



5 Drop -in Punch Card Enrollment Form

Revised 7/13/15 A.S.

If your child is not currently enrolled in the Kid's Club before and after school programs located at each elementary school in the Cave Creek Unified School District, please complete the form below and the attached documents to enroll your children for 5 Drop-in Punch Card option.

All forms in the packet and a copy of your child's immunization records MUST be turned in to the ECS office 48 hours prior to your student using the punch card option.

***Registration Fee:**

The \$10.00 registration fee (one time a year per family) will need to be paid when you turn in your packet.

Punch Card for 5 Drop-ins:

Our 5 drop-in punch card is available to anyone that needs before or after care during the 2015-16 school year. This card can also be used for early release days.

Cost Per Card: \$125.00 (Each Student will need to purchase an individual card)

Child's Name _____ **Reg. Date** _____

Home School _____ **Current Grade:** _____

Parents Name(s) _____

Contact Number(s) _____ **Email Address:** _____

_____ I hereby grant permission for my child(ren)'s photograph to be taken at Kid's Club. These photos may be used by CCUSD and/or ECS for publicity purposes including brochures, ads, articles, newsletters, and/or public presentations.

_____ I grant permission for the Kid's Club Supervisor to take whatever steps necessary to obtain emergency medical care. In the event of a medical emergency, we will call 911, the school nurse, and the parent/guardian or persons listed on the Emergency Information Form, in that order. Parents will be notified within 30 minutes. First Aid and/or CPR will be administered until help arrives. An incident report will be filled out and a copy supplied to the parents within 24 hours. Any expenses incurred by the above procedures will be borne by the child's family. The CCUSD or ECS will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent Signature: _____ **Date:** _____

----- (office use only) -----

Money Order# _____ **Check #** _____ **Credit Card (last4digits)** _____ **Staff Initials** _____ **Date** _____



ECS STUDENT PERMISSION AGREEMENT

You must check “YES” or “NO”.

If no choice is given, permission shall be deemed granted if there is no response to the following statements:

- YES NO Permission to photograph and/or film my child for use by the district, individual school websites, news media for the purpose of informing the public of programs provided by our schools.
- YES NO Permission to release my child’s name for use by the district, individual school websites, news media, yearbook and school directories for the purpose of informing the public of programs provided by our schools.
- YES NO Permission to release address, phone number, and/or email address to be included on a class list which will go out to the families of the other preschool children.
- YES NO Permission to leave the preschool/kid’s club premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I understand that every precaution will be taken for my child’s safety. I understand that all field trips will be announced in advance.
(Permission slips will be sent out prior to any field trip involving bus transportation away from the school premises.)
- YES NO Permission for the Director or Lead Teacher to take whatever steps may be necessary to obtain emergency medical care if warranted.

- ❖ In the event of a medical emergency, we will call 911, the school nurse, and the parent/guardian listed on the Emergency Information Form, in that order.
- ❖ Parents will be notified if possible, within 30 minutes.
- ❖ First Aid and/or CPR will be administered until help arrives.
- ❖ An incident report form will be filled out and a copy supplied to the parents within 24 hours.
- ❖ Any expenses incurred by the above procedures will be the responsibility of the child’s family.
- ❖ The CCUSD or ECS will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

STUDENT’S NAME: _____

PARENT’S NAME (printed) _____

PARENT 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 |

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

| | |
|---------------------------------|---|
| Father 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: |
|------------------------------|--------------|----------------------------------|

*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: | |
|---|--|

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: |
|-------------------------------|--------------|-------|