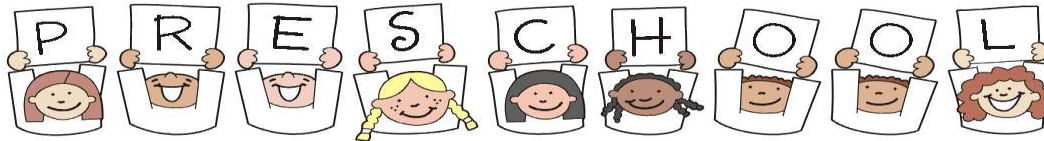


2010-2011 HUSD INTEGRATED



REGISTRATION

MISSION:

The primary mission of the HUSD Preschool Program is to support and promote each child's growth and learning in all areas of development to prepare them for the academic success for years to come.

PEER PALS:

Peer pals (typically developing children) receive an excellent preschool experience by certified teachers in the public school setting. Spaces are limited per classroom. Students who are enrolled for these spaces must be 4 years old by September 1st. Tuition is \$220.00 per month due at the 1st of each month. There is a \$50 nonrefundable registration fee due at the time of enrollment. Transportation is not available for peer pals.

CURRICULUM:

Read, Play, Learn is the adopted curriculum used along with the Arizona Early Learning Standards. Activities and lessons are planned around age appropriate literature and include everyday experiences. This program is based on the concept that children learn by exploration and play. Classroom routines encourage active involvement, meaningful experimentation, and reinforcement through repetition.

The Curriculum is both academic and developmental with activities to support gross and fine motor skills, self-help, socialization, communication and cognition skills. Instruction is both teacher-directed and child-directed. Hands on activities and experiences are planned around themes and units which are researched based and developmentally appropriate.

STAFF:

HUSD preschool teachers are certified in special education and early childhood. In addition to one teacher per classroom, there are 1-2 instructional aides.

TIMES & LOCATIONS:

Preschool classes during the 2010-11 school year will meet 4-days per week (Mondays, Tuesdays, Wednesdays, Thursdays) for 2.5 hours each time. Class locations/times are as follows:

Cortina Elementary: Morning class: 7:45-10:15 a.m.
Afternoon class: 11:30-2:00 p.m.

Higley Elementary: Morning class: 8:30-11:00 a.m.
Afternoon class: 12:15-2:45 p.m.

San Tan Elementary: Morning class: 9:15-11:45 a.m.
Afternoon class: 1:00-3:30 p.m.

HOW TO ENROLL:

Complete the enrollment packet following this cover letter and return to the HUSD District Office (2935 S. Recker Rd. Gilbert 85295) along with the \$50 registration fee. In addition to packet, you will need to provide copy of your child's birth certificate, immunization records, and copy of driver's license. The HUSD Preschool Evaluation Team will inform you of your child's teacher during the summer via mail. We will do our best to honor your request of AM or PM class. Please call (480)279-8027 with any further questions.

*2010-11 HUSD Integrated Preschool
Enrollment Checklist*

- Completed enrollment packet
- Copy of Birth Certificate
- Copy of Immunization Records
- Copy of Driver's License
- Peer Pal Contract
- \$50 nonrefundable application fee

I live in the following subdivision: _____

I prefer that my child attend: AM _____ PM _____

(Please note: We will attempt to honor all parent requests, however, cannot guarantee that your child will be placed in the preferred session. We will assign based on registration date)

If you have registered by May 1, 2010... you will be contacted by PS Evaluation Team by May 15, 2010 to notify you which session your child will be attending. Teacher names will not be given at this time.

If you register after May 1, 2010... you will be contacted by end of July 2010 to notify you which session your child will be attending.

**** TRANSPORTATION IS NOT AVAILABLE TO PEER PALS.**

Office Use Only

Date completed packet/application fee received: _____

Preschool Payment Contract 2010-2011



Welcome to Higley Unified School District and to the preschool program. The school year begins on Aug. 9, 2010 and concludes on May 26, 2011.

Your child is registered as a tuition based member of the integrated preschool program. Tuition fees of \$220.00 are due the 1st of each month, with an initial registration fee of \$50.00. If your payment is not received by the 4th at 4:00 pm, a late fee in the amount of \$25.00 will be assessed to your account. If your account becomes delinquent by the 10th of the month, your child may be removed from the preschool program and their assigned slot will be given to another student on the waiting list.



All payments should be mailed or delivered to:
 Higley Unified School District #60
 Community Schools
 2935 S. Recker Road
 Gilbert, AZ 85295



Or you can make a payment by phone by calling
 Community Education at 279-7055.



Additional questions regarding the preschool program should be directed to the Preschool Evaluation Team at 480-279-8027.



By signing below you are indicating your agreement to fulfill the above contract regarding preschool payments for the 2010-2011 school year.



Student Name

School of Attendance

Address

Phone



Parent Signature

Date

District Offices

480.279.7000
 480.279.7500 Fax

2935 S. Recker Road
 Gilbert, AZ 85297



OFFICE USE ONLY

CEN CHP COR CTA GWP HEMS PWR SAN HHS WFHS

STUDENT INFORMATION

Legal Name of Student: Last First Middle Grade Entering:

Preferred Name: Gender: Male Female Birth date: / /

Student's Home Address Street City State Zip

Student's Mailing Address (if different from home) Street City State Zip

IN ACCORDANCE WITH FEDERAL MANDATES, THE FOLLOWING 2 QUESTIONS MUST BE ANSWERED:

Ethnicity (Choose only one): No, not Hispanic/Latino Yes, Hispanic/Latino
Race (Choose one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

District of Residence: Subdivision:

New to Higley Unified School District? Yes No If No: Year Grade School

Previous School: Name of School Address City State Zip Phone

Date Last Attended: Long-Term Suspension/Expulsion? Yes No If yes, name of school:

Birthplace: City State Country

If your child was born outside the U.S., on what date did your child first enter school in the U.S.?

Is the student under refugee status? Yes No Country I-94 Number

Do any family members work in agricultural related jobs (field work, fruit or vegetable packing, dairies or ranches)? Yes No

Check programs student has been enrolled in:

Special Education with IEP Speech Therapy OT/PT Title I Reading Title I Math
Gifted/Honors ELL Program 504 Student

PARENT/GUARDIAN INFORMATION

Mother's Information:

First Name Last Name Home Phone:
Address: City: State: Zip: Cell Phone:
Place of Employment: Work Phone:
E-mail address: Please do not send me District information via email.

Father's Information:

First Name Last Name Home Phone:
Address: City: State: Zip: Cell Phone:
Place of Employment: Work Phone:
E-mail address: Please do not send me District information via email.

Legal Guardian/Other Information: Legal Guardian Step-Parent Other

First Name Last Name Home Phone:
Address: City: State: Zip: Cell Phone:
Place of Employment: Work Phone:
E-mail address: Please do not send me District information via email.

PARENT/GUARDIAN INFORMATION (Continued)

Student lives with: Both Parents Mother Father Guardian Foster Other _____

Custody of Student: Joint Mother Father State Temporary Other _____

Custody Papers Non-custodial restrictions _____

NOTE: The school will not honor request of restrictions unless copies of custody papers an/or copies of court orders that support the request of the parent are on file with the school.

LIST ALL BROTHERS AND SISTERS OF SCHOOL AGE AND YOUNGER (OLDEST FIRST)

Name	Age	Grade	School (if attending)

EMERGENCY INFORMATION

Persons to contact, other than parent, if child becomes ill:

Name: _____ Relationship to Student: _____

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

Name: _____ Relationship to Student: _____

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

Please check if the student is presently living in any of the following situations due to a loss of housing or economic hardship, and complete the caregiver and living arrangements affidavit: in a shelter; with another family in a house/apartment that someone else rents or owns; in a motel, car or campsite; or with friends or family members other than parent/guardian. (McKinney-Vento Act 42 U.S.C. 11435).

REQUIRED DOCUMENTATION: A birth certificate or other reliable proof of the student’s identity or age; immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828 and ARS 15-872 may result in the student’s suspension from school, and/or the referral to the local law enforcement agency.

I hereby affirm, by my signature, that I am either the parent or guardian of the above named student and that all information provided is true, accurate, and up-to-date. Any false statement subjects the above named student to immediate withdrawal. Also, I hereby grant the Higley Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 18 or over): _____ Date: _____

SCHOOL USE ONLY

School ID # _____ SAIS ID # _____ Entry Date _____ Entry Code _____

Grade _____ Teacher _____ Counselor _____

Birth Certificate Immunizations Proof of Residency Custody/Guardian Papers Date Records Requested _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE)
Home Language Survey

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: _____

Date of Birth: _____

Parent/ Guardian Signature: _____ **Date:** _____

(For Office Use Only)

Student ID: _____

SAIS ID:

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**Instructions for Administering the
Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

1. The parent(s) and/or guardian(s) of newly-enrolled students must be asked the question: “**What is the primary language of the student?**”
2. If the response to this question is ANY language other than English, then the student must be assessed with the Arizona English Language Learner Assessment (AZELLA).
3. The “PHLOTE-Home Language Survey” shall be revised as of July 1, 2009.
 - This official Arizona Department of Education (ADE) form is the only verification for language that is to be in every school’s registration packet.
 - There is no need to have this language verification information duplicated on the school enrollment form.
4. A copy of the completed “PHLOTE-Home Language Survey” shall be included in the student’s Cumulative (CUM) file.
5. This official Arizona Department of Education (ADE) form cannot be modified or changed in any way.
6. If the Local Educational Agency (LEA) [district or charter school] has any additional information that must be captured, the LEA may create its own additional form.
 - This LEA-created form (in whole or in part) **may not be used** in the eligibility determination process of assessing a student for English language proficiency.
7. A new “PHLOTE-Home Language Survey” does not have to be completed annually.

As noted on the document front, any language (**other than English**) entered on this form, is the language that should be accurately entered into the “Student Accountability Information System” (SAIS) via an LEA’s *Student Management System*.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal del Estudiante excluyendo el inglés (PHLOTE)
Encuesta sobre el idioma principal del estudiante

La pregunta está en conformidad con A.R.S. §15-756. Identificación de los Alumnos que están aprendiendo el inglés

La respuesta que proporcione a la pregunta siguiente será usada para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

¿Cuál es el idioma principal que usa su estudiante?

Idioma: _____

Nombre del estudiante: _____

Fecha de nacimiento: _____

Firma del padre o tutor: _____ **Fecha:** _____

.....
(For Office Use Only)

Student ID: _____

SAIS ID:

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**Instructions for Administering the
Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

1. The parent(s) and/or guardian(s) of newly-enrolled students must be asked the question: “**What is the primary language of the student?**”
2. If the response to this question is ANY language other than English, then the student must be assessed with the Arizona English Language Learner Assessment (AZELLA).
3. The “PHLOTE-Home Language Survey” shall be revised as of July 1, 2009.
 - This official Arizona Department of Education (ADE) form is the only verification for language that is to be in every school’s registration packet.
 - There is no need to have this language verification information duplicated on the school enrollment form.
4. A copy of the completed “PHLOTE-Home Language Survey” shall be included in the student’s Cumulative (CUM) file.
5. This official Arizona Department of Education (ADE) form cannot be modified or changed in any way.
6. If the Local Educational Agency (LEA) [district or charter school] has any additional information that must be captured, the LEA may create its own additional form.
 - This LEA-created form (in whole or in part) **may not be used** in the eligibility determination process of assessing a student for English language proficiency.
7. A new “PHLOTE-Home Language Survey” does not have to be completed annually.

As noted on the document front, any language (**other than English**) entered on this form, is the language that should be accurately entered into the “Student Accountability Information System” (SAIS) via an LEA’s *Student Management System*.

Emergency Card Procedures

A completed Emergency/Immunization form is a mandatory part of registration and **must be returned before attending preschool**. All areas must be filled in, even if it is not applicable (N/A). State regulations prohibit our school from enrolling a student if the Emergency Card is missing any of the information listed below. To guide you in it's completion here are a few guidelines.

Immunization Section

- * There is no need to fill in the dates of your child's immunizations. We will make a photocopy from your registration packet.

General Section

- * Please fill out **all** names, addresses and phone numbers. Please list your cell phone and pager numbers as well. Both parents **MUST** sign this card in this section. Please complete date of birth.

Emergency Section

- *Provide Doctor's name, complete address and telephone number including area code. If you do not have a family doctor, please indicate an Urgent Care Facility near your home. Hospital name, address and phone numbers for local hospitals are attached. This section also requires signatures and dates.

Authorized Pick-Ups

- * There must be **at least two** emergency contacts listed on the emergency card. Their complete address and phone number must be listed. These contacts must be local. If you do not list two contacts, we will contact CPS if we cannot get a hold of you in an emergency. Please note that we will ask for a picture ID for anyone picking up your child, until we become familiar with them.

Medical Information

- * It is important to your child's health that we have all of this information completed. Please provide in detail any pertinent information.

Hospital Addresses and Phone Numbers

Banner Baywood Medical Center
6644 E. Baywood Ave.
Mesa, AZ 85206
(480) 321-2000

Banner Desert Medical Center
1400 S. Dobson Rd.
Mesa, AZ 85202
(480) 512-3000

Banner Gateway Medical Center
1900 N. Higley Rd.
Gilbert, AZ 85234
(480) 543-2000

Chandler Regional Medical Center
475 S. Dobson Rd.
Chandler, AZ 85224
(480) 728-3000

Mercy Gilbert Medical Center
3555 S. Val Vista Dr.
Gilbert, AZ 85297
(480) 728-8000



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

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

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

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: _____

Telephone Authorization Code : _____ (optional)

Immunization Information

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 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 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 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 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:

HIGLEY UNIFIED SCHOOL DISTRICT
STUDENT HEALTH HISTORY

Name of Child _____ Birth date _____

Names of Brothers and Sisters:	Date of Births:
_____	_____
_____	_____
_____	_____
_____	_____

(For additional names, please write on back)

Please check if your child has had any of the following conditions: Date:

_____ Asthma	_____
_____ ADHD (Attention Deficit/Hyperactive Disorder)	_____
_____ Convulsive/Seizure Disorder	_____
_____ Chickenpox	_____
_____ Diabetes	_____
_____ Emotional/Psychiatric Disorder	_____
_____ Eye, Ear Nose Disease	_____
_____ Heart Condition	_____
_____ Measles	_____
_____ German Measles	_____
_____ Mumps	_____
_____ Respiratory condition	_____
_____ Rheumatic Fever	_____
_____ Tonsillitis	_____
_____ Valley Fever	_____
_____ Serious Injury What?	_____
_____ Surgery What?	_____
_____ Hearing loss	_____
_____ Vision Problems	_____
_____ Other: (Please list)	_____

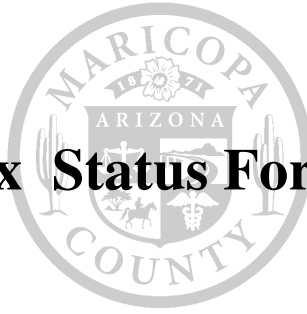
Allergies:
Food allergies _____
Drug allergies _____
Environmental allergies _____

Does your child take medications daily? Yes _____ No _____

Name of medications taken: _____

Why does he/she take medication? _____

Is there anything else we should know about your child's medical history?



Chickenpox Status Form (Varicella)

Dear Parent,

Beginning with the 2009-2010 school year, students entering childcare, preschool, kindergarten, and grades 1st, 2nd, 3rd, 4th, 5th and also grades 7th, 8th, 9th, 10th, and 11th will be required to have proof of receiving the chickenpox vaccination (Varicella) **OR** a history of having had the chickenpox disease.

The Arizona Department of Health Services (ADHS) following the Centers for Disease Control and Prevention (CDC) guidelines has required compliance with this new vaccine (shot) requirement.

Please review your student's record and check the correct box below and then bring this letter **AND** your student's vaccination record to your school health officer prior to the beginning of the 2009-2010 school year.

Student's Name: _____

Date of Birth: _____

Parent Signature: _____

Date: _____

Yes, my child has had chickenpox. Year or age student had chickenpox: _____

Yes, my child received the chickenpox vaccine. Date of chickenpox vaccine: _____

No, my child has never had the chickenpox. **Please obtain the vaccination immediately.**

If you need vaccinations, please contact your private provider or call Community Information and Referral at 602-263-8856, 800-352-3792 or find them on the web at www.cirs.org

If you have filed a vaccine exemption form with your student's school health officer, please note that this new requirement is NOT covered and you are required to complete this form and bring it to your student's school health officer.

Thank you for your cooperation.

Maricopa County Department of Public Health
Office of Community Health Nursing
602-506-6767 www.maricopa.gov



Forma del Estado de la Varicela (Viruela)

Estimado Padre,

Empezando el año escolar 2009-2010, los estudiantes que van a entrar en centros de cuidado de niños, escuela pre-escolar, kindergarten y grados: primero, segundo, tercero, cuarto, quinto y también los grados siete, ocho, nueve, diez y once se les pedirá que presenten prueba de haber recibido la vacuna contra la varicela (viruela loca) o de haber tenido la enfermedad de la varicela.

El Departamento de Servicios de Salud de Arizona junto con las recomendaciones del Centro de Prevención y Control de Enfermedades requiere que se cumpla con los nuevos requisitos para esta vacuna.

Por favor revise la cartilla de vacunación del estudiante y marque lo que le aplica en la casilla de abajo, después traiga esta carta al personal de salud de la escuela **CON** la cartilla antes del comienzo del año escolar 2009-2010.

Nombre del Estudiante: _____ **Fecha de Nacimiento:** _____

Firma del Padre: _____ **Fecha:** _____

Sí, el estudiante ha tenido la viruela loca. Año o edad cuando tuvo la enfermedad: _____

Sí, el estudiante ha recibido la vacuna. Fecha de la vacuna : _____

No, el estudiante no ha tenido la viruela loca. Por favor obtenga la vacuna (Varicella) inmediatamente.

Si usted necesita vacunas, por favor llame al Centro de Información y Referencia de la comunidad al 602-263-8856, 800-352-3792 o encuéntrelos en la red del Internet www.cirs.org

Si usted ha llenado la solicitud de exención de vacunas con el personal de salud de la escuela, por favor note que en esta forma tiene que reportar la enfermedad de varicela para cumplir con este nuevo requisito y dársela al personal de salud de la escuela de su hijo(a).

Gracias por su cooperación

Maricopa County Department of Public Health
Office of Community Health Nursing
602-506-6767 www.maricopa.gov

2010-11 Arizona School Immunization Requirements

Parents:

1. Children must have proof of all required immunizations, or valid exemption, in order to attend the first day of school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemption forms are available from schools and at www.azdhs.gov/phs/immun/idr_forms. Homeless students are allowed a 5-day grace period.
2. The record for each vaccine dose must include the date and name of doctor/clinic.
3. The statutes and rules governing school immunization requirements are: ARS 15-871, AAC R9-6-701-708.
4. Please check requirements below:

DTaP/DTP/DT	4-5 doses	(at least 1 dose at 4 years of age or older is required. A 6 th dose is needed if 5 doses have been given before 4 years of age).
Polio	3-4 doses	(3 doses meet the requirement if the 3 rd dose was given at 4 years or older. 4 doses meet the requirement).
MMR	2 doses	(A 3 rd dose will be required if the 3 rd dose was given before 12 months of age.)
Hepatitis B	3 doses	(A 4 th dose will be required if the 3 rd dose was given before 24 weeks of age).
Hepatitis A	2 doses	(Must have at least 1 dose to start. At least 6 month time period between doses)
Varicella	1 dose	