



Presidio School After 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: _____

Relationship: _____

First Name: _____ Last Name: _____

Relationship: _____

Hours of Operation: Monday through Friday, 3:00 PM to 5:15 PM.

- Periodically there will be an early dismissal or no aftercare - when this occurs it will be noted on the Presidio School Calendar, reminders will be sent to parents, and it will be posted at the school.

Fees:

- An annual nonrefundable registration fee of \$15 is charged per student.
- Service fees are payable in advance. It is recommended they be paid on at least a weekly basis, but may be paid a month in advance. If a child is not in attendance in aftercare, the parent is not charged for absence days, and unused funds are carried forward.
- At 5:16 PM a late fee of \$30 plus \$1.00 per minute late will be charged. Late fees are strictly enforced with the possibility of a one time waiver granted by the Presidio School Business manager upon a written request from the parent/guardian detailing the extenuating circumstances.
- Presidio Family members should reach out to the Aftercare Director if financial difficulties arise so that we can explore options to assist you with payment.

Ancillary Policies:

- Children in grades K - 5 may not be on campus in front of the school in the custody of an older sibling.
- Students in grades K - 3 must be signed into aftercare and those in grades 4 - 5 must remain in Academic Lab or be off school grounds.
- Students in grades K - 3 may be released to an older sibling who is in grade 6 or above with prior written consent from parents/guardians. Again, once the aftercare participant is released to an older sibling, the students may not remain on campus.

The following signature confirms that I have read the above information and will abide by all of the requirements and understand failure to pay fees in a timely manner may result in suspension of my child's enrollment in Presidio School's Aftercare.

Parent/Guardian Signature: _____

Date: _____



CDC/SGH# or name: _____

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

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

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

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

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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***A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

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:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

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

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

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

Medical Information

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