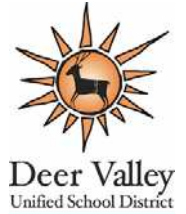




## Annual Registration Checklist 2014 Summer Camp 2014-15 Before & After Care



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

- \_\_\_\_\_ Fill out front page (Registration) providing student information
- \_\_\_\_\_ Fill out back page (Enrollment) indicating program choices
  - \_\_\_\_\_ Select your Summer Camp location for 2014, if applicable
  - \_\_\_\_\_ Select your Before & After Care location for 2014-15, if applicable
  - \_\_\_\_\_ Select your Before & After Care plan for 2014-15
- \_\_\_\_\_ Fill out Emergency Information form in its entirety (front and back page)
- \_\_\_\_\_ **Attach photocopy of child's current immunization records**  
(School copy is not accepted by AZ DHS; must be issued by health care provider)
- \_\_\_\_\_ Attach payment (or payment information)
- \_\_\_\_\_ Bring completed registration packet with your payment of the Registration fee to a designated site during early registration (2/3-28/14), or to DVUSD Community Education, District Office, 20402 N. 15th Avenue, Phoenix 85027. (The first payment may also be required depending on when a registration is submitted.) Questions? Call 623-445-4925/4923.
- \_\_\_\_\_ Avoid delays and submit your registration and enrollment EARLY!

**IMPORTANT**

- **Registration forms with missing information or documentation will NOT be accepted.**
- **A three business day waiting period applies for all new registrations, after day of receipt.**



# Annual Registration and Enrollment 2014 Summer Camp 2014-15 Before & After Care



Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering in 2014: \_\_\_\_\_

Address: \_\_\_\_\_ City & ZIP \_\_\_\_\_

School Student Normally Attends: \_\_\_\_\_

**T-shirt size**      Child SM      Child MED      Child LG      Adult SM      Adult MED      Adult LG      Adult XL

**How well does your child swim?**      No experience      Beginner      Intermediate      Advanced

**Child is permitted in the following pool**      1' or 2' or 3' pool only      3' to 10' pool      diving pool

Natural Mother Living?  Yes  No      Natural Father Living?  Yes  No      Natural Parents 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 DVUSD Administration.

Mother/Guardian Name: \_\_\_\_\_ DVUSD Employee:  Yes  No

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

Address: \_\_\_\_\_ City & ZIP \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ DVUSD Employee:  Yes  No

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

Address: \_\_\_\_\_ City & ZIP \_\_\_\_\_

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

Email address for receipts required: \_\_\_\_\_ Payer Phone: \_\_\_\_\_

Check here if there are additional payers on this account and include a separate sheet with payer information details and amount/percentage that each person will pay.

## Part 1 of 3      Annual Registration for Summer Camp and Before & After Care

### Registration and Enrollment into Summer Camp and/or Before & After Care are multi-step processes

#### Step 1

- **Register your child for program(s): 2014 Summer Camp and/or 2014-15 Before & After Care.** (Registration is the pre-requisite for enrollment into each of the two programs where required information and documentation is collected).
- Submit this form with Emergency Information form, immunizations record, and registration fee after completing the back of this form.
- **IMPORTANT:** Step 1 must be completed by 4/30/14 for guaranteed attendance at Week 1 of Summer Camp. Registration will close after 4/30/14 and re-open on 5/27/14; registrations received the week of 5/27/14 can NOT attend Summer Camp until the week of 6/2/14.

#### Step 2

- **Enroll, reserve, and pay for your child in Summer Camp,** if applicable, by submitting a reservation coupon and payment, or enrolling online, by the first due date of 5/20/14. (Enrollment is the process of choosing a location, reserving dates and making payment).
- You may submit bi-weekly payments, set up an automatic payment plan, or receive a 10% discount to pay in full for all 47 days only by 5/20/14. Some restrictions apply to auto pay and pay-in-full; see Parent Handbook for details.
- For auto pay, you must **submit a separate authorization form indicating ALL days child will attend.**
- **NOTE:** Your Summer Camp instructor may ask you to fill out a calendar of days you will attend; this is NOT a reservation form but is used strictly by the camp staff for planning purposes. Our processing staff requires date selection with payments to complete enrollment.

#### Step 3

- **Enroll your child in Before & After Care,** if applicable, by choosing your location and plan on this form, or by notifying your Payment Processor no later than the first payment due date of 8/1/14 to guarantee attendance on the first day of school.

<input type="checkbox"/> \$30 Early Family Registration through 2/28/14	<input type="checkbox"/> Free Summer Camp T-Shirt	Payment Method _____
<input type="checkbox"/> Check if Kindergarten only student	<input type="checkbox"/> Free Add'l Summer T for Early Reg through 2/28/14	Payment Total _____
<input type="checkbox"/> \$75 Open Family Registration 3/1/14 and later	Registrations received from 5/3-5/23/14 for summer, and after 8/1/14 for Before & After, may have delayed start dates; a 3 business day wait always applies and does not include day registration is received.	Reviewed By _____

**Part 2 of 3**

**2014 'Sun'sational Summer Camp Enrollment**

**1. Choose Summer Camp location (your child will receive a free camp t-shirt for this location)**

Preschool at Highland Lakes     Desert Sage     Highland Lakes     Norterra Canyon     Sunset Ridge     Terramar

**2. Reserve your days by submitting reservation coupon(s) and payment(s), or by enrolling online at [activenet.active.com/dvusdce](http://activenet.active.com/dvusdce), by the due dates indicated**

**Payment Types for Summer Camp:**

- A. Online enrollment/payment at [activenet.active.com/dvusdce](http://activenet.active.com/dvusdce) by the Tuesday prior to the two-week reservation period, with first payment due by 5/20/14.
- B. Payment and reservation coupon received at Community Education by the Tuesday due date prior to two-week reservation period.
- C. Automatic\* payment plan requires submission of separate authorization form submitted to Community Education prior to first due date of 5/20/14.
- D. Pay-in-full\* for all 47 days of camp and receive 10% discount; change or withdrawal will result in loss of discount. Due by 5/20/14.

\*Some restrictions apply for auto pay and pay-in-full. Please consult Parent Handbook for full details.

**3. NOTE that your Summer Camp instructor may ask you to complete a calendar of days you plan to attend. This is used by the camp staff for planning purposes only and is not a reservation. Our processing staff must receive enrollment days and payment before days will be reserved.**

'Sun'sational Summer Camp provides students with activities and field trips revolving around weekly themes. Camps are open weekdays from 6:30 a.m. to 6:00 p.m., Tuesday, My 27th through Thursday, July 31st. All camps are closed on Friday, July 4th. The cost of camp is \$32 per day, subject to a 3-day per week minimum for the weeks that are reserved. Bi-weekly reservations and payments are required through online enrollment by 11:59 p.m., or by the submission of payment and reservation coupon by 5:00 p.m., on the Tuesday prior to the two week period being reserved. A \$15 late fee applies to payments received after due date, and **participation in field trips can not be guaranteed if payment is received later than noon on Thursday of the week prior.** You will reserve and pay for your attendance days by the due date every two weeks. Refunds will not be given after the reservation due date, nor can payments for days reserved be transferred to another week.

**Eligibility:** Summer Camp is open to all students enrolled in grades K-8, ages 5-14. A Preschool Summer Camp option is available at Highland Lakes for ages 3-5, including incoming Kindergarten students. Preschool follows a different activity schedule. Students who have reached their 5th birthday by 5/27/14 may choose to enroll in either one of the programs for the duration of the summer.

**Discounts** available for multi-children, DVUSD employees, or for payment in full for all 47 days of camp, subject to conditions outlined in Parent Handbook. **No refunds or credits** will be issued once a session has begun.

**Part 3 of 3**

**2014-15 Before & After Care Enrollment**

**1. Choose the Before & After Care program location your child will attend for the 2014-15 school year**

Anthem     Arrowhead     Canyon Springs     Copper Creek     Desert Mountain     Desert Sage     Diamond Canyon  
 Greenbrier     Highland Lakes     Las Brisas     Legend Springs     Mountain Shadows     Norterra Canyon     Park Meadows  
 Paseo Hills     Sierra Verde     Stetson Hills     Sunrise     Sunset Ridge     Terramar     West Wing

**2. Choose the Before & After Care plan your child will attend for the 2014-15 school year. Please note that if a location or plan is not chosen at this time, your child will not be enrolled in the program and it will be your responsibility to contact our office with this information prior to the first payment due date of 8/1/14.**

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

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

- 3. Payments are due the first of each month, August through May. Rates are based on annual fees and days off are factored into the price.**
- 4. A two-week written notice is required for withdrawal from this program. All requests must be made in writing on an Enrollment Revision Form.**
- 5. Please indicate the date your child will start the program **Start Date** \_\_\_\_\_ ; a 3-business day wait is required after day of receipt of registration.**

**Payment Types for Before & After Care:**

- A. Online payment due the 1st of each month, August through May, at [activenet.active.com/dvusdce](http://activenet.active.com/dvusdce), with account activation.
- B. Payment and reservation coupon received at Community Education by the 1st of each month, August through May.
- C. Automatic payment plan requires submission of separate authorization form submitted to Community Education prior to first due date of 8/1/14.

I agree to read the Parent Handbooks associated with each program and to follow all policies and procedures covered in the handbook. I understand there are conditions that may result in withdrawal of my child from a Community Education program, and that all DVUSD rules, policies, and procedures apply to this program. For the safety of your student and in compliance with DHS licensing, incomplete registration forms can not be accepted. **A 3-business day waiting period is in effect prior to attending any program once a completed registration is accepted, excluding day of receipt.** All locations are subject to minimum enrollment.

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

Date \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

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

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	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:

Name(s):
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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**

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:
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:
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:
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:
Additional comments:
Other special instructions:

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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