

**2015-16 Enrollment and Tuition Agreement**

Preschool, Elementary and Middle School Students

**Mother /Guardian 1:**

**Relationship**

**Father /Guardian 2:**

**Relationship**



Please list **Eldest** or Only Child at Summit as **Student 1**.

**STUDENT 1:**

**Grade :**

**\*Ethnicity** Select

**First Name / Last Name**

**STUDENT 2:**

**Grade :**

**\*Ethnicity** Select

**First Name / Last Name**

**STUDENT 3:**

**Grade :**

**\*Ethnicity** Select

**First Name / Last Name**

**STUDENT 4:**

**Grade :**

**\*Ethnicity** Select

**First Name / Last Name**

\* Ethnicity: This information is voluntary and used to comply with national reporting. It has no effect on admissions or enrollment to the Summit School of Ahwatukee. The Summit School of Ahwatukee does not discriminate on the basis of race, color, national origin, age, gender identity, religion, marital status, familial or parental status, sexual orientation, disability or protected genetic information when considering admission, employment or educational policies.

Dual household families, with both parents being responsible for tuition **must have each parent sign a 2015-16 enrollment form**. This can be the same enrollment form with two signatures or individually completed. Please notify the Summit School Business Office of the tuition responsibilities of each parent.

With Whom Does Your Child Reside:  Both Parents  Mother  Father  Guardian  Joint Custody

Person(s) financially responsible for tuition:

## **2015-16 Enrollment and Tuition Agreement**

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Student1

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Student2

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Student3

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Student4

**Tuition Payments:** Summit School business office will process all tuition and extended day payments in-house. Summit School will accept cash, check, Visa and Mastercard as forms of payment. Summit will not charge a convenience fee for the 2015-16 school year for Visa or Mastercard transactions. Summit School does not accept American Express or Discover cards at this time.

**Enrollment Payment:** To enroll your child for the 2015-16 school year, the following must be received:

- Complete and return the entire enrollment packet via email to: [Enrollment@summitschoolaz.org](mailto:Enrollment@summitschoolaz.org)
- Submit \$700 payment by check, made payable to Summit School or complete the credit card authorization form and submit to the business office.
- The \$700 payment is due at the time of enrollment and is non-refundable. This amount is applied towards the total tuition owed for the school year.

### **Payment Terms**

- After enrollment, the remaining tuition balance may be paid: Monthly- due the 5 of each month, starting July 5, 2015 continuing through April 5, 2016. 1-Pay: due on July 5, 2015; or 2-Pay: due July 5, 2015 and December 5, 2015.
- Tuition is considered late on the 6<sup>th</sup> of each month and each family account will be charged a \$20.00 late fee per student for any outstanding tuition, fee or extended day balance past this due date.
- In the event that a tuition account has reached 30 days past due, the parent(s) will be notified that they will have 24 hours to make payment in full, or the student(s) will face dis-enrollment. Upon dis-enrollment, the account will be turned over to a collection agency.
- If at any time there is a past due balance owed and no alternative arrangements have been made with the Business Office, grade and transcripts will not be released.
- All accounts with checks returned for non-sufficient funds will be assessed a \$25.00 returned check fee.

**Arizona Private School Tax Credit Awards through The Institute For Better Education (IBE):** Summit School will apply only available IBE awards to a student's account based upon notification from IBE. IBE usually notifies Summit School one time per month of students with available IBE awards. Summit School will apply the available awards as a credit to the student's account, as the funds arrive from IBE. After the IBE award(s) have been applied as a credit for that time period, the remaining tuition is due by the due date on the account.

**According to Arizona State Law, Summit School of Ahwatukee cannot refund paid tuition in lieu of receiving Private School Tax Credit awards.**

## 2015-16 Enrollment and Tuition Agreement

\_\_\_\_\_  
Student1

\_\_\_\_\_  
Student2

\_\_\_\_\_  
Student3

\_\_\_\_\_  
Student4

**Enrollment Payment:** Please select how you will make the per student, \$700 Enrollment Payment. This payment is non-refundable and included in the annual tuition rate.

- Check** Payable to Summit School of Ahwatukee and submit to Summit School front desk
- Credit Card**

**Annual Tuition Rates:** (Please note that all rates listed herein are per student).

	Eldest:	Sibling:
<b>Preschool</b>		
PS 3 Day	\$7,900	\$7,110
PS 3/5 Day	\$9,100	\$8,190
PS 5 Day	\$10,800	\$9,720
<b>Elementary (K-5)</b>	\$13,300	\$11,970
<b>Middle (6-8)</b>	\$13,650	\$12,285

**Fees and Dues in addition to tuition:**

- \$75 BEST Dues
- \$200 Program Material Fees (excluding preschool)
- The 10-Pay Payment\*\* Plan includes a \$200 Extended Payment Plan Fee
- The fees and dues are included in the payment plan options listed below

**Payment Options:**

Remaining Tuition including Applicable Fees (after nonrefundable enrollment payment)	1 Payment Due July 5, 2015		2 Payments Due July 5, 2015 & December 5, 2015		10 Payments ** Due 5 <sup>th</sup> of each month July 2015 thru April 2016	
	Eldest	Sibling	Eldest	Sibling	Eldest	Sibling
<b>Remaining Tuition Due</b>						
Preschool 3-Day	\$7,275	\$6,485	\$3,637.50	\$3,242.50	\$747.50	\$668.50
Preschool 3/5-Day	\$8,475	\$7,565	\$4,237.50	\$3,782.50	\$867.50	\$776.50
Preschool 5-Day	\$10,175	\$9,095	\$5,087.50	\$4,547.50	\$1,037.50	\$929.50
Elementary (K-5)	\$12,875	\$11,545	\$6,437.50	\$5,772.50	\$1,307.50	\$1,174.50
Middle (6-8)	\$13,225	\$11,860	\$6,612.50	\$5,930.00	\$1,342.50	\$1,206.00
<b>Select One Payment Plan:</b>	<input type="radio"/> <b>1-Payment</b>		<input type="radio"/> <b>2-Payments</b>		<input type="radio"/> <b>10-Payments **</b>	

## **2015-16 Enrollment and Tuition Agreement**

### **Student Withdrawals**

A student withdrawal must be made in writing, addressed to the Director of Admissions. The \$700 enrollment payment is not refundable at any time.

**Withdrawals Made:**

Between June 1, 2015 and June 30, 2015: The family is obligated to pay the equivalent of one month's tuition, as shown in the 10-month payment plan.

Between July 1, 2015 and July 31, 2015: The family is obligated to pay the equivalent of two month's tuition, as shown in the 10-month payment plan.

Between August 1, 2015 and August 5, 2015: The family is obligated to pay the equivalent of three month's tuition, as shown in the 10-month payment plan.

Withdrawals made after the start of the school year: The family is obligated for the first semester tuition, as shown on the two-pay payment plan.

Second Semester Withdrawals: The family is obligated for the second semester tuition, as shown on the two-pay payment plan for withdrawals made after December 1, 2015.

Exceptions will be provided for families moving more than 50 miles from Summit School of Ahwatukee, or upon approval of the Head of School. Families must provide a copy of the first utility bill from the new residence.

**No refund of tuition or fees will be made at any time if a student is either dismissed or asked to withdraw from school for disciplinary reasons.**

## 2015-16 Enrollment and Tuition Agreement

\_\_\_\_\_  
Student1

\_\_\_\_\_  
Student2

\_\_\_\_\_  
Student3

\_\_\_\_\_  
Student4

### Parent / Guardian Commitment

I (we) understand that this Tuition Agreement becomes effective and a space will be reserved for my (our) child(ren) for the 2015-16 school year, upon 1) my signature as the legal guardian, 2) payment of the non-refundable enrollment payment and 3) upon confirmation of enrollment being accepted by the Summit School Director of Admissions. No assurance can be given that a position will be available for the student if the Tuition Agreement and Enrollment Tuition Payment are not received by the applicable due date.

Upon notification by the Summit School Director of Admissions and the execution of this agreement by Summit School, the student will be considered enrolled in the school for the program set forth above. Legal guardians are jointly and separately responsible for the student's tuition account for the full academic year. It is the obligation of the signed guardians to make all payments through Summit School in accordance with the terms of this agreement as detailed below. In the event that tuition, fees and dues should become delinquent, guardians are responsible for any late fees, legal or other fees incurred.

If my child's enrollment is not accepted by Summit School and therefore my child is not enrolled for the 2015-16 school year, I understand that my \$700 enrollment payment will be refunded via check.

- I (we) agree to the Terms and withdrawal payments described in this agreement.
- I (we) further acknowledge that, pursuant to the Terms of this Tuition Agreement, grades, transcripts, etc. will not be released until all financial obligations under this tuition agreement have been satisfied.
- I acknowledge that if I have a past due balance on my account by June 5, 2015, that my child will be disenrolled for the 2015-16 school year.
- I will volunteer at least 10 hours per child, per year.
- I understand the importance of contributing to the Arizona Private School Tax Credit on behalf of Summit School of Ahwatukee.
- I understand the importance of making a tax deductible contribution to the Summit School of Ahwatukee fund during the upcoming school year to help ensure my child benefits from the latest advancements in education and technology and learns from exceptionally trained teachers in a safe, modern environment.
- I understand that I am required to notify Summit School of Ahwatukee Business Office within 1 week, of receiving a 2015-16 Arizona Department of Education Empowerment Scholarship Award (ESA) for my child(ren). I understand that in accepting the ESA award for my child(ren), they will not be eligible for any Arizona Private School Tax Credit Funds for the 2015-16 school year and that Summit School of Ahwatukee cannot accept any Arizona Private School Tax Credit Funds for my child towards his/her 2015-16 tuition.

**Upon signing this enrollment and tuition agreement for my child(ren), I am committing to his/her education at Summit School of Ahwatukee and agreeing to all the terms set forth in this contract.**

Parent/Guardian

Date

Parent/Guardian

Date



***PARENT COPY: Please Retain For Your Records***

**2015-2016 FEE SCHEDULE FOR  
 ACTIVITIES AND ADDITIONAL SUPPLIES  
 For 5<sup>th</sup> through 8<sup>th</sup> Grades**

Exciting activities and trips are scheduled throughout the year to build community and develop independence. There are associated fees, which are not included in tuition. The following are projections, subject to change and are provided to help you plan ahead. Activities will be billed at time of event and participation in the events is optional but encouraged. In addition, 6<sup>th</sup> grade students and new 7<sup>th</sup> and 8<sup>th</sup> grade students are required to purchase an iPad tablet on their own, prior to the start of school.

**MIDDLE SCHOOL EVENTS (Grades 6<sup>th</sup> thru 8<sup>th</sup>)**

Fall Community Building Day Trip (October)	\$65
Halloween Dance (October)	\$10
Winter Activity (December)	\$10
Spring Party (April)	\$10

**SPRING TRIPS (\*Destinations may vary)**

5 <sup>th</sup> Grade Trip: To Be Determined	\$ 450
6 <sup>th</sup> Grade Trip: Pali Institute	\$ 450
7 <sup>th</sup> Grade Trip: Astro Camp	\$ 450
*Washington, D.C., New York City (Grade 8 <sup>th</sup> )	\$2,700

**6<sup>th</sup> Grade Students and NEW 7<sup>th</sup> & 8<sup>th</sup> Grade Students: iPad Program.**

**Please note: Costs will vary depending on family choices.**

iPad 2 or newer, iOS 8, 16 GB minimum (32 MB recommended)	Approx. \$399
Recommend:	
Apple Care+ extended warranty (2 yrs)	Approx. \$99
Sturdy Case, Stylus, wireless keyboard	Approx. \$100-\$175

**R.O.P.E. (Rite of Passage Experience, Grade 8)**

Fourth Quarter Right of Passage Experience: Cost will vary according to individual area of study

**GRADUATION EXPENSES (Grade 8, Due April 5, 2016)**

Graduation Fee	\$200
(Includes Cap & Gown, Invitations, Memory DVD, Memory Blanket and Graduation Reception.)	

## **2015-2016 EXTENDED DAY PROGRAM ENROLLMENT**

We are proud to offer child care services for the 2015-2016 school year. Our extended day team is excited to provide students of all ages with engaging and age appropriate activities, to enrich their school experience. All Fees include snacks and necessary materials.

### **Drop-In Extended Day:           Rate: \$19 per actual day used**

- Includes before and/or after school as needed by parents for preschool through 8<sup>th</sup> grade students.
- The daily rate applies to a.m. extended day and/or p.m. extended day.
- Students not picked up by 3:30 pm, will be signed into Drop-in Extended by teachers and charged the daily rate.

### **Prepaid Extended Day:           Rate: \$2,500 annual, unlimited use and includes Mini-Camp**

- Full-time use of Extended Day before and/or after school daily, Preschool thru 8<sup>th</sup> grade.
- Includes usage of any half and full day mini camps scheduled for the school year.

### **Drop-In Mini-Camp:           Rate: \$40/half day and \$65/full day**

There are a limited number of Drop-in Mini-Camp spots available on a first come, first served basis. Mini Camp days are scheduled during teacher conferences, professional development days and teachers in service.

- Summit families opening registration. Registration requires pre-payment and there are no refunds for non-use.
- Space is limited and registration is required 2 weeks prior to the day of use. An email will be sent out prior to the mini camp day requesting preregistration.

### **EXTENDED DAY HOURS AND LOCATIONS:**

Full Days : Before school (7:00 AM – 8:00 AM) and after school (3:30 PM – 6:00 PM).

Preschool Extended Day: morning drop off is located in the Knowledge Center and afternoon pickup is inside the preschool.

Elementary and Middle School Extended Day is located in the Knowledge Center, the Multipurpose Room and on the playground/field. Please see Extended Day sign on front gate notifying of each day's location.

### **RULES AND POLICIES:**

Payment is due on the 5<sup>th</sup> of each month. On the 6<sup>th</sup> Summit School will add a late fee of \$40 to your tuition balance. Non-payment of Extended Day fees after 30 days may result in suspension of Extended Day Services. All school rules, procedures and policies are in effect during Extended Day activities. Only previously authorized persons who show proper identification AND are listed on the Emergency Cards will be allowed to pick up students. All parents/legal guardians or authorized persons must sign the student(s) into Extended Day if using before school and sign the student(s) out of Extended Day upon pick-up after school.

### **LATE PICK UP PENALTY:**

Summit Extended Day Program closes promptly at 6:00 PM. A \$1.00 per minute additional charge will be added to your account for children picked up after 6:00 PM. The 2<sup>nd</sup> occurrence will result in a charge of \$5.00 per minute/per child past 6:00PM. The 3<sup>rd</sup> occurrence will result in a charge of \$10.00 per minute/per child past 6:00 PM. **Suspension of participation in Summit's Extended Day Program may occur after the 3<sup>rd</sup> occurrence of late pick-up.**

**2015-2016 EXTENDED DAY PROGRAM ENROLLMENT**

\_\_\_\_\_  
Student 1

\_\_\_\_\_  
Student 2

\_\_\_\_\_  
Student 3

\_\_\_\_\_  
Student 4

Parent/Guardian 1:

Parent/Guardian 2:

**Pre-Paid Extended Day Enrollment:** Enrollment includes Mini-Camp at no additional charge.

I am enrolling in the **PRE-PAID EXTENDED DAY PROGRAM**

**Enrollment Options:** Please check 1 box:

1-Payment of \$2,500

Due August 5, 2015

2-Payments of \$1,250

Due August 5, 2015 and December 5, 2015

9-Payments of \$278

Due the 5th of each month, August 2015 through April 2016

**Drop-In Extended Day Enrollment:**

Billed at a rate of \$19.00 per day of actual use (includes both morning and afternoon extended day). Drop-in use will be tallied for the month and invoiced the following month through Summit School with a due date of the 5th on the month following use. Drop-in fees for the month of May will be due in full by May 31st.

I am enrolling in the **DROP-IN EXTENDED DAY PROGRAM**

By enrolling my child(ren) in the above Extended Day Program(s), I confirm that I have read and understand the Extended Day Policies and that pick up is by 6:00 p.m. each day.

Signature

Date



## Family Directory Release Form 2015-16

\_\_\_\_\_  
Student1

\_\_\_\_\_  
Student2

\_\_\_\_\_  
Student3

\_\_\_\_\_  
Student4

**Distribution of the Family Directory is limited to Summit families and is not to be used for solicitation purposes.**

If you are a **single family household**, please provide a primary phone number and email address to be listed along with Student Name and grade.

If you are a **dual family household**, and want to be included in the directory please provide a primary phone number and email address as each parent will have a separate listing.

Summit will use the mailing address on file for all households. If you have moved or need to update your mailing address or personal information at anytime, please send an email to:

**ContactUpdates@summitschoolaz.org**

Please provide your information below as you would like it to be printed in the directory.

### Single Family Household

Email Address:  Phone Number:

Please omit my mailing address from the directory listing.

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**MOTHER:**

### Dual Family Household

Email Address:  Phone Number:

Please omit my mailing address from the directory listing.

**FATHER:**

Email Address:  Phone Number:

Please omit my mailing address from the directory listing.

Parent/Guardian

Parent/Guardian

## Family Media Release Form 2015-16

### STUDENT INFORMATION:

\_\_\_\_\_  
Student1

\_\_\_\_\_  
Student2

\_\_\_\_\_  
Student3

\_\_\_\_\_  
Student4

Summit School of Ahwatukee may use student photographs and/or names in press releases that will appear in newspapers, magazines, on-line news, our school's website, Facebook, other social media sites, Ustream or other videos.

Student names and photographs may be used on the parent section of the website, which is password protected and only available to parents and Summit staff.

Please indicate your consent or non-consent to allow your child's photograph and name to be used as follows:

### **PLEASE SELECT.**

I give permission for my child's photograph to be used in various social or print media or on the school website.

YES  NO

I give permission for my child's name to be used in various social or print media or on the school website.

YES  NO

Parent Signature:

Date:

\_\_\_\_\_ **Please read and initial: I have read and understand the privacy policy below.**

### **IMPORTANT:**

The school's responsibility is to honor the parents request for privacy while the child is at school, therefore we ask parents not to post pictures of other children on any web-based digital sharing or social media sites, without the permission of the parents of another child.



**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b> <input type="text"/>	<b>Date Enrolled:</b> <input type="text"/>	Updated: 2015-16 School Year
<b>Home Address (#, Street, City, State, Zip Code):</b> <input type="text"/>		<b>Date Disenrolled:</b> <input type="text"/>
<b>Home Phone:</b> <input type="text"/>	<b>Date of Birth:</b> <input type="text"/>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

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

<b>Father or Guardian Name:</b> <input type="text"/>	<b>Home Address (#, Street, City, State, Zip Code):</b> <input type="text"/>
<b>Cell Phone (optional):</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.** It is understood by me that the expense of this service will be accepted by me.

**In case of injury or sudden illness, I request that this individual be called first:**

Does your child have insurance coverage?  No  Yes      Name of Insurance Company:

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

<b>Name(s):</b> <input type="text"/>
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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:
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## Student Emergency Card 2015-16

**Student Name:**

**Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Allergies (including foods):

Medications:

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Step Parent Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Whom to notify in case of emergency/injury when parent is not available:**

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list persons who are over the age of 18 and authorized to pick up the student from school. Summit School cannot release your child to anyone who is not listed below.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Summit School Emergency Policy**

In the event of a medical emergency at Summit School or during field trips away from school, I hereby grant authorization to Summit School of Ahwatukee, and its teachers, coaches, or other representatives to seek a physician or health care facility on behalf of me to direct and/or order emergency medical treatment for the above-mentioned student. I agree that neither Summit School of Ahwatukee, nor its teachers, coaches, agents or other representatives, shall be liable for exercising the foregoing authority in the event of an emergency.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b> <input style="border: 2px solid red;" type="text"/>	<b>Date Enrolled:</b>	Updated: 2015-16 School Year
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b> <input style="border: 2px solid red;" type="text"/>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

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

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<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:**

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

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.** It is understood by me that the expense of this service will be accepted by me.

**In case of injury or sudden illness, I request that this individual be called first:**

Does your child have insurance coverage?  No  Yes      Name of Insurance Company:

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

<b>Name(s):</b>
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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:
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## Student Emergency Card 2015-16

**Student Name:**

**Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Allergies (including foods):

Medications:

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Step Parent Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Whom to notify in case of emergency/injury when parent is not available:**

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list persons who are over the age of 18 and authorized to pick up the student from school. Summit School cannot release your child to anyone who is not listed below.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Summit School Emergency Policy**

In the event of a medical emergency at Summit School or during field trips away from school, I hereby grant authorization to Summit School of Ahwatukee, and its teachers, coaches, or other representatives to seek a physician or health care facility on behalf of me to direct and/or order emergency medical treatment for the above-mentioned student. I agree that neither Summit School of Ahwatukee, nor its teachers, coaches, agents or other representatives, shall be liable for exercising the foregoing authority in the event of an emergency.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b> <input type="text"/>	<b>Date Enrolled:</b> <input type="text"/>	Updated: 2015-16 School Year
<b>Home Address (#, Street, City, State, Zip Code):</b> <input type="text"/>		<b>Date Disenrolled:</b> <input type="text"/>
<b>Home Phone:</b> <input type="text"/>	<b>Date of Birth:</b> <input type="text"/>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

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

<b>Father or Guardian Name:</b> <input type="text"/>	<b>Home Address (#, Street, City, State, Zip Code):</b> <input type="text"/>
<b>Cell Phone (optional):</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.** It is understood by me that the expense of this service will be accepted by me.

**In case of injury or sudden illness, I request that this individual be called first:**

Does your child have insurance coverage?  No  Yes      Name of Insurance Company:

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

<b>Name(s):</b> <input type="text"/>
---

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:
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## Student Emergency Card 2015-16

**Student Name:**

**Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Allergies (including foods):

Medications:

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Step Parent Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Whom to notify in case of emergency/injury when parent is not available:**

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list persons who are over the age of 18 and authorized to pick up the student from school. Summit School cannot release your child to anyone who is not listed below.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b> <input type="text"/>	<b>Date Enrolled:</b> <input type="text"/>	Updated: 2015-16 School Year
<b>Home Address (#, Street, City, State, Zip Code):</b> <input type="text"/>		<b>Date Disenrolled:</b> <input type="text"/>
<b>Home Phone:</b> <input type="text"/>	<b>Date of Birth:</b> <input type="text"/>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

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

<b>Father or Guardian Name:</b> <input type="text"/>	<b>Home Address (#, Street, City, State, Zip Code):</b> <input type="text"/>
<b>Cell Phone (optional):</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.** It is understood by me that the expense of this service will be accepted by me.

**In case of injury or sudden illness, I request that this individual be called first:**

Does your child have insurance coverage?  No  Yes      Name of Insurance Company:

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

<b>Name(s):</b> <input type="text"/>
---

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional):

**Immunization Information**

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[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>

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Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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## Student Emergency Card 2015-16

**Student Name:**

**Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Allergies (including foods):

Medications:

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Step Parent Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Whom to notify in case of emergency/injury when parent is not available:**

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list persons who are over the age of 18 and authorized to pick up the student from school. Summit School cannot release your child to anyone who is not listed below.**

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Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date