

Higley Kindergarten Prep Program

The Higley Unified School District prides itself on providing quality educational experiences. We feel that enriched early childhood environments not only provide extraordinary opportunities for young children but also form the foundation for a successful educational career. Our Kindergarten Prep program has been designed for four and five year old students. Our master educators will teach your child new skills, foster excitement for learning, and develop a sense of belonging. The goal of our Kindergarten Prep program is to bring teachers, parents, and the community together with a common vision to enhance the lives of children and their families.



PROGRAM DESCRIPTION

The Higley Unified School District program provides a loving, safe, and nurturing child-centered program created especially for 4 and 5 year-olds that will prepare students for kindergarten. To enroll in our Kindergarten Prep program, students must be 4 years of age by August 31, 2012. The curriculum will provide a foundation for inquiry and will challenge each individual student. We are committed to providing meaningful and developmentally appropriate educational experiences for your child's intellectual, social, emotional, creative, and physical development. Our class size is limited to 20 students per section so that we can maintain a 10:1 student / teacher ratio. We feel that maintaining this ratio is essential in order to enable our early childhood certified teachers to provide students with more individualized and quality instruction on a daily basis.

STAFF QUALIFICATIONS

All Kindergarten Prep teachers are highly qualified, early childhood certified teachers. Instructional aides are selected for their depth of educational training and the quality of prior experiences. Teachers and aides participate in continued formal training each year, as well as ongoing professional development opportunities in the areas of classroom management, discipline, and child psychology.



ENROLLMENT PROCEDURES

Registration for the 2012-2013 Kindergarten Prep program begins January 19, 2012 for existing Kindergarten Prep families and HUSD employees. Open registration begins February 8, 2012. Space is limited so we encourage you to register early.

We will accept registrations daily at our Community Education Office located at 2935 S. Recker Road, Gilbert, AZ 85295, Monday - Friday between the hours of 8:30am and 4:00pm.

Emergency Card

It is the parent's responsibility to make sure that the information on the "Emergency, Information, and Immunization Record" filled out at registration is kept current. It is extremely important that all home, business, and emergency contacts are correct and complete. At least two local emergency contacts, in addition to the parents/guardians, must be listed on this card. **No one may pick up your child unless they are listed on this card.**



Proof of Current Immunizations

Your child's immunization records will be reviewed by the school nurse. If a child's immunizations are not up to date, he/she will not be allowed to attend Kindergarten Prep until the parent/guardian brings proof from a health care provider. The Department of Health Services requires that the immunization record provided by a parent from a health care provider contain all current, age-appropriate immunizations.

Copy of Child's Birth Certificate

Please provide a copy of your child's birth certificate.



Completed Registration Form

This form must be filled out entirely for registration to be accepted. Please note that we will not be able to accept partially completed paperwork at registration.

The registration forms are available online and at the Community Education Business Office, located at 2935 S. Recker Road, Gilbert, AZ 85295.

A non-refundable registration fee of \$50.00 per child is due at registration to finalize your child's placement in the program.



PROGRAM HOURS AND LOCATION

The program is located at: **Centennial Elementary School**
3507 South Ranch House Parkway
Gilbert, AZ 85297
8:30-11:30 AM /12:30-3:30 PM



PROGRAM HOURS AND LOCATION

The program is located at: **Higley Elementary School**
3391 E Vest Avenue
Gilbert, AZ 85295
8:30-11:30 AM/12:30-3:30 PM

PAYMENT OPTIONS:

By mail, phone, online or in person:
Community Education
Higley Unified School District
2935 S. Recker Rd
Gilbert, AZ 85295
(480)279-7055
(480)279-7034



Please note: Payments will not be accepted at any Kindergarten Prep site.

Payment Schedule: Monthly tuition is \$275.00 per month, and payments are due by the first day of each month. A late fee of \$25.00 will be assessed after the fourth day of each month. For example August's payment is due by August 1st for a total amount of \$275.00. Late payment will be assessed on August 5th with the payment and late fee totaling \$300.00. Please note that NO monetary credit will be given for unused, sick, or vacation days.

Payments must be made before 4:00 p.m. on the due date. Payments collected the following day will be assessed a late fee.

REFUND POLICY

Kindergarten Prep has a **non-refundable monthly tuition policy**. The Program Director and the HUSD Business Department may process a refund under extenuating circumstances.



For additional program information please contact us at:
Community Education at 480-279-7055 or 480-279-7034

Financial Agreement

Legal Guardian name: _____

Child enrolling: _____

Program(s) enrolling: _____ Total Fee: _____

Child enrolling: _____

Program(s) enrolling: _____ Total Fee: _____



Please read and initial beside each item:

Tuition and Monthly Fees:

- ___1. I understand that the tuition is due the 1st of each month beginning August 1st throughout the school year.
- ___2. I understand that the tuition is delinquent if not paid by 4:00 PM on the 4th day of each month, a fee of \$25 per child will be assessed.
- ___3. I understand that there is no refund or credit for unused program days.
- ___4. I understand that if, at any time the account becomes delinquent, the contract will be terminated and the child removed from the program without regard to multiple financially responsible parties.
- ___5. I understand that if the bank returns my check to Community Education for any reason, I will be assessed a returned check fee by CCM Enterprises and my child will not be able to attend the program until the returned check is settled in full with CCM Enterprises. I also understand that I will be required to provide certified funds for all future financial transactions with Community Education.

Additional Fees:

- ___1. I understand that the following fees will be assessed to my account based upon the criteria listed in relation to said fees and that I will be held financially responsible for the payment of these fees. I understand that all fees are non-refundable and non-transferable.
 - **\$25.00 per child Late Payment fee - assessed if tuition is not paid to the Business Office by 4:00 PM on the 4th day of each month.**
 - \$25.00 Reinstatement fee - assessed to each child previously terminated and requesting to re-enter the program, space permitting. (Payable upon registration)
 - \$1.00/minute Late Pick-Up fee – assessed to the account for any child picked up after contracted program end time. (This is a per child fee as stipulated in the handbook)

Procedure Agreements:

- ___1. I will read the HUSD Kindergarten Prep Parent Handbook and abide by the terms and conditions.
- ___2. I understand that if I wish to make changes to my child's program, I must do so by the 15th of the month prior to the changes taking effect. A change request form is required. Changes become effective on the first business day of the following month.

I, _____, certify that I have read, understand, and received
(please print legal name)
a copy of the conditions, regulations, and stipulations contained herein. I agree to the Financial Terms and Conditions as listed above.

(Signature of Financially Responsible Party)

(Date)

Higley Unified School District
Student Enrollment Form

2935 South Recker Road
Gilbert, Arizona 85295
(480) 279-7000
www.husd.org



**STUDENT
INFORMATION**

For Office Use Only	
<input type="checkbox"/> CEN	<input type="checkbox"/> CHP
<input type="checkbox"/> COR	<input type="checkbox"/> CTA
<input type="checkbox"/> GWP	<input type="checkbox"/> HEMS
<input type="checkbox"/> PWR	<input type="checkbox"/> SAN
<input type="checkbox"/> HHS	<input type="checkbox"/> WFHS
Student ID # _____	SAIS ID # _____
Teacher _____	Counselor _____
Grade _____	Entry Code _____
Entry Date _____	
Date Entered in Genesis _____	Input By _____
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Parent ID
<input type="checkbox"/> PHLOTE	<input type="checkbox"/> Custody/Guardian Papers
Date Records Requested _____	
<input type="checkbox"/> Open Enrollment – In District	<input type="checkbox"/> Open Enrollment – Out of District
FOR HS ONLY: Date first entered 9 th Grade (mm/dd/yyyy) _____	
Grad Yr _____	

Please PRINT your child's name as it appears on the legal documentation required for enrollment.

Legal Last Name	Legal First Name	Legal Middle Name	Suffix
_____	_____	_____	_____

Grade	Gender	Nick Name	Last Name Goes By	Birth Date (mm/dd/yyyy)
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

Birth State	Birth Country	Student's Email Address	Mother's Name on Birth Cert.
_____	_____	_____	_____

What is the primary language used in the home regardless of the language spoken by the student?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____
What is the language most often spoken by the student?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____
What is the language that the student first acquired?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____

The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff.

Ethnicity (Must select one):

No, not Hispanic/Latino Yes, Hispanic/Latino

Race (Must select one or more)

American Indian or Alaskan Native
 Asian
 Black or African American
 Native American or other Pacific Islander
 White

Student's Home Address	Student's Mailing Address (if different)
_____	_____

City	State	Zip Code	City	State	Zip Code
_____	_____	_____	_____	_____	_____

Student's Primary Home Phone	Student's Secondary Home Phone	Subdivision
_____	_____	_____

Dwelling Type
 Single Family (House)
 Apartment
 Mobile Home
 Trailer

Last school attended (including HUSD schools)	Address of last school attended (including HUSD schools)	Date last attended
_____	_____	_____

My student is currently on long-term suspension or expulsion from another school district Yes No

REQUIRED DOCUMENTATION: A birth certificate or other reliable proof of the student's identity or age, immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872 may result in the pupil's suspension from school, and/or the referral to the local law enforcement agency.

Household Information

PARENT/GUARDIAN INFORMATION

Student lives with Both parents Mother Father Guardian Foster Other _____
 Custody of student Joint Mother Father State Temporary Other _____
 Custody papers Non-custodial restrictions

NOTE: The school will not honor a request of restrictions unless copies of court orders supporting the request are on file with the school. A power of attorney document cannot replace court-ordered custody papers.

Parent/Legal Guardian #1
 Legal Name (First, Middle, Last, Suffix **(Please print clearly)**)

 Relationship to Student _____
 Home Address _____
 City, State, Zip _____
 Mailing Address (if different) _____
 City, State, Zip _____
 Home phone _____ Primary number
 Cell phone _____ Primary number
 Work phone _____ Primary number
 Email address _____
 Please do not send me District information via email.

Parent/Legal Guardian #2
 Legal Name (First, Middle, Last, Suffix **(Please print clearly)**)

 Relationship to Student _____
 Home Address _____
 City, State, Zip _____
 Mailing Address (if different) _____
 City, State, Zip _____
 Home phone _____ Primary number
 Cell phone _____ Primary number
 Work phone _____ Primary number
 Email address _____
 Please do not send me District information via email.

PLEASE LIST ALL CHILDREN OF SCHOOL AGE AND YOUNGER RESIDING IN THE HOME (OLDEST FIRST)

First, Middle, Last Name, Suffix	Gender	Birth Date	Grade	School Name (if attending)
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

EMERGENCY CONTACTS (Persons to contact, other than parent, if child becomes ill)

First, Middle, Last Name	Relationship to Student	Home Phone	Work Phone	Cell Phone	Priority
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby affirm, by my signature, that I am either the parent or guardian of the above named student (or the student if over 18) and that all information provided is true, accurate and up-to-date. Any false statement subjects the above named student to immediate withdrawal. Also, I hereby grant the Higley Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian (Student if over 18) Signature _____

Date _____



**SUPPORT
PROGRAMS**

PLEASE SELECT SCHOOL

- CENTENNIAL CHAPARRAL CORONADO CORTINA
 GATEWAY POINTE HIGLEY ELEMENTARY AND MIDDLE SCHOOL
 POWER RANCH SAN TAN
 HIGLEY HIGH SCHOOL WILLIAMS FIELD HIGH SCHOOL

This information will be kept confidential and will be used only to identify students for support services.

Student Name

Student ID

Birth Date

Questions 1. and 1a. are intended to address the McKinney-Vento Assistance Act, U.S.C.A. 42 section 11302(a). Your answers will help us determine residence information necessary for potential services for this student.

1.	Where is the enrolling student presently living? (Check the one box that applies)	
	<input type="checkbox"/> In an emergency shelter. <input type="checkbox"/> In a motel, car, park, camper or campsite. <input type="checkbox"/> With another family in a house or apartment, <input type="checkbox"/> With friends or family members other than parent/guardian. <input type="checkbox"/> Awaiting foster care placement. <input type="checkbox"/> None of the above. You do not need to answer question 1a. Please go to question 2.	
1a.	The student lives with:	
	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> One Parent and another adult that is not the legal guardian <input type="checkbox"/> A relative, friend(s) or another adult(s) <input type="checkbox"/> Alone with no adults <input type="checkbox"/> An adult that is not the parent or legal guardian	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any member of your household moved in the past 3 years for the purpose or working in agriculture-related jobs such as field work, fruit or vegetable packing companies, dairies or ranches?
2a.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student been previously enrolled in a migrant child education program?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the child was born outside of the United States, has the student attended U.S. schools for a total of more than 3 academic years?
	If you answered NO , what is the date the student first enrolled in a U.S. School? <input style="width: 150px;" type="text"/>	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student Native American?
	If YES , name of Tribe _____ Tribal number _____	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student under refugee status?
	If YES , Country _____ I-94 Number _____	

Parent/Guardian Name (please print)

Signature of parent or guardian

Date



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



MEDICAL HISTORY

(480) 279-7000
www.husd.org

Student Name (<i>Legal Last, First, and Middle Names</i>)	Birth Date
Does your child take any medications on a routine basis? <input type="checkbox"/> Yes <input type="checkbox"/> No During school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of medication _____	Purpose of medication _____
Name of medication _____	Purpose of medication _____
<i>Please contact the school health office regarding the policies for medication(s) taken during school hours.</i>	

HEALTH CONDITIONS (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> CYSTIC FIBROSIS | <input type="checkbox"/> HEARING AIDS |
| <input type="checkbox"/> ALLERGIES (LIFE THREATENING) | <input type="checkbox"/> DEVELOPMENTAL DELAY | <input type="checkbox"/> HEARING IMPAIRED |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> DIABETES | <input type="checkbox"/> HIGH BLOOD PRESSURE |
| <input type="checkbox"/> BEHAVIORAL/EMOTIONAL | <input type="checkbox"/> EATING DISORDER | <input type="checkbox"/> PSYCHOLOGICAL |
| <input type="checkbox"/> BLOOD DISORDERS | <input type="checkbox"/> ENDOCRINE DISEASE | <input type="checkbox"/> SEIZURE DISORDER |
| <input type="checkbox"/> BRAIN/CNS DISORDER | <input type="checkbox"/> ENVIRONMENTAL/ALLERGIES | <input type="checkbox"/> TRACH/G-TUBE/O2 |
| <input type="checkbox"/> CANCER | <input type="checkbox"/> GENETIC DISORDER | <input type="checkbox"/> URINARY/KIDNEY |
| <input type="checkbox"/> CARDIOVASCULAR | <input type="checkbox"/> G.I. DISORDER | <input type="checkbox"/> VISUALLY IMPAIRED |
| <input type="checkbox"/> CEREBRAL PALSY | <input type="checkbox"/> HEADACHES | <input type="checkbox"/> OTHER _____ |

PLEASE FULLY EXPLAIN ANY ANSWERS CHECKED ABOVE:

FOOD ALLERGIES

- Yes No WHAT FOODS? _____
- Yes No EPI PEN NEEDED* Yes No BENADRYL NEEDED*

****PLEASE BRING THESE ITEMS TO THE HEALTH OFFICE TO SIGN IN***

Please list any other concerns, surgeries, illnesses or accidents in the past year:

CHICKENPOX (VARICELLA) STATUS

Beginning with the 2011 school year, students entering preschool, kindergarten and all other grades will be required to have proof of receiving the chickenpox vaccination (Varicella) or a history of having the chickenpox disease.

- YES**, my child has had the chickenpox disease. Month and year of disease _____
- YES**, my child has had the chickenpox vaccine. Date of vaccine _____
- NO**, my child has never had the illness or vaccine for chickenpox.

Children must have proof of all required immunizations, or valid exemption, in order to attend school. If your child's immunizations are not current, please contact the school health office for a list of free vaccination clinics.



H·I·G·L·E·Y
UNIFIED
SCHOOL
DISTRICT



District Offices

480.279.7000
480.279.7005 Fax

2935 S. Recker Road
Gilbert, AZ 85297

www.husd.org

Dear Parent(s)/Guardian(s),

We would like to provide you with important information regarding our school health offices. This information allows us to provide consistency in the care of your children.

- **Fever/Temperature:** Please keep your child home if they have a temperature of 100 degrees or higher. They may return to school after being fever-free for at least 24 hours without the use of medication.
- **Vomiting and/or Diarrhea:** Please keep your child home until symptom free for at least 24 hours. The child must be able to consume his/her regular diet without any problem.
- **Pink eye:** Your child may return to school after a full 24 hours of antibiotic treatment.
- **Strep throat:** Your child may return to school after a full 24 hours of antibiotic treatment and fever-free.
- **Medications:** Do not send your child to school with medication of any type. All medications must be checked in through the health office. Prescription medications must have a pharmacy label and the medicine cannot be past the expiration date. Over-the-counter medications must be in the original container. A consent form must be completed for ALL medications not listed on the HUSD emergency card.
- **Flip-flops:** Please inspect your child's flip-flops on a regular basis for wear and tear. We cannot repair them. Children must call their parent/guardian from the classroom and hope that they are available to bring another pair of shoes to school.
- **HUSD Lice Policy:** We have a nit-free policy. If your child contracts lice please do not send them to school until they have been treated and all lice and nits are removed from the hair. Please report this condition to the health office. Your child will be examined for lice and/or nits privately in the health office prior to returning to class.
- **Immunizations:** All students must be up to date on their immunizations to attend school per state laws A.R.S. 15-871-874. If you have questions regarding requirements for your child's age and grade level, please contact your school's health office. You can access information regarding FREE immunization clinics at AZ Department of Health Services Website or call the health office and we will send a schedule home with your child. Please make sure to take your child's immunizations records with you to the clinic and then bring proof to the health office so we can update the school record.
- **Water Bottle Donations:** We appreciate any water bottle donations to our school health offices. We also appreciate new packages of boys and/or girls underwear and used pants for the inevitable accidents that occur at school.
- **Passes:** Our goal and highest priority is to take care of your child's health needs and help ensure their safety. With this in mind, school policy is that all students must come to the health office with a pass from their instructor. If a student is sent without a pass they will be sent back to class to get one. The only exception is in the event of an emergency situation. This policy allows staff to know where your child is at all times and provides for your child's safety.

Thank you for your cooperation!

HUSD School Health Offices

2011-2012 Arizona School Immunization Requirements

Parents:

1. Children must have proof of all required immunizations, or valid exemption, in order to attend the first day of school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemption forms are available from schools and at www.azdhs.gov/phs/immun/idr_forms. Homeless students are allowed a 5-day grace period.
2. The record for each vaccine dose must include the date and name of doctor or clinic.
3. The statutes and rules governing school immunization requirements are:
Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 - 708.
4. Check requirements for your child's age and grade level in the chart below.

Age →	Under age 7	7 - 10 years	11 years and older	11 years and older
Grade →	Kindergarten and above	Kindergarten-5 th grades	6 th , 7 th , 8 th , & 9 th <u>Grades Only</u>	10 th - 12 th grades
Vaccine ↓				
DTaP/DTP/DT	4-5 doses At least 1 dose at 4 years of age or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age.	History of 4 DTaP or a total of 3 tetanus & diphtheria doses given after 12 months of age.	1 Tdap dose is required when 5 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.	Students who have not already received Tdap are required to receive 1 Tdap dose when 10 years have passed since the last DTaP, DTP, DT, or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.
Td				
Tdap				
Meningococcal			1 dose	1 dose recommended Not required in 2011-2012 school year.
Polio	3-4 doses 3 doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.			
MMR	2 doses A third dose will be required if the first dose was given before 12 months of age.			
Hepatitis B	3 doses A fourth dose will be required if the third dose was given before 24 weeks of age.			
Varicella	1 dose if given before 13 years of age 2 doses if first dose was given at 13 years of age or later Varicella vaccination, or history of chicken pox disease, is <u>required</u> for grades Kdg through 12 th .			

**Higley Unified School District
Kindergarten Prep Registration
2012-2013**



Enrollment Date _____ School: Centennial/Higley Elementary Start Date _____
(circle school preference)

Child Information:

Last Name _____ First _____ Middle _____

Address _____ City _____ Zip _____

Birth Date _____ (Must be 4 years-old by August 31, 2012)

Does Child Have an IEP? (Documents must be provided to Community Education prior to admission to program)

Yes _____ No _____

Parent/Guardian:

Name _____ Relationship to Child _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employer Address _____

Email Address _____

Spousal Information (if applicable):

Name _____ Relationship to Child _____

Address (if different than child) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employer Address _____

Program Registration Information: (All prices monthly)

Kindergarten Prep _____ \$275 **AM Section** _____ **PM Section** _____

Non-refundable Registration Fee: \$50.00 per child

HUSD Employee Discount: 10% per child

Sibling Discount: 10% per Sibling

(Please Refer to Parent Handbook for Additional Program Information)

Enrollment Agreement:

I, _____, certify that I am the legal guardian of _____
_____. I understand that only the legal guardian may make changes to this agreement and that **all change requests require a Program Change Request form that must be submitted by the 15th day of the month prior to the effective date and will incur a Program Change Fee (if applicable). I understand that I will be assessed one month tuition if not submitted in the required time frame.** I further certify that a Financial Agreement has been completed regarding the payment of this account and that my child may be removed from the program if the terms of the financial agreement are violated.

I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending should the program determine the behavior(s) poses a safety risk to my child, peers, or program staff, or if it is determined that the child's behavior cannot be safely managed within the program.

Signature: _____ **Date:** _____

Optional:

I hereby grant my permission for my child's photograph to be taken at Kindergarten Prep for purposes of brochures, newspaper articles and/or news releases. Use of these images will be at the discretion of Community Education administration.

Signature: _____ **Date:** _____

Sibling(s) Name _____

Any family removing a child from the program or making a change for the upcoming month must complete and submit a PROGRAM CHANGE REQUEST FORM by the 15th of THE CURRENT MONTH to avoid paying further monthly charges.

REMEMBER: Payments are due by the 4th of EACH MONTH to avoid late payment fees.



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

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

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

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

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

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. It is understood by me that the expense of this service will be accepted by me.

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

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

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 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 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 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 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:



Kindergarten Prep AUTO-PAY Authorization

This form will enable HUSD Community Education to charge your Visa or MasterCard for your monthly Kindergarten Prep payment. **PLEASE PRINT**

Name of Child/Children _____

Cardholder name _____
(as it appears on card)

Cardholder billing address _____

Cardholder daytime telephone number _____

Please circle appropriate card: Visa Mastercard

Card number _____ Security # _____

Exp. Date _____

PROGRAM ENROLLED

Kindergarten Prep _____ \$275 AM Section _____ PM Section _____

Month starting is _____

If your card is declined two times for any reason, you will no longer be eligible for our auto-pay program.

I hereby authorize Higley Unified School District #60/Community Education to automatically charge the above card for stated K-Prep monthly payment amount the first week of each month. This recurring charge authorization is limited to the K-prep tuition payment for each month during the period of August 1, 2012 to May 15, 2013. **Cardholder is responsible for updating the credit information used for this service.** The cardholder may terminate this service at any time upon written notice to HUSD Community Education.

Cardholder signature _____

Should you have any questions, please call (480)-279-7055 or (480) 279-7034

Please mail or deliver to:

Community Education
Higley Unified School District
2935 S. Recker Road
Gilbert, AZ 85295