

## Your On-Site Child-Care Program

# Kids Corner

### Welcome to Kids Corner

Kids Corner offers programs to students enrolled in kindergarten through sixth grade. Kids Corner provides age appropriate activities focused on daily themes. Activities include sports, science, cooking, arts, crafts, group games,

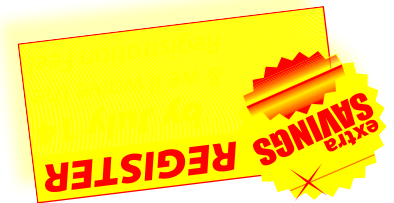
### Registration made easy:

1. **Walk In:** Monday–Friday from 8:00 am to 4:00 pm at:  
**MPS Community Education Department**  
855 West 8th Avenue  
Mesa, Arizona 85210-3401  
(480) 472-7250; (480) 472-1090; (480) 472-7265
2. **24 Hour Drop Box** located at the above address.
3. **Mail-In Registrations** must be received in our office by **July 14, 2014**. Send all required documents to:  
**MPS Community Education Department**  
855 West 8th Avenue  
Mesa, Arizona 85210-3401

Make checks payable to: **Mesa Public Schools/Kids Corner.**

### Required registration documents are:

## Registration begins May 27, 2014



Community Education  
Kids Corner Program  
855 West 8th Avenue  
Mesa, AZ 85210-3401

**mesa**  
PUBLIC SCHOOLS

NONPROFIT  
ORGANIZATION  
U.S. POSTAGE  
**PAID**  
Mesa, Arizona  
Permit No. 161

FOR OFFICE USE ONLY	
START DATE	
INITIAL	DATE ENTERED

**PLEASE PRINT CLEARLY: (FILL OUT COMPLETELY). Student's name as registered in school.**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DOES YOUR STUDENT HAVE A CURRENT IEP OR 504?  YES  NO IF YES, PLEASE PROVIDE ACCOMMODATIONS TO COMMUNITY EDUCATION.

PARENT/GUARDIAN NAME: \_\_\_\_\_ PARENT E-MAIL: \_\_\_\_\_

PARENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ AZ ZIP: \_\_\_\_\_

CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_ EXT: \_\_\_\_\_ HOME #: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PARENT E-MAIL: \_\_\_\_\_

ADDRESS (IF DIFFERENT): \_\_\_\_\_ CITY: \_\_\_\_\_ AZ ZIP: \_\_\_\_\_

CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_ EXT: \_\_\_\_\_ HOME #: \_\_\_\_\_

IS EITHER PARENT/GUARDIAN AN EMPLOYEE OF MESA PUBLIC SCHOOLS?  YES  NO

DEPARTMENT/SCHOOL: \_\_\_\_\_ POSITION: \_\_\_\_\_

**I have read and understand the parent handbook, including payment information. Parent Signature:** \_\_\_\_\_

**SCHOOL PREFERENCE:** *Check One*

**MORNING & AFTERNOON PROGRAM**

**AFTERNOON ONLY PROGRAM**

- |                                    |   |                                     |  |                                 |                                      |
|------------------------------------|---|-------------------------------------|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Bush      | <input type="checkbox"/> Crismon        | <input type="checkbox"/> Brinton    | <input type="checkbox"/> Edison        | <input type="checkbox"/> Entz   | <input type="checkbox"/> Falcon Hill |
| <input type="checkbox"/> Field     | <input type="checkbox"/> Las Sendas     | <input type="checkbox"/> Hale       | <input type="checkbox"/> Hermosa Vista | <input type="checkbox"/> Irving | <input type="checkbox"/> Ishikawa    |
| <input type="checkbox"/> MacArthur | <input type="checkbox"/> Mendoza        | <input type="checkbox"/> Johnson    | <input type="checkbox"/> Keller        | <input type="checkbox"/> Kerr   | <input type="checkbox"/> Madison     |
| <input type="checkbox"/> Patterson | <input type="checkbox"/> Red Mtn. Ranch | <input type="checkbox"/> O'Connor   | <input type="checkbox"/> Pomeroy       | <input type="checkbox"/> Porter | <input type="checkbox"/> Robson      |
| <input type="checkbox"/> Wilson    |   | <input type="checkbox"/> Salk       | <input type="checkbox"/> Serrine       | <input type="checkbox"/> Summit | <input type="checkbox"/> Taft        |
|                                    |   | <input type="checkbox"/> Washington | <input type="checkbox"/> Zaharis       |                                 |                                      |

**DAYS ATTENDING:**  Monday  Tuesday  Wednesday  Thursday  Friday

**PROGRAM SELECTION:** *Check all that apply; monthly payments are due by the first business day of each month.*

- |   |   |
|---|---|
| <input type="checkbox"/> <b>OPTION 1: Full Time Afternoon</b> (school dismissal until 6:00 p.m.)<br>\$225 per month (5 afternoons per week/per month) | <input type="checkbox"/> <b>OPTION 3: Full Time Morning</b> (6:30 a.m. to start of school)<br>\$112 per month (5 mornings per week/per month) |
| <input type="checkbox"/> <b>OPTION 2: Part Time Afternoon</b> (school dismissal until 6:00 p.m.)<br>\$112 per month (1-10 afternoons per month)       | <input type="checkbox"/> <b>OPTION 4: Part Time Morning</b> (6:30 a.m. to start of school)<br>\$56 per month (1-10 mornings per month)        |

**Registration & licensing fee: \$50.00 per family**

In cases of separation/divorce, please indicate if there will be multiple financially responsible payers.  Yes  No  
 If yes, do you require separate financial records?  Yes  No

*We are excited to offer you the convenience of Tuition Express – an automated payment processing system that allows you to pay program fees three ways.*

- On-line payments
- Recurring credit card payments
- Recurring bank-to-bank transactions

Please visit our website at [www.mpsaz.org/commed/payment\\_info](http://www.mpsaz.org/commed/payment_info) for required forms and additional information.

Education programs are open to all persons, regardless of race, ethnicity, national origin, religion, gender or disability. Please advise the registrar if you require accommodation for disability.

**COMMUNITY EDUCATION WILL PROVIDE NOTIFICATION OF APPROVED START DATE.**



**FILL OUT FORM COMPLETELY**



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>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

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

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



**FILL OUT FORM COMPLETELY**





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**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 EIR 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?  No  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?  No  Yes  
If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs?  No  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.)?  No  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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**FILL OUT FORM COMPLETELY**

