____

School Last Attended: _____ Address: _____ Phone #: _____

Has your Child ever received any of the following:

Special Education Services No Yes Gifted Services No Yes Disciplinary: Suspension

504 Plan Services No Yes IEP No Yes Attendance Expulsion

Parent/Guardian Information

Custody of Student: Joint Mother Father State Temporary Other Foster Home

Student lives with: Both Parents Mother Father State Temporary Other

Family is Active Military: Yes No

Mother's Information: Contact 1st Contact 2nd

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Father's Information: Contact 1st Contact 2nd

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Legal Guardian/Other Information: Legal Guardian Step-Parent Other

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

SCHOOL USE ONLY

Date of Entry: _____ Entry Code: _____ Grade: _____ Teacher: _____ Room: _____

Immunization Records: Yes No SAIS ID#: _____

Birth Certificate: Yes No

Interview: Scheduled for: _____ at: _____

Previous Report Card: Yes No

Interviewer: _____ Date: _____



Statement of Disclosure

I/We have truthfully answered all questions on this enrollment form.

I/We understand that student grade level placement is based upon his/her previous grades/credits, recommendations, and test scores.

Please feel free to call or fax the Administration Office if you have any questions.

Signature of Parent/Guardian

Date

Calibre Academy is a non-sectarian, publicly-funded group of charter schools and does not discriminate in its enrollment or hiring practices on the basis of gender, race, religion, or ethnic origin, color or disability.

Signature of Administrator



Medication Administration Form

From time to time students unexpectedly need medication during a school day. When this need arises, the school nurse (or person designated by the director) may administer over-the-counter medications, such as those listed below, with parental consent. Although a student may have a signed consent form on file, when symptoms arise at school of which a parent may not be aware, verbal/phone verification may be obtained before administering medications.

For students needing a prescription medication during school hours, indicate this medication and dosage below. If the dosage and/or medication changes in any way, immediately send a written verification, with doctor's note, of this change to the office.

Please note that it is against school policy for students to carry any prescription or over-the-counter medication with them during the school day. This includes pain relievers and herbs. All medication must be checked into the front office and will be kept in the health specialist's office.

Please complete the form below:

Student Name: _____ Grade: _____ Date of Birth: _____

Please list student's **allergies or allergic reactions**: _____

Please list student's **medical conditions**: _____

Check each box yes or no (if left blank, will be considered no)

YES	NO	MEDICATION	DOSAGE	FREQUENCY
		Tylenol (Acetaminophen)		Every four (4) hours if necessary
		Advil/Motrin (Ibuprofen)		Every four (6) hours if necessary
		Tums or other antacids		Every four (4) hours if necessary
		Other: Benadryl (Antihistamine)		
		Other:		
		Prescription Medicine (must be in original pharmacy bottle/package) :		

I authorize the school health specialist or designee to give the medication(s) checked above to my Child when needed.

Parent /Guardian Signature: _____ Date: _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

_____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration

_____ Valid Arizona Address Confidentiality Program authorization card

_____ Real estate deed or mortgage documents

_____ Property tax bill

_____ Residential lease or rental agreement

_____ Water, electric, gas, cable, or phone bill

_____ Bank or credit card statement

_____ W-2 wage statement

_____ Payroll stub

_____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona

_____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

_____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid Arizona Address Confidentiality Program authorization card
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgment

State of Arizona County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____, By _____

My Commission Expires: _____

Notary Public



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



RACE and ETHNICITY DATA COLLECTION FORM

In accordance with new federal guidance, schools are required to utilize a two-part question to collect data about race and ethnicity. Part 1 is in regards to Ethnicity and Part 2 relates to race. More than one race may now be selected on Part 2.

Date: _____ Child's Name: _____

Parent/Guardian Signature: _____

Race/Ethnicity Two-Part Question: Answer BOTH questions. Part 1: Ethnicity

Is the student Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race

What is the student's race? (Regardless of how respondent answered the first question, choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)



Student Directory Information Release Form

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.*

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District/charter in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form, or October 31, whichever occurs first. If the school district or charter school does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son/daughter's designated directory information.

TO: Principal

I *do not* want any or all the information I have indicated below concerning (student's name) _____ designated as directory information and released to any person or organization without my prior written consent:

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Honors and awards received |
| <input type="checkbox"/> Telephone Listing | <input type="checkbox"/> Enrollment status (e.g. part time or fulltime) |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Address |
| <input type="checkbox"/> Dates of attendance | <input type="checkbox"/> Weight and height (members of athletic teams) |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Most recent educational agency or institution attended |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Major field of study |
| <input type="checkbox"/> Grade level | <input type="checkbox"/> Participation in officially recognized activities/sports |

Parent/Guardian Signature

Date



After School Dismissal Plan

To insure the safety of your children after school releases, we are asking for you to provide the following information:

My Child, _____ will, (check one please)

- Attend Aftercare at Calibre/ see front office personnel for details
- Walk/Ride bike home
- Be picked up by:

_____ relationship: _____ Contact# _____
_____ relationship: _____ Contact# _____
_____ relationship: _____ Contact# _____

After School Dismissal:

So that dismissal runs as smoothly as possible, afternoon dismissal times are staggered as follows:

_____ **2:30 pm** Kindergarten students **without** siblings ***Wednesday release will be at 12:00 for Kindergarten.**

Kindergarten students with siblings will be released to the cafeteria to wait for older siblings, released as follows:

- Kindergarten students with **1st-3rd** grade siblings will be picked up in the south parking lot at 2:45 pm.
- Kindergarten students with **4th-8th** grade siblings will be picked up in the south parking lot at 3:00 pm.

_____ **2:45 pm** 1st -2nd grade students without older siblings are released from the **South Parking lot.**

3rd grade students with no siblings are released from the **North Parking lot.**

3rd grade students with a younger sibling are released from the **South Parking lot.**

_____ **3:00 pm** 4th-8th grade students without a younger sibling are released from the **North Parking lot.**

4th-8th grades students with a 3rd or younger sibling are released from the **South Parking lot.**

It is very important that parents arrive at the time your student(s) are dismissed. You should remain in your cars and we will release your student(s) right to you. Please do not leave your cars unattended or park in areas other than designated parking spaces. Each family will receive colored placards with numbers. These must be displayed in the car windshield or carried with you in order to pick up your children.

Emergency Information

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

Physician's Name: _____ Telephone: _____

Hospital Preference: _____



Volunteer Services Form

Calibre Academy encourages volunteer assistance in a variety of ways. Calibre Academy desires and needs volunteers at the school. If you are interested in volunteering in any of the areas listed below, please check the box that applies and complete the contact information below.

- Office
- Classroom Aide
- Lunchroom Aide
- Athletic Events
- Fundraising for Classes
- Playground Aide
- Parents Club (Parent/Teacher organization)
- Other: _____

Name: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail: _____

Student Name(s): _____ Grade(s): _____

Best time to contact you: _____



DRESS CODE

Uniform Guidelines

Calibre Academy is a uniform school. **Alert to Parents-** If your student is not in uniform, you will receive a phone call from the office. If it is not possible for you to bring appropriate clothing, your student will be required to wear an appropriate alternative shirt or slacks supplied by the school. The student will change into clothes from the health aide office. The student will change back to his or her own clothes at the end of the day.

Please label all uniforms with a black permanent marker on the inside care labels with first and last name.

All Students

1. The Calibre polo shirt color may only be **light blue, navy, red, or heather gray** and **must have the Calibre logo**. If an undershirt is worn, it must be tucked in and not visible below the hem of the polo shirt. Spirit shirts may only be worn on Fridays and field trips.
2. Shoes/Socks – Girls and Boys – Socks and shoes must be worn every day. Girls may wear tights or leggings under the jumpers, skirts, or skorts. Shoes styles are the choice of students, tie-up, flats, etc.; however, open toed shoes, flip flops, Crocs, and slippers are not allowed due to safety concerns. **Tennis shoes must be worn on PE days.**
3. Hairstyles – All students shall keep hair clean, well groomed, and conservative in style. No hairstyles that are disruptive to the educational environment will be allowed. **The administration reserves the right to decide what is acceptable and what is not.**
4. Tattoos are unacceptable. Temporary tattoos should not be visible.
5. No Heeley's are permitted on campus.
6. When there is a "wear your own clothes day" (students may wear their own clothes on their birthdays) clothing must be neat, proper fitting, and school appropriate. No intentional or "stylish" tears or cuts should be found on pants or tops. If an undershirt is worn, it must be tucked in and not visible below the hem of the outer shirt. No short or skin-tight shorts or skirts may be worn. T-shirts must cover the entire upper half of the body; **no spaghetti straps or tank tops**. "Dress Down" still requires compliance to the dress code- shirts, pants/skirts/skorts/shorts, shoes, and socks.
7. **Hats-** Hats are not to be worn inside the classrooms.
8. **SWEATERS/CARDIGANS/SWEATSHIRTS/JACKETS:** These must be a Calibre jacket/sweatshirt or solid color, no logos. Jackets may be worn outside; however, they must be removed in the classroom/building. In addition, hoodies, hats, bandanas, or beanies may not be worn inside any building, classroom or cafeteria. If students have the above items in the classroom it is considered a dress code violation.

Note: To attend class, all students must be in compliance with **all parts** of the student dress code. It is the responsibility of both parents and students to understand and agree to the Calibre dress code as part of the enrollment process.

Girls: Kindergarten through 8th grade

Girls kindergarten through 8th grade have the option to wear the following navy blue, khaki or **blue** jeans (with no intentional or "stylish" tears or cuts) that are proper fitting uniform bottoms: pants, shorts, capris or skorts along with the Calibre logo short sleeve or long sleeve shirt. Girls can also wear navy blue or khaki jumpers with a white sleeved buttoned down short or Calibre polo. Shorts must be worn under jumpers. All uniform bottoms must be **no shorter than the end of the middle fingertips with the arm straight at the side**. A schedule of the PE days will be sent home by the classroom teacher; tennis shoes **must** be worn on those days. Jeggings, or leggings bottoms are all not allowed. Sweatpants may be worn on dress down days only.

Boys: Kindergarten through 8th grade

Boys kindergarten through 8th grade may choose to wear navy blue, khaki or **blue** jeans (with no intentional or "stylish" tears or cuts) that are proper fitting uniform pants or shorts along with the Calibre logo short sleeve or long sleeve shirt. Pants must be worn at the waist. Tennis shoes must be worn on PE days.

Administration has the right to determine uniform or hair violations.



I agree to support the Calibre Academy Standard of Dress. I understand that violations of the above dress code, as perceived by the administration, may result in disciplinary action.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____



Child Find

Calibre Academy Schools will identify, locate and evaluate all children with disabilities within their population served who are in need of special education and related services. In its identification process Calibre Academy Schools will include children who are suspected of being a child with a disability and in need of special education, even though a student is:

- Advancing from grade to grade
- Highly mobile, including a migrant student.

[34 C.F.R. 300.111]

Calibre Academy Schools will inform the general public and parents within its population served of the responsibility for the special education services for students aged three (3) through twenty-one (21) years, and how those services may be accessed including information regarding early intervention services for children aged birth through two (2) years. Services for an eligible student with a disability shall extend through conclusion of the instructional year during which the student attains the age of twenty-two (22).

[A.A.C. R7-2-401.C]

Calibre Academy Schools will require all staff members to review the written procedures related to child identification and referral on an annual basis, and maintain documentation of the staff review.

[A.A.C. R7-2-401.D]

Identification screening for possible disabilities shall be completed within forty-five (45) calendar days after:

- Entry of each preschool or kindergarten student and any student enrolling without appropriate records or screening, evaluation, and progress in school; or
- Parent notification of developmental or educational concerns.

Screening procedures shall include vision and hearing status and consideration of the following areas:

- Cognitive or academic;
- Communication;
- Motor;
- Social or behavioral; and
- Adaptive development.

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

Child Care, Preschool, or Head Start (School year 2022-2023)



- Requirements are shown below as stated in [Arizona Administrative Code, R9-6-702](#), Table 7.1 and Table 7.2
- Please review the [Arizona Immunization Handbook for Schools and Child Care Programs](#) along with the [Vaccine Catch-Up Flowcharts & FAQs](#) for further information and details about immunization requirements and exemptions.
- Vaccines must follow ACIP minimum intervals and ages to be valid. See page 2 for minimum interval and catch-up schedule information.
- The 4-day grace period only applies to vaccine-administration minimum age and interval. Refer to the Handbook for questions.

Vaccine	2-3 months	4-5 months	6-11 months	12-14 months	15-17 months	18 months – 59 months
HepB Hepatitis B	1 dose (May get dose 1 at birth and dose 2 as early as 1 month of age)	2 doses	2 doses (May receive dose 3 as early as 6 months)	3 doses (Final dose must be given at 24 weeks of age or older)	3 doses	3 documented doses (Final dose must be given at 24 weeks of age or older)
DTaP Diphtheria, Tetanus, and Pertussis	1 dose	2 doses	3 doses	3 doses	4 doses	4 documented doses
Hib <i>Haemophilus influenzae</i> type b	1 dose	2 doses	2-3 doses	2-3 doses (A Hib dose at/after 12 months is required for all children under 5 years)	3-4 doses (or 1 dose at or after 15 months of age)	3-4 documented doses OR 1 dose at or after 15 months of age
Polio IPV	1 dose	2 doses	2 doses	3 doses	3 doses	3 documented doses
MMR Measles, Mumps and Rubella	Not given before 12 months of age			1 dose	1 dose	1 documented dose
VAR Varicella (chickenpox)	Not given before 12 months of age			1 dose	1 dose	1 documented dose
HepA Hepatitis A	Not given before 12 months of age The Hepatitis A vaccine series (2 doses) is REQUIRED in Maricopa County for children 1-5 years of age, but is recommended in all other counties.			1 dose	1 dose	2 documented doses

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY – Minimum Interval/Catch-up Guidance

Child Care, Preschool, or Head Start (School year 2022-2023)

- A child who is missing vaccines required for their age must get a dose of needed vaccines within 15 days of enrollment; after 15 days the child may not attend without documentation that the child has received the required vaccinations or started the series.

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
HepB Hepatitis B	Dose 1	Birth	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Final dose of HepB vaccine must be given at 24 weeks of age or older. If HepB dose 3 was given before 24 weeks of age, a 4th dose is required. Some children may receive a birth dose and then a combination vaccine resulting in a total of 4 (or more) doses. At long as the minimum intervals between doses and receipt of final dose at 24 weeks of age or older are met, 4+ doses meet requirement.
	Dose 2	4 weeks	At least 8 weeks between dose 2 & 3 (or final)	
	Dose 3	24 weeks	At least 16 weeks between dose 1 & 3 (or final) AND at/after 24 weeks of age	
DTaP Tetanus, Diphtheria, and Pertussis	Dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> A child may receive a dose of DTaP at or after 4 years of age; although not required for attendance in child care/preschool, this dose is usually given in preparation for attendance in kindergarten. Minimum age for final dose is 4 years of age and at least 6 months since previous dose.
	Dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	Dose 3	14 weeks	At least 6 months between dose 3 & 4	
	Dose 4	12 months	-	
Hib <i>Haemophilus Influenzae</i> type b	Dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> If all 3 doses given are PedvaxHib, only need 3 total doses; dose 3 must be at or after 12 months of age. A Hib dose at or after 12 months is required for all children under 5 years of age. Only one dose is required if the first/only dose is given at or after 15 months of age. Hib is not given after 5 years of age unless child has a medical condition.
	Dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	Dose 3	14 weeks	At least 8 weeks between dose 3 & 4	
	Dose 4	12 months	-	
Polio IPV or OPV	Dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Only 3 doses are required for kindergarten entry if the 3rd dose was received at or after the child's 4th birthday and at least six months after the 2nd dose. OPV given prior to April 1, 2016 will be presumed to be trivalent and therefore acceptable, regardless of country of administration. Any OPV doses administered on or after April 1, 2016 are presumed to be bivalent and therefore unacceptable. (The U.S. currently does not give anything other than IPV (inactivated polio vaccine) whereas some foreign countries still give the OPV (oral polio vaccine).
	Dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	Dose 3	14 weeks	At least 6 months between dose 3 & 4	
	Dose 4	4 years	-	
MMR Measles, Mumps and Rubella	Dose 1	12 months	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> If MMR dose 1 was given more than 4 days before the 1st birthday, another dose is required. Must get the same day as varicella OR at least 28 days apart (this rule also applies to live nasal influenza doses).
	Dose 2	13 months	-	
VAR Varicella (chickenpox)	Dose 1	12 months	-	<ul style="list-style-type: none"> If varicella dose 1 was given more than 4 days before the 1st birthday, another dose is required. Must get the same day as MMR OR at least 28 days apart (this rule also applies to live nasal influenza doses).
HepA Hepatitis A	Dose 1	12 months	At least 6 months between dose 1 & 2	<ul style="list-style-type: none"> If HepA dose 1 was given more than 4 days before the 1st birthday, another dose is required. Children 1 – 5 years of age are required to obtain dose 1 within 15 days of enrollment in child care, preschool or Head Start. Dose 2 is due 6 months after dose 1.
	Dose 2	18 months	-	



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:	

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 EIR 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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Calibre Academy Financial Agreement Preschool/ Extended Care

When you sign this Agreement, you are committing to comply with the following financial guidelines:

Preschool

1. We require a two (2) week notification if you plan to withdraw your student from the program or you will be billed for the entire month.
2. Tuition payments are due no later than the first school day of each month. Please see the Calibre administration if you need to make payment arrangements.
3. You are committing to tuition payments from August through May.
4. We do not provide drop in services. You will be billed for the full month even if your student does not attend.
5. If you are planning to leave Calibre Academy Preschool, a two (2) week, written notice is required. You are still financially responsible for tuition through those two weeks.
6. Any NSF payment will incur an additional \$35.00 fee, added to the account.
7. Because we follow the Calibre Academy School Calendar, all ten months of the school year are full tuition months.
8. Refunds will only be granted if there is an administrative error. Calibre will not reimburse any tuition for a voluntary or behavioral withdrawal.

Extended Care

1. We require a two (2) week notification if you plan to withdraw your student from the program or you will be billed for the entire month.
2. Payments are due no later than the tenth day of each month. After the tenth day, there will be an added a \$25 late fee to your tuition. Please see the Calibre administration if you need to make payment arrangements.
3. You are committing to Extended Care payments, for services rendered from August through May.
4. Should your account become 2 weeks past due, your enrollment will be suspended until your account is current. Also, should an account become more than 2 weeks past due it may be turned over to collections with additional fees attached to the account. Your account must be paid in full and may require a deposit for the following school year.
5. Any NSF payment will incur an additional \$35.00 fee, added to the account.
6. Because we follow the Calibre Academy School Calendar, all ten months of the school year are full payment months if you are utilizing Extended Care full time.
7. The Calibre Extended Care hours are from 6:30 am to 5:30 pm. Anyone who picks up a child after the end time will be charged \$1.00 per child, per minute for every minute late when picking the child/children. This fee will be billed to your account.
8. If you are late more than 3 times, Calibre reserves the right to withdraw your student from the Extended Care Program.

_____ **** IF YOUR BILL IS NOT KEPT CURRENT, A CREDIT CARD WILL BE REQUIRED TO BE KEPT ON FILE AND WILL BE BILLED AUTOMATICALLY FOR ALL CHARGES INCURRED.**

I agree to the terms and conditions listed above for participation in the Calibre Academy Preschool and/or Extended Care Program(s).

Signature

Date

Print Name



EXTENDED CARE RATE INFORMATION:

Parents - if you would like to take advantage of our extended care program (or have participated in past years) please remember we need current, updated enrollment paperwork EVERY YEAR to remain in compliance with the State Governing Board. If you are in need of the enrollment paperwork, please see the front office.

Extended Care rates are as follows:

DAILY*		MONTHLY	
AM	\$8.75	AM	\$165.00
PM	\$11.75	PM	\$230.00
AM&PM	\$20.00	AM&PM	\$375.00

***IF YOUR CHILD ATTENDS EXTENDED CARE 12 or more DAYS in a MONTH, YOU WILL BE CHARGED THE MONTHLY RATE* There will be NO CHARGE if you pick-up your student within the first 15 minutes of being checked into Ext Care, after that all applicable fees will be assessed.**



CALIBRE PRE K - 4TH GRADES EXTENDED CARE REGISTRATION

15688 W. ACOMA ROAD, SURPRISE, AZ 85379

www.calibreacademy.com (623) 556-2179 Office (623) 556-2806 Fax

<u>Times:</u>	<u>Activity</u>	<u>Location:</u>
6:30 - 8:00am	Quiet Indoor Games	MPR
2:30 - 3:00pm	Quiet Activities	MPR
3:00 - 3:30pm	Outside Activities	Playground
3:30 - 4:00pm	Clean up/Snacks/Games	MPR
4:00-5:30pm	Homework/Reading/Coloring	
	Activity Centers/Games/Parent Pick Up	MPR

Each payment is the same regardless of holidays, long months, short months, winter breaks, spring break, teacher/staff development days, vacations and absences of students. Please note, we do not charge extra for months that have five weeks. A refund will not be given should you choose to withdraw your child from the program.

Participation is limited. Early registration is recommended. Once capacity is reached, you will be put on a waiting list on a first come/first serve basis.

Persons authorized to pick up your Child (ren):

NAME

RELATIONSHIP

NUMBER

_____	_____	_____
_____	_____	_____
_____	_____	_____



My Child (ren) will be attending the Extended Care Program: Please circle:

AM

PM

AM&PM

Monday

Tuesday

Wednesday

Thursday

Friday

_____ I grant permission for my Child to participate in internet activities.
Students are expected to follow school rules and regulations regarding internet usage.

_____ I grant permission for my Child's photograph to be taken for publicity purposes, at the discretion of the Learning Matters Administration.

I AGREE TO READ THE Extended Care Handbook and to follow all policies and procedures covered in the Handbook. I understand there are conditions that may result in withdrawal of my child from the Extended Care Program,

Printed Name

Signature

Date

Office Use ONLY
Date Rec'd: _____
Pymnt Rec'd:
CASH: _____
CHEK: _____
C.C.: _____
Rec'd by: _____