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Director
(623) 772-5086



FALL BREAK CAMP

Registration and Enrollment Form



**Monday - Friday
October 5th-9th, 2015
6:15am - 6:00pm
@
Copper Trails School**



Must Register by Sept. 29th



Save the Date

October 5th-9th

Field Trip Included

Cost:

Weekly Rate \$150.00

Daily Rate \$32

(3-day weekly minimum)

Daily snacks will be provided
Parent must provide daily sack lunch

10% Multiple Child Discount
20% AESD Employee Discount
10% Military Discount

***Fees are Non-Refundable, please plan carefully.**

Registration and Payment must be completed by 9/29/15 for student to attend the Fall Break Camp

All participation fees are due at time of registration. (A \$30 per family registration fee, along with a completed registration packet for each child, is required if you are NOT currently enrolled in one of our Community Education Before & After Care Programs.)

PLEASE BE ADVISED: A minimum number of students must be enrolled each week in order for the break camp to run. Enrolled parents will be notified on Sept. 29th if minimum camp enrollment is not met and the break camp will be cancelled.

HOW TO REGISTER

- Complete Both **STEP A & STEP B** of the Registration and Enrollment packet in its entirety if you are **NOT** already currently enrolled in one of our Community Education Before & After School Programs. (A \$30 per family registration fee along with completed registration packet for each child is required)
- Complete **STEP A ONLY** if your child(ren) is already enrolled in a Community Education Before & After School Program.

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

STEP A

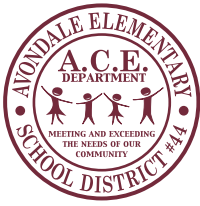
- Fill out (Registration) providing student information and indicating program choice
- Attach payment
- Bring completed registration packet and ALL fees to school site front office, Before & After School Program Site Manager or AESD Community Education, District Office (Full payment is required when a registration is submitted.)

STEP B

- Fill out AESD Emergency Information for School Nurse and Consent for Release of Medical Information Form
- Fill out DHS Emergency, Information and Immunization Record Card form
- Attach photocopy of child's current immunization records

IMPORTANT:

- Registration and Payment must be completed by 9/29/15 for student to attend the Fall Break Camp.
- Registration forms with missing information or documentation will NOT be accepted.



2015-16 Registration and Enrollment

Fall Break Camp

Week 1 October 5th -9th

STEP A

Child's Full Name: _____ Birth Date: _____ Grade Level _____

Address: _____ City & ZIP _____

School Student Normally Attends: _____

Natural Mother Living? Yes No Natural Father Living? Yes No Natural Parent Divorced? Yes No

Child Lives With? Both Parents Mother Father Other (specify) _____

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 AESD Administration.

Mother/Guardian Name: _____ AESD Employee: Yes No

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City & ZIP _____

Father/Guardian Name: _____ AESD Employee: Yes No

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City & ZIP _____

October Break Camp

Please check dates your child will attend (NO REFUNDS)

Full Week \$150 (5th-9th)

Daily Rate \$32 (3 day weekly minimum) Mark below days child will attend:

Mon. 5th Tues. 6th Wed. 7th Thurs. 8th Fri. 9th

Additional Fee Information

\$30 Registration Fee if not currently enrolled in a Before & After Care Program

10% multiple child discount (on second child)

20% AESD employee discount (only one discount may be applied)

10% military discount (only one discount may be applied)

\$15 plus \$1 per minute for late pick-up

I agree to read the Parent Handbook and addendum on the back of this form regarding lunch and field trips. I agree to follow all policies and procedures. I understand there are conditions that may result in withdrawal of my child from a Community Education program, and that all AESD rules, policies and procedures apply to this program. Please note minimum number of registrations needed in order to conduct program.

Parent /Guardian Printed Name: _____

Parent/Guardian Signature _____ Date: _____

Break Camp

Parent Handbook Addendum

Lunch

Children will need to bring a sack lunch with a drink every day, unless otherwise informed. Lunch must be self-cooled with an ice pack, especially on field trip days, and marked clearly with the child's name.

Field Trips

Field trips are a wonderful opportunity for your child to experience the community in which they live. Please check with your camp's Lead Instructor for dates and times. Transportation will be provided through the Avondale Elementary School District. Field trip permission slips will be available prior to each trip. All children attending break camp or summer camp on field trip days will need to participate in our field trips, otherwise different arrangements for your child should be made for that day. **For the safety and security of your child, the following guidelines will be strictly adhered to:**

Your child must be signed in up to one hour before departure time to allow staff to adhere to DHS licensing requirements to properly prepare the students to leave the campus on the field trip. **No exceptions will be made.**

Each child will need a new permission slip filled out prior to each field trip departure or they **will not** be allowed to attend.

If you choose to not have your child participate on a field trip you will need to make other arrangements for him/her during that time as we **do not** have staff members stay behind.

Any child who loses the privilege to attend a field trip cannot attend the program during that time. The adult/child ratios will vary with location and circumstances.

Adults will exhibit professional behavior (no weapons, smoking, profanity and usage of drugs or alcohol allowed) and dress appropriately when on field trips.

A.C.E. staff will take attendance of all children every hour while participating on field trips. Your child will wear a provided wristband. **Your child must wear their wristband on each field trip! Wristbands may not be removed until we return back to school.**

All children should wear closed toe shoes, such as gym-type shoes. Sandals and clogs must be closed toe and have a heel strap to prevent accidents and injuries while actively engaged in play or field trips. Flip-flops or other open shoes are not appropriate footwear for this program.

Avondale Elementary School District

Phone (623) 772-5000 295 West Western Avenue Avondale, Arizona 85323 Fax (623) 772-5001
www.avondale.k12.az.us

Community Education Department 623-772-5000

Avondale Elementary School District #44
EMERGENCY INFORMATION FOR SCHOOL NURSE and CONSENT FOR RELEASE OF
MEDICAL INFORMATION

MAS ECF LCE/W WF DS DT CM CT

The care your child receives is dependent on this information being on file in the Nurse's Office. Please submit a new form each school year.

STUDENT'S NAME	DATE OF BIRTH	GRADE	TEACHER	
<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Home Phone</i>	<i>Cell Phone</i>
Father:				
Mother:				
Guardian:				

Employer	Address	City	Business Phone	Occupation/Work Place
Father:				
Mother:				
Guardian:				

Child lives with: Both parents Mother Father Other (specify) _____

Brothers and sisters living at home:

Name	Age	School	Name	Age	School

In your absence, name two relatives or friends who will be responsible for your child if she/he is hurt or becomes ill while at school:

Name	Address	City	Home/Cell Phone	Relationship
1.				
2.				

Doctor your child visits (in an extreme emergency, 911 will be called):

Healthcare Provider's Name	Address	Phone Number

Is your child currently receiving Behavioral Health Services? Yes ___ or No ___

Counselor/Psychologist/Behavioral Health Services Name	Address	Phone

Medical Insurance: _____ **ID.#:** _____ **Hospital:** _____

Medical History: Check those that apply to your child:

Asthma Food Allergies Diabetes Seizures ADD/HD Eye, Ear or Nose Problem Urinary/Bowel Problem
 Serious Injury/Accident Speech Difficulty Heart Problem Cancer

Other (i.e. frequent illnesses, hemophilia, headaches): _____

If any of the above is checked, PLEASE NOTIFY SCHOOL NURSE, explain and give date(s): _____

Please list present medications: _____ Are medications needed at school? Yes ___ No ___

If yes, please request Medication Consent Form from School Nurse

Allergic to: _____ **Wears glasses/contacts:** ___ Full time ___ Reading ___ Distance

Changes during the summer (For example: Divorce, Separation, Death, Other): _____

Is there anything you can tell us about your child that you feel will help the school staff to better understand and work with him/her? _____

Please check the medications that your child may receive at school:

Cough Drops/Lozenges Tylenol Ibuprofen/Motrin/Advil Benadryl Elixir/Capsules Tums/Antacids

Any other medication that you want your child to take at school must be provided by you in the original container or prescription bottle, and you must sign a separate medication permission form that can be obtained from the Nurse.

I give my consent/permission to obtain/release medical information regarding my child to/from any physician/hospital if required.

Signature of Parent or Guardian: _____ **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:
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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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