

Section D :

Names of Siblings:

Name	Class	Language

Section E:

How did you find out about the International School of Tucson? Please be specific.

Section F:

I / we understand that a "Registration Application Form – Student" must be completed in respect of each of my children and the \$50.00 Registration Fee(s) paid. I / we also understand that Registration does not guarantee that a place will be offered to my / our child(ren) and that if a place is offered, an "Enrollment Contract" must be completed in respect of my/our child(ren)'s fees before s/he/they may enter class. The execution of this binding contract certifies that I / we have read and understand the foregoing, and agree to the terms of this contract and have retained a copy.

(All signatures should be originals; please use blue or black ink.)

Primary Guardian _____
Signature Name Date

Secondary Guardian _____
Signature Name Date

The International School of Tucson is an equal opportunity school and does not discriminate on the basis of race, sex, creed or national origin.



INTERNATIONAL SCHOOL OF TUCSON

Opening the World to Your Child

Personal Profile – Preschool

The International School of Tucson (IST) values both the prospective student and the participation of the parents whose children we serve. So that we may better understand your motivation for enrolling your child at IST, as well as the priorities you have for your child’s care, we kindly ask that you take a moment to answer the following questionnaire.

CHILD’S NAME _____ BIRTH DATE _____

Names of anyone else that lives with you. _____

With whom does your child regularly reside? _____

Have there been any accidents, illnesses, traumas, or unsettling events about which we should be aware?

Do you anticipate any unsettling events (new baby, hospitalization, move, separation, divorce, etc.)?

Does your child have any dietary restrictions? ____ Yes ____ No If yes, please describe at the end of this form.
Please speak directly to your child’s teacher before school begins if it is serious.

Will your child participate in any before or after-school activities during the school year? ____ Yes ____ No
If so, what and when: _____

Please comment on your child’s current sleep/nap schedule. _____

SELF-HELP SKILLS:

Does your child dress himself/herself?
____ Yes, with a little help ____ He/she is usually dressed by an adult

Does your child take care of his/her own toileting needs?
____ Yes ____ Most of the time ____ Needs some help ____ Needs a great deal of help

LANGUAGE AND COGNITIVE DEVELOPMENT:

Has your child had previous experiences with formal groups of children? ____ Yes ____ No

What language(s) are used in the home, and by whom? _____

If so, what, when, and how often? _____

When did your child begin to talk? _____ Do you have any concerns about his/her speech? _____

Can your child’s speech be understood by most people familiar to your child?

____ Yes, always ____ Yes, most of the time ____ Not yet easily

Did your child receive any special educational services at his/her previous school? _____

Did you child have an "Individualized Education Program (IEP)" at his/her previous school? _____

Does your child have difficulties that interfere with his/her ability to learn? _____

Has your child been identified as gifted/talented? _____

Has your child ever had speech, hearing, educational, or language evaluation?_____ If so, please discuss result at the end. A copy of the evaluation would be helpful to us in learning about your child's needs and how we could implement any recommendations.

COGNITIVE DEVELOPMENT:

Can your child count out loud? _____ Not yet _____ To 5 _____ To 10 _____ To 20

Do you (or any other primary caregiver) read books with your child?

_____ Daily _____ Frequently _____ Occasionally _____ Less than twice a week

Does your child maintain attention to the end of a storybook read to him/her?

_____ Yes, a great deal _____ Occasionally _____ Not very often

MOTOR DEVELOPMENT:

Does your child show an interest in using markers and/or crayons?

_____ Yes, a great deal _____ Occasionally _____ Not very often

Has your child had the opportunity to use the following?

Scissors: _____ Frequently _____ Occasionally _____ Not often _____ Never

Glue: _____ Frequently _____ Occasionally _____ Not often _____ Never

Pens: _____ Frequently _____ Occasionally _____ Not often _____ Never

Can your child easily follow:

- a single direction or request? (i.e. Please pick up your toy.)
_____ Most of the time _____ Sometimes _____ Not yet
- a two-part direction or request? (i.e. Please get your book and put it away.)
_____ Most of the time _____ Sometimes _____ Not yet

Will your child sit still for a short period of time to:

Listen to a story? _____ Yes _____ With some difficulty _____ Not very often

Play independently? _____ Yes _____ With some difficulty _____ Not very often

SOCIAL/ EMOTIONAL DEVELOPMENT:

Does your child have any fears at this time? _____

How does your child comfort himself/herself when upset or frustrated? _____

What makes it easier for your child to separate from you or a known adult? _____

How often does your child choose independent play over cooperative play with others?

_____ Generally prefers independent play _____ Generally prefers cooperative play

PARENTAL VALUES:

What are your reasons for choosing IST (and /or for leaving your current school)? _____

What school experiences do you particularly want for your child this year?

In your opinion, what is the most important thing a teacher can do?

OTHER:

Please add any additional comments that might be helpful to us as we ease your child's transitions into school.

Thank you for taking the time to answer these questions. Your responses will be used to plan a program for your child that builds on his/her strengths and takes his/her needs into consideration. Your answers will help ensure the best possible school experience for your child

***Please attach a copy of the student's birth certificate / passport ID page / national ID card to this application and an updated copy of your child's Immunization Records.**



INTERNATIONAL SCHOOL OF TUCSON

Opening the World to Your Child

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account.

Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You agree that no prior-notification will be provided unless the date or amount changes.

Please complete the information below:

I _____ authorize International School of Tucson to charge my bank account on the due date of each invoice.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify International School of Tucson in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the previous business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the International School of Tucson may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.



INTERNATIONAL SCHOOL OF TUCSON

Opening the World to Your Child

Extended Care 2015-2016 Academic Year

IST families may utilize extended care whenever needed with no reservation. A qualified care-giver will be available from 7:00 a.m. - 8:15 a.m. and from 3:45 – 6:00 p.m. every school day, unless otherwise notified. Occasional rates will be charged unless pre-payment is made prior to the applicable month, semester or year (see below). Discounts apply with pre-payment of full-time, Monday through Friday, use only.

Sign-up for Extended Care:

Extended Care <i>Select One or More</i>	Pre-Paid Select One or More <i>(discount applies)</i>	Pre-Paid Select One or More <i>(discount applies)</i>	Pre-Paid Select One or More <i>(discount applies)</i>	Pre-payment not required <i>(no discount)</i>
	Monthly	Per Semester	Annually	Occasional
<input type="radio"/> 7:00-8:15 a.m.	<input type="radio"/> \$80	<input type="radio"/> \$300	<input type="radio"/> \$534	\$5
<input type="radio"/> 3:45-5:00 p.m.	<input type="radio"/> \$165	<input type="radio"/> \$590	<input type="radio"/> \$1062	\$10
<input type="radio"/> 5:00-6:00 p.m.	<input type="radio"/> \$80	<input type="radio"/> \$300	<input type="radio"/> \$534	\$15

(Note: Full-time use ONLY)

Name(s) of Child(ren): _____

Grade/Class: Language Program: _____

Start Date in Extended Care: _____

Extended Care Program(s) selected: _____

Parent Name: _____

Parent Signature: _____

For office use only:	
Date _____	Ck.No. _____
Amount _____	



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KEY FOB ORDER FORM

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

NAME OF PERSON RECEIVING THE KEY FOB	QUANTITY

TOTAL (# OF KEY FOBs, \$10.00 EACH) = _____

SIGNATURE: _____

DATE: _____

PAYMENT METHOD	OFFICE USE ONLY <small>(Staff Initial and Date)</small>
CASH _____	
CHECK _____ (amount) _____ (check #)	
CREDIT CARD _____ (amount) VISA MasterCard American Express	
Withdraw from my account Parent Initial _____	
Withdraw from paycheck (Staff ONLY) Staff Initial _____	