



## Annual Registration Checklist 2016 Summer Camp



**Returning students:** Qualifying students are those who registered for 2015 'Sun'sational Summer Camp and/or 2015-16 Before & After Care.

- ⇒ Beginning February 6, 2016, visit [www.dvUSD.org/communityed/register](http://www.dvUSD.org/communityed/register) and register for the 2016 'Sun'sational Summer Camp location of your choice. Once complete, you are eligible to enroll in camp by reserving and paying for your days by each payment deadline date. The first payment deadline is May 24, 2016
- ⇒ To add a non-qualifying sibling, first register the qualifying student, print a copy of your receipt, and follow the procedure below for new students within 5 business days to ensure the site of your choice

**New students:** Visit [www.dvUSD.org/communityed/register](http://www.dvUSD.org/communityed/register) and create one account for you and each child being registered **ONLY IF YOU DO NOT ALREADY HAVE AN ACCOUNT** for Community Education. Beginning February 8, 2016:

- ⇒ Complete and sign the Annual Registration form providing all requested information
- ⇒ Complete and sign the Emergency Information form in its entirety (front and back page)
- ⇒ **Attach photocopy of child's current immunization records.** (School copy is not accepted by AZ DHS; must be issued by health care provider)
- ⇒ Attach copy of child's birth certificate for age 3-5
- ⇒ Attach payment (or debit/credit card information)
- ⇒ Bring completed registration packet with your payment of the registration fee to  
DVUSD District Office  
20402 N. 15th Avenue  
Phoenix, AZ 85027  
Monday-Friday, 8:00 a.m. to 4:30 p.m. (please arrive by 4:15)  
Monday-Thursday during June and July
- ⇒ One packet is required for each child. Incomplete forms will not be accepted
- ⇒ Once accepted, you are eligible to enroll in camp by reserving and paying for your days by each payment deadline date. The first payment deadline is May 24, 2016

### **IMPORTANT!**

- **Faxed or mailed copies will NOT be accepted**
- **Registration forms with missing information or documentation can NOT be accepted**
- **A three business day waiting/processing period applies for all new registrations, after day of receipt**
- **Registrations after April 30th are not guaranteed attendance the first week of camp**
- **The first payment may also be required depending on when a registration is submitted.**
- **Questions? Call 623-445-4925/4923/4916.**



# 2016 'Sun'sational Summer Camp Registration



Deer Valley  
Unified School District

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Grade Entering in 2016: \_\_\_\_\_

City & ZIP: \_\_\_\_\_

School Student Currently Attends: \_\_\_\_\_

If this student attended 2015 Summer Camp, where did they attend? \_\_\_\_\_

If this student is enrolled in 2015-16 Before & After Care, where are they enrolled? \_\_\_\_\_

|   |  |   |    |
|---|--|---|----|
| <b>Please read and initial each of the following:</b>   |  | <b>Does this student currently have an IEP (Individual Education Plan)?</b> |    |
| <input type="checkbox"/> I understand that this student must be fully toilet trained to attend this program pursuant to AZ Department of Health Services licensing regulations. |  | Yes   | No |
| <input type="checkbox"/> I grant permission for my child to participate in internet activities. Students are expected to follow District internet usage rules and regulations.  |  | Yes   | No |
| <input type="checkbox"/> I grant permission for my child's photograph to be taken for publicity purposes at the discretion of the DVUSD Administration.                         |  | Yes   | No |
|   |  | <b>Does this student currently have a 504 Accommodation Plan?</b>           |    |
|   |  | Yes   | No |
|   |  | <b>Does this student have any physical or mental impairment?</b>            |    |
|   |  | Yes   | No |

Payer Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email address for receipts required: \_\_\_\_\_ Payer Phone: \_\_\_\_\_

Check here if there are additional payers on this account and include a separate sheet with payer information details and amount/percentage that each person will pay.

Check all that apply:  DVUSD Employee  Community Education Employee  Working Summer Camp

## 2016 Summer Camp Location for incoming Grade K-8, Age 5-14

Arrowhead  Norterra Canyon  Paseo Hills  Sunset Ridge  Terramar

## Preschool Summer Camp, Age 3-5

2016 Preschool Summer Camp at Paseo Hills only for Age 3-5

**T-shirt size for Summer Camp (circle)** Size not guaranteed for late summer registration after April 30th

|             |              |             |               |
|-------------|--------------|-------------|---------------|
| Child Small | Child Medium | Child Large |               |
| Adult Small | Adult Medium | Adult Large | Adult X-Large |

I agree to the terms of the Parent Handbook and to follow all policies and procedures outlined there. I understand there are conditions that may result in withdrawal of my child from a Community Education program, and that all DVUSD rules, policies, and procedures apply to this program. For the safety of all students and in compliance with DHS licensing, incomplete registration forms can not be accepted. **A 3-business day waiting period is in effect prior to attending any program once a completed registration is accepted, excluding day of receipt.** All locations are subject to minimum and maximum enrollment. Registration fee is nonrefundable.  
*Please Read Carefully: I HEREBY AUTHORIZE THE INSTRUCTOR OF THE DVUSD COMMUNITY EDUCATION PROGRAM TO ACT FOR ME IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I AGREE TO ASSUME ALL COSTS RELATED TO MEDICAL TREATMENT. I WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS I HAVE AGAINST DEER VALLEY UNIFIED SCHOOL DISTRICT OR IT'S REPRESENTATIVES FOR DAMAGE WHICH MAY BE SUSTAINED BY ME.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use:  
Payment amount, type, and date: \_\_\_\_\_ Received by \_\_\_\_\_



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

|                                 |   |
|---------------------------------|---|
| <b>Father 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> |
|------------------------------|--------------|----------------------------------|

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

|   |  |
|---|--|
| <b>In case of injury or sudden illness,<br/>I request that this individual be called first:</b> |  |
|---|--|

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

|                 |
|-----------------|
| <b>Name(s):</b> |
|-----------------|

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