

Accelerated Learning Lab. -Pre-School

5245 N Camino De Oeste

Tucson, AZ., 85745

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PRESCHOOL ENROLLMENT APPLICATION

(Please fill in completely and legibly)

Child's Information

Last Name:	First Name:	Middle Name:	Date of Birth:	Gender:
Complete Home Address (Number, Street, City, State, Zip Code):		Complete Mailing Address (if different from Home) (Number, Street, City, State, Zip Code):		
Name of School Last Attended:	Address of School Last Attended:		Anticipated Start Date:	
Reason For Leaving Last School:		How Did You Hear About Us? <input type="checkbox"/> Internet <input type="checkbox"/> Billboard <input type="checkbox"/> Mailer <input type="checkbox"/> Brochure (Where) _____ <input type="checkbox"/> Referral (By Whom? _____) <input type="checkbox"/> Newspaper (Which one? _____) <input type="checkbox"/> Other _____		
What are you looking for in a school? What do you want to see happen with your child's education?				
If Parents are Divorced, Who Has Legal Custody? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other: Name: _____				
May the <u>non-custodial</u> parent pick the child up? <input type="checkbox"/> Yes (Please provide documentation of stipulations, if applicable) <input type="checkbox"/> No (Please provide <u>court-ordered</u> documentation for your child's file)		Has all the necessary court documentation been turned in to the office to be placed in your child's file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there anyone who MAY NOT pick your child up? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, please provide the name of the person or persons, the relationship to the child and official court documents if applicable: Name: _____ Relationship: _____ Name: _____ Relationship: _____ Name: _____ Relationship: _____				

Parent's or Legal Guardian's Information

Mother's/Guardian's Last Name:	Mother's/Guardian's First Name:	Mother's/Guardian's Middle Name:
Complete Home Address (Number, Street, City, State, Zip Code):		Complete Mailing Address (if different from Home) (Number, Street, City, State, Zip Code):
Mother's/Guardian's Home Ph. #:	Mother's/Guardian's Cell Phone #:	Mother's/Guardian's Work Ph. #:
Mother's/Guardian's Email:		
Mother's/Guardian's employer's Name/Business		Type of Work Mother Does:
Mother's/Guardian's Work Address:	Mother's/Guardian's Business Phone # and Extension: Phone #: _____ Extension _____ Pager #: _____	
Mother's Driver's License Number and Expiration Date:		

Father's/Guardian's Last Name:	Father's/Guardian's First Name:	Father's/Guardian's Middle Name:
Complete Home Address (Number, Street, City, State, Zip Code):		Complete Mailing Address (if different from Home) (Number, Street, City, State, Zip Code):
Father's /Guardian's Home Ph. #:	Father's /Guardian's Cell Phone #:	Father's /Guardian's Work Ph #:
Father's /Guardian's Email:		
Father's /Guardian's employer's Name/Business		Type of Work Father Does:
Father's /Guardian's Work Address:	Father's /Guardian's Business Phone # and Extension: Phone #: _____ Extension _____ Pager #: _____	
Father's Driver's License Number and Expiration Date:		

Parents' Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased	The Primary Residence of the Child is With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Home
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Emergency Contacts Information (Other than Parents)

First and Last Name:	Address:	Relationship to the student:	Contact Numbers: Cell: _____ Work: _____ Home: _____
First and Last Name:	Address:	Relationship to the student:	Contact Numbers: Cell: _____ Work: _____ Home: _____
First and Last Name:	Address:	Relationship to the student:	Contact Numbers: Cell: _____ Work: _____ Home: _____
First and Last Name:	Address:	Relationship to the student:	Contact Numbers: Cell: _____ Work: _____ Home: _____
First and Last Name:	Address:	Relationship to the student:	Contact Numbers: Cell: _____ Work: _____ Home: _____

Child's Medical Information

<p>Does your child have any allergies that we need to be aware of?</p> <p style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p>If Yes, Please list allergens and reactions:</p> <p> Allergic to: _____ Reaction(s): _____ Allergic to: _____ Reaction(s): _____ Allergic to: _____ Reaction(s): _____ </p>		
Name of Child's Physician:	Phone Number of Child's Physician:	Address of Child's Physician:
Name of Preferred Hospital:	<p>In the event of an emergency, may we administer First Aid/CPR to your child?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>In the event that the need arises, may we transport your child in order to seek medical assistance?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Other Information

Is the child fully potty-trained?	How long has the child been potty-trained?
What is the word or phrase that your child uses when he/she needs to use the restroom?	
Is/Are there any area that your child needs extra help in?	
Are there any fears or any other problems that we need to be aware of in order to be more able to help and educate your child?	
Are there any other information that you would like us to know about your child/family that might be helpful in caring for and educating him/her (i.e. favorite fames, songs, activities, situations, etc.)?	
<i>Choose an Attendance Program</i>	
_____ Full Time Program (Monday through Friday)	
_____ 3-Days Program (Monday, Wednesday, Friday)	
_____ 2 Days Program (Tuesday, Thursday)	
_____ Other: List Days (We may not be able to accommodate): _____	

Any change that needs to be made to the Attendance Program must be made in writing and submitted two weeks in advance.

Late Pick-Up Fees:

A late pick-up fee of \$15.00 is assessed in 15 minutes increment after 6:30 P.M. Example: A child is picked up at 6:40 PM, \$15.00 will be added to your bill. A parent who picks her/his child up at 6:47 PM will have an additional \$30.00 added to the monthly bill for that particular day (6:30-6:45= 1 fifteen minutes increment and 6:46 -7:00PM is another fifteen minutes increment).

Discounts/Refunds:

There is a 10% discount for each additional child from each immediate family enrolling in the *Full Time Program (5 Days a Week)*. This discount can only be applied to the tuition. It cannot be used towards the registration fee or fees for any other program. Refunds are only issued if we receive a 30-day written advance notice of withdrawal and tuition has been paid.

Registration Fee

There is an annual non-refundable registration fee of \$50.00 per child. This fee is to accompany the enrollment application. A slot is not held for a child unless we have received the registration fee, a completely filled out enrollment application, a copy of immunization records and a birth certificate. For an application to be complete and the child to be fully enrolled, we must have on file, the completed Enrollment Application, paid registration fee, immunization records, birth certificate and the completed Emergency Contact Forms.

I have read and understand that lacking any of the abovementioned documentation will result in my child not being enrolled the program at Accelerated Learning Lab.-Preschool and forfeiture of my \$50.00 registration fee.

I understand that by signing this application, I agree to have my child enrolled at and attend Accelerated Learning Lab.-Preschool. I further agree to pay all fees that may result from child's participation in said program. In the event that I am late picking my child up, I understand that my child will be automatically placed in the Extended Day Program and that I will be assessed the applicable fees. Should I need Extended Day services on a regular basis, I understand that I must fill out a separated enrollment application for Extended Day Program. I also understand that I MUST sign my child/children in and out on a daily basis and failure to do so will result in \$5 charge assessed per occurrence. In the event that I need to withdraw my child, I understand and agree that I must provide a two-week written notice to Accelerated Learning Lab.-Preschool.

Parent's/Guardian's Printed Name

Parent's/Guardian's Signature

Date

Parent's Checklist:

- Enrollment Application (Fully Filled Out)
- \$50.00 Registration Fee
- Emergency Contact Forms (Fully Filled Out)
- Copy of Immunization Records
- Copy of Birth Certificate



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

<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: