



Annual Registration Checklist 2015 Summer Camp 2015-16 Before & After Care



Complete the registration packet in its entirety. One packet is required for each child.
Check off each item as you complete it to be sure all of the requirements are met.
Incomplete forms will **NOT** be accepted. Once complete, you are ready to proceed:

- _____ Fill out the Annual Registration form providing student information
- _____ Select your Summer Camp location for 2015, if applicable
- _____ Select your Before & After Care location for 2015-16, if applicable

_____ Fill out Emergency Information form in its entirety (front and back page)

- _____ Fill out the Before & After Plan & Payment Option form (green)*
- _____ Select your Before & After Care plan for 2015-16
- _____ Select your Payment Plan option for 2015-16

*If you are not sure of your childcare needs at this time, you may turn in this form by July 1

_____ **Attach photocopy of child's current immunization records**
(School copy is not accepted by AZ DHS; must be issued by health care provider)

_____ Attach payment (or payment information)

_____ Bring completed registration packet with your payment of the Registration fee to
_____ a designated site during the February early registration, or to
_____ DVUSD Community Education, District Office, 20402 N. 15th Avenue,
Phoenix 85027 (Northwest corner of W. Beardsley/101 & 15th Avenue)

_____ Avoid delays and submit your registration EARLY!

IMPORTANT

- **Fax or mailed copies will NOT be accepted.**
- **Registration forms with missing information or documentation will NOT be accepted.**
- **A three business day waiting period applies for all new registrations, after day of receipt.**
- **The first payment may also be required depending on when a registration is submitted.) Questions? Call 623-445-4925/4923/4916.**



Annual Registration 2015 Summer Camp 2015-2016 Before & After Care



Child's Full Name: _____ Birth Date: _____
 Address: _____ Grade Entering in 2015: _____
 City & ZIP _____
 School Student Currently Attends: _____

T-shirt size (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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Does this student currently have an IEP (Individual Education Plan)?</td> <td style="border-bottom: 1px solid black; width: 50px; text-align: center;">Yes</td> <td style="border-bottom: 1px solid black; width: 50px; text-align: center;">No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Does this student currently have a 504 Accommodation Plan?</td> <td style="border-bottom: 1px solid black; text-align: center;">Yes</td> <td style="border-bottom: 1px solid black; text-align: center;">No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Does this student have any physical or mental impairment?</td> <td style="border-bottom: 1px solid black; text-align: center;">Yes</td> <td style="border-bottom: 1px solid black; text-align: center;">No</td> </tr> </table>	Does this student currently have an IEP (Individual Education Plan)?	Yes	No	Does this student currently have a 504 Accommodation Plan?	Yes	No	Does this student have any physical or mental impairment?	Yes	No
Does this student currently have an IEP (Individual Education Plan)?	Yes	No								
Does this student currently have a 504 Accommodation Plan?	Yes	No								
Does this student have any physical or mental impairment?	Yes	No								

Please read and initial each of the following:

- _____ I understand that this student must be fully toilet trained to attend this program pursuant to AZ Department of Health Services licensing regulations.
 _____ I grant permission for my child to participate in internet activities. Students are expected to follow District internet usage rules and regulations.
 _____ I grant permission for my child's photograph to be taken for publicity purposes at the discretion of the DVUSD Administration.

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.
Plan and Payment Options form must be included with all new registrations before your child's enrollment in the Before & After Care program can be processed (see attached).

_____ **2015 Summer Camp Location (check here and circle one) for incoming Grade K-8**

Anthem	Copper Creek	Highland Lakes	Paseo Hills	Stetson Hills
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_____ **2015 Preschool Summer Camp at Highland Lakes only for Age 3-5**

2015-16 Before & After Location (circle one)	Anthem	Arrowhead	Canyon Springs AFTER CARE ONLY			
Copper Creek	Desert Mountain	Desert Sage	Diamond Canyon	Elementary #30	Greenbrier	Highland Lakes
Las Brisas	Legend Springs	Mtn. Shadows	Norterra Canyon	Park Meadows	Paseo Hills	Sierra Verde
Stetson Hills	Sunrise	Sunset Ridge	Terramar	West Wing	For students age 5-14 enrolled in grades K-8	

I agree to read the Parent Handbook and to follow all policies and procedures covered in the handbook. 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 enrollment.

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 _____

_____ \$75 Per Family Registration Fee _____ Check if Kindergarten only student _____ Discount for Early Registration \$ _____	_____ Free Summer Camp T-Shirt _____ Free Add'l Summer T for Early Reg through Feb. 28th Registrations received after April 30th for summer, and after July 30th for Before & After, may have delayed start dates.	Payment Total _____ Payment Method _____ Reviewed By _____ at _____
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2015-16 Before & After School Care Plans and Payment Options

Choose the Before & After Care plan your child will attend for the 2015-16 school year. Please note that if a location or plan is not chosen at this time, your child will not be enrolled in the program and it will be your responsibility to contact our office with this information prior to the first payment due date of 8/1/15.

A	5 days per week, AM and PM care, includes early release afternoons.	\$234 per month	Approximately \$13.00 per day
B	4 days per week, AM and PM care, includes early release afternoons . Additional days may be added at \$18 per day.	\$202 per month	\$13.29 per day
C	3 days per week, AM and PM care, includes early release afternoons if regularly scheduled day. Additional days may be added at \$18 per day.	\$154 per month	\$13.51 per day
D	AM only, 5 days per week. Occasional afternoons may be added at the rate of \$10 per day, excluding early release afternoons.	\$95 per month	\$5.28 per day
E	AM only 4 days per week. Occasional afternoons or additional mornings may be added at the rate of \$10 each, excluding early release afternoons.	\$84 per month	\$5.53 per day
F	AM only, 3 days per week. Occasional afternoons or additional mornings may be added at the rate of \$10 each, excluding early release afternoons.	\$66 per month	\$5.79 per day
G	PM only, 5 days per week, includes early release afternoons. Occasional mornings may be added at the rate of \$10 each.	\$149 per month	\$8.28 per day
H	PM only, 4 days per week, includes early release afternoons if regularly scheduled day. Occasional mornings or additional afternoons may be added at the rate of \$10 each	\$130 per month	\$8.55 per day
I	PM only, 3 days per week, includes early release afternoons if regularly scheduled day. Occasional mornings or additional afternoons may be added at the rate of \$10 each.	\$100 per month	\$8.78 per day
J	Daily drop in rate , AM and/or PM, not on any regular plan. Includes early and full release days by reservation. Additional days and/or 5-day segments may be purchased at any time. Excludes Thanksgiving, Winter, and Spring break days which requires separate enrollment.	\$25 per day	Pre-purchase 5 days for \$100
	Early release afternoons for all AM students and for PM students if not their regular day. Students not on a plan are subject to daily drop in rate.	\$18 per day	
	Enrollment change fee for each change made after initial registration.	\$25 each	

Above fees are based on annual enrollment and are payable in ten equal monthly installments. Rates for five day plans are based on 180 school days, four day plans on 152 days and three day plans are based on 114 school days. Semi-monthly payments are available with an automatic payment plan billed to a credit/debit card (Amex, Discover, MasterCard or VISA). A per family non-refundable registration fee applies to all enrollees, including daily drop-ins, and is due with the registration paperwork. AM & PM combination plans may be chosen. Monthly payments are due the first of the month, August through May. Early release afternoons included if it is the student's regularly scheduled PM day, otherwise additional rate applies.

Student name: _____

Check site your child will attend	<input type="checkbox"/> Anthem	<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Canyon Springs AFTER CARE ONLY	<input type="checkbox"/> Copper Creek
<input type="checkbox"/> Desert Mountain	<input type="checkbox"/> Desert Sage	<input type="checkbox"/> Diamond Canyon	<input type="checkbox"/> Elementary #30	<input type="checkbox"/> Greenbrier
<input type="checkbox"/> Las Brisas	<input type="checkbox"/> Legend Springs	<input type="checkbox"/> Mountain Shadows	<input type="checkbox"/> Norterra Canyon	<input type="checkbox"/> Park Meadows
<input type="checkbox"/> Sierra Verde	<input type="checkbox"/> Stetson Hills	<input type="checkbox"/> Sunrise	<input type="checkbox"/> Sunset Ridge	<input type="checkbox"/> Terramar
			<input type="checkbox"/> Terramar	<input type="checkbox"/> West Wing

PAYMENT OPTIONS (Please choose one)

- A. Automatic payment plan charged directly to my debit/credit card the first of each month for Before & After Care, August through May (requires 14 day written notice to cancel). Complete form below.
- B. I will submit 10 monthly payments to Community Education by the first of each month, August through May, using payment coupon book
- C. Pay in full at time of enrollment and receive a 10% discount off annual Before & After Care tuition (excluding registration fee). New enrollments after the start of the school year are eligible if enrollment and full payment both occur no later than December 1st.

Payment Authorization for Automatic Payment Plan 2015-16 Before & After School Care Only

Payer Name: _____

Daytime Phone Number: _____

Email Address for Receipts: _____

Debit/ Credit Card Number: _____

Expiration Date: _____ **Verification Code:** _____

Card Type: American Express Discover MasterCard VISA

If two or more payers are responsible for the payment of one plan, full details must be provided in writing by all responsible parties. A separate payment plan is required for each payer and for each program in which a student is enrolled.

I authorize the use of this card for payment of the Before & After Care program as indicated above. I will notify Community Education immediately if my card information changes and/or if I am notified that a payment could not be processed for any reason.

Signature: _____ **Date:** _____

Authorization must be received by the first payment due date for the program to which it applies. This authorization is for the 2015-16 school year only.



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:
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*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:	
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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

<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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