



# Presidio School AfterCare Student Registration Form

TO BE COMPLETED BY PRESIDIO SCHOOL

Aftercare Registration Complete & Received By: \_\_\_\_\_

Registration Fee Received By: \_\_\_\_\_

Date: \_\_\_\_\_

## Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

## Parent/Guardian Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Hours of Operation:** Normal hours of operation are at the end of the school day to 5:15 pm, Monday through Friday, unless noted as an early dismissal or a day when no aftercare is posted on the school calendar.

**Registration fees:** A non-refundable fee of \$10 is charged per year upon registration of each child.

**Rate:** Fees are charged per half hour. A fee schedule will be provided when school begins. The schedule is updated yearly.

**Payment Schedule:** Fees are payable in advance or are due weekly if the child is contracted for daily care. Parents are only responsible for the fees on days when their child has attended aftercare. You are never billed for days when your child is not in aftercare.

**Late fees:** Beginning at 5:16, a late fee of \$26.00 and a \$1.00 per minute fee begins. This will be strictly enforced, with the possibility of a one time waiver granted by the superintendent if the parent provides something in writing.

**Other Requirements:** Children in grades K through 5 may not be on campus or in front of the school in the custody of an older sibling, they must be signed into aftercare or off school grounds. K through 5th grade students will not be released to an older sibling without prior written consent from the parent/guardian. For a safety of all children, a sibling must be in grade 6 or above to be authorized to sign out students from aftercare.

The following signature confirms that I have read the above requirements and will abide by all of the requirements; and that I understand that the failure to pay fees in a timely manner may result in the temporary suspension of my child's enrollment in the Presidio School Aftercare program. The suspension will continue until agreed upon terms have been met.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

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

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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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.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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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](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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