

Checklist for Child Care
2008-2009

Child's Name: _____

Date of Birth: _____

- Registration Form
- Confidentiality of Records Form
- Blue Form, Front and Back
- Release of Claims
- Permission to Photograph
- Enrollment and Tuition Agreement
- Shot Records
- Birth Certificate
- Social-Security-Number
- \$25.00 Registration Fee paid on _____
Cash/Check # _____

****Please Note: Shot Records must be verified through the school nurse and all forms completed before the child will be allowed to enter school****

ORACLE SCHOOL DISTRICT #2

725 N. Carpenter Drive

HCR Box 2743, Oracle, AZ. 85623, (520) 896-3080 or (520) 896-3071

2008-2009

STUDENT REGISTRATION FORM

Student Name _____ Grade _____ SS# _____

Student Address _____ Mailing Address: _____

Phone # _____ DOB _____ Birth Place _____ M ___ F ___

Ethnic choice: Check one you most closely identify with:

- American Indian
- African American
- Asian or Pacific Islander (Oriental)
- Hispanic (Mexican or other Spanish origin)
- White (Not of Hispanic origin)

Person to call in case of emergency:

Name: _____

Phone: _____

Special Education Information:

Was your child enrolled in any Special Education Program? If yes, please explain: _____

Does your child have special needs, Speech or ESL programs? If yes, please explain: _____

Has your child been suspended or expelled from school for any reason? If so, please provide information: _____

FAMILY INFORMATION:

Name of:	Occupation	Where employed	Phone #	Living	
				Yes	No
Father _____	_____	_____	_____	___	___
Mother _____	_____	_____	_____	___	___
Step Parent _____	_____	_____	_____	___	___
Guardian _____	_____	_____	_____	___	___

Student living with: _____ Number of children in family: _____

Is there a non-custodial parent? Yes ___ No ___ If yes, do you have custody papers? Yes ___ No ___
(If Yes you must provide!)

I will call Oracle Ridge School Office to make arrangements when other persons not listed on Blue Emergency Form are picking up my child. When doing so, I will give the last four digits of my social security numbers as verification_____.

<u>Name of brothers</u>	<u>Date of Birth</u>	<u>Name of sisters</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give my permission for my son/daughter to attend any District activity of Oracle Ridge School, such as field trips, during school year if under the supervision and if transported in a District vehicle:
Yes _____ No _____

My child will be: Picked up: _____ Ride the bus _____ To: _____

Bus stop name: _____ Bus # _____

Name, Address and phone # of Day Care Provider: _____

I verify the above information to be accurate.

Signature of Parent/Guardian Date

FOR OFFICE USE ONLY
Date of Entry: _____

SCHOOL NAME: ORACLE RIDGE
Entry Code _____ Matric # _____

Verify DOB: _____

Certified By: _____ () Birth Certificate
() Baptismal Certificate
() Other

Emergency Information and Immunization Record Card

Child's Name: _____ Date Enrolled: _____ Updated: _____
 Home Address: _____ Street _____ City _____ State _____ Zip _____ Date Disenrolled: _____
 Home Phone: _____ Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____	
Home Address: _____ <small>Street City State Zip</small>	
Home Phone: _____	Cell Phone: _____
Business Name: _____ Work Phone: _____	
Business Address: _____ <small>Street City State Zip</small>	
Signature: _____	

Father or Guardian Name: _____	
Home Address: _____ <small>Street City State Zip</small>	
Home Phone: _____	Cell Phone: _____
Business Name: _____ Work Phone: _____	
Business Address: _____ <small>Street City State Zip</small>	
Signature: _____	

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes Name of Insurance Company _____ (Optional)

In case of injury or sudden illness, _____ will be called first. 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 an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____	Name: _____
Address: _____ <small>Street City State Zip</small>	Address: _____ <small>Street City State Zip</small>
Telephone: _____ Cell phone: _____	Telephone: _____ Cell phone: _____
Name: _____	Name: _____
Address: _____ <small>Street City State Zip</small>	Address: _____ <small>Street City State Zip</small>
Telephone: _____ Cell phone: _____	Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

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

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

 Parent or Guardian printed name Signature Date: _____

Immunization Information

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2-3 months	#1	#1	#1				
4-5 months	#2	#2	#2	#2			
6-11 months	#3		#2 - #3 ¹				
12-14 months		#3	#1 - #4 ²	#3		#1	#1
15-59 months	#4						
24-71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

<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, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? No Yes _____

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 _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code : _____ (optional)

PERMISSION FORM AND RELEASE OF CLAIMS

ORACLE SCHOOL DISTRICT #2

Permission to participate in off campus activities (e.g., field trips, Red Ribbon walk, etc.)

I hereby give my child _____ permission to participate in the off campus activities operated as a part of the school curriculum.

Release of Claims

I hereby fully release and discharge the Oracle School District #2 and its officers, agents and employees from any and all claims resulting from injuries, including death personal injury, damages and losses to property sustained by my minor child arising out of or in any way connected with the activities of the program(s), except for those injuries caused by the willful and wanton acts of omissions of the District and its officers, agents or employees are not released.

Medical Treatment Permission

In the event of an emergency, I authorize the Oracle School District #2 its officers, agents, and employees to secure from any licensed hospital, physician or other medical care provider any treatment deemed necessary for my minor child's immediate care. I will be responsible for any and all medical services rendered.

I have read and fully understand the release of claims and the permission for medical treatment. I understand that my signature is required below in order for my child to participate in the activities of the Oracle School District #2.

Signature of Parent or Guardian

Date

Printed Name

Address

ORACLE SCHOOL DISTRICT#2

**ANNUAL NOTIFICATION TO PARENTS REGARDING
CONFIDENTIALITY OF STUDENT EDUCATION RECORDS**

Dear Parents:

The Oracle School District Governing Board has established written policies regarding the collection, storage, retrieval, use, and transfer of student educational information collected and maintained pertinent to the education of all students to ensure the confidentiality of the information to guarantee parents and students' right to privacy. These policies and procedures are in compliance with:

The family Education Rights and Privacy Act; Title 20, United States Code, Sections 1232g and 1232h; and the Federal Regulations (34CFR, Part 99) issued pursuant to such Act:

The Education of All Handicapped Children Act; Title 20, United States Code, Sections 1412 (2) (D) and 1417 ©; and the Federal Regulations (34 CFR 300.560-300.574) issued pursuant to such Act: and

Arizona Revised Statutes, title 15, Section 141.

Student education records are collected and maintained to help in the instruction, guidance, and educational progress of the student; to provide information to parents and staff; to provide a basis for the evaluation and improvement of school programs; and for legitimate educational research. The student records maintained by the district may include, but are not necessarily limited to, identifying data; report cards and transcripts of academic work completed; standardized achievement test scores, attendance data; reports of psychological testing; health data, teacher or counselor observations; and verified reports of serious or recurrent behavior patterns.

These reports are maintained in the administrative offices at Oracle Ridge and Mountain Vista and are available only to the teachers and staff working with the student. If your son/daughter should transfer to another school, these records will be sent to the new school upon their request. Otherwise, records are not released to most agencies or persons without prior written consent of the parent.

You have the right to inspect and review any and all records related to your child, including a listing of persons who have reviewed or have received copies of the information. Parents wishing to review their children's records should contact Todd Kissick , Principal, for an appointment. School personnel will be available to explain the contents of the records to you. Copies of student education records will be made available to parents when it is not practicable for you to inspect and review the records at the school. Charges for the copies of records will be actual cost of copying.

If you believe information in the record file is inaccurate or misleading, you have the right to request that a correction be made and to add comments of your own. If any time an agreement between the principal and parent cannot be reached, you may contact Todd Kissick , Superintendent, and request a hearing.

You shall be informed when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to your child. The information must b maintained for two years after the date your child was last enrolled in this school district.

Copies of the District Student Education Record Confidentiality Policies and Procedures may be reviewed in the principal's office in each school. Federal law also permits a parent to file a complaint with the Family Educational Rights and Privacy Act Office in Washington, D.C., if you feel the school is violating public school records policies and statutes.

I have had an opportunity to ask questions about the information provided on the sheet entitled "Confidentiality of Certain School Records (Psychological/Special Educational)" and understand what it means. It was provided for me in my primary language.

Parent/Guardian Name

Date

Oracle School District #2

Permission to Photograph

I give the Oracle School District my permission for my (son/daughter), _____, to be photographed and identified by name, grade and any other information for the purpose of news articles and pictures in the newspaper or through school projects, which acknowledge my child's achievements and accomplishments, as well as his/her participation in sports and other activities.

Parent signature

Date

ENROLLMENT AGREEMENT

Welcome to the Oracle Ridge Learning Center. We look forward to a healthy and happy relationship with you and your family. The following policies have been created to help ensure the smooth operation of the Center and the safety of all the children enrolled.

By initialing each paragraph and signing the bottom of this agreement and enrolling my child at Oracle Ridge Learning Center, I am acknowledging my understanding and acceptance of the following:

1. _____ The Center is open from 6:00 a.m. to 6:00 p.m., Monday-Friday. The Center will be closed in recognition of various holidays throughout the year. A letter will be sent home prior to holiday closing.
2. _____ The following items are required before your child may attend the center. Immunization records, copy of birth certificate, completed and signed registration forms and emergency blue form.
3. _____ An **after hours fee** per the attached Tuition Schedule will be assessed when a child is left beyond the Center's operating hours and is payable on the next billing cycle along with the next tuition payment. The after hours fee does not constitute an agreement to provide after hours services. **Chronic lateness at closing time may be grounds for termination of service.**
4. _____ Center staff will release your child only to you or to those persons you have listed on Blue Emergency Form. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not on these forms to pickup your child, you must notify Center staff in advance, in writing or by phone. *When calling by phone, you will be asked to give the last four digits of your social security number as verification. The Center will ask any person other than yourself who picks up your child to provide photo identification.
5. _____ If you or another authorized person fail to pick up child and/or contact the center, and cannot be reached, center staff, within thirty minutes after closing time, or in accordance with state licensing regulations, may release children to the custody of child protective services or other local authorities.
6. _____ The Center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the Center from opening on time or at all will be posted.
7. _____ For safety, accuracy and maintenance of emergency records, it is critical to sign children in and out of the building using your assigned PIN number and in any other way specific state regulations require. To ensure the safety of our Center and yourself, do not share your PIN number.
8. _____ **The Center reserves the right to alter its policies and program status at any time.**

I have read, understand and accept all terms and conditions described in this agreement. This is a legally binding contract between Oracle Ridge Learning Center and myself.

Child's Name: _____

Parent/Guardian

Signature _____ Date _____

Parent/Guardian

Signature _____ Date _____

TUITION CHARGES, REGISTRATION AND OTHER FEES

9. _____ Tuition is **\$2.00** per hour due on Friday's for the previous two weeks of service rendered. Tuition is payable per the attached **Tuition Schedule** payable in full to Oracle Ridge School. The fee of **\$2.00** per hour will be billed for each child attending *whether they are here the whole hour or any part of the hour.*
10. _____ If tuition is not paid within 2 days of the due date, a \$5.00 late fee will be charged and your child will not be allowed to attend until the billing is resolved. The Center may, from time to time, adjust the tuition and fee schedule and you agree to pay such adjusted tuition or fee as a condition of your child's continued enrollment. You will be given appropriate notification of any charges in tuition.
11. _____ A **\$25** nonrefundable annual registration fee is due at the time of enrollment and payable each year in July for the start of our new fiscal year. If your child has been withdrawn from the program and subsequently re-enrolled, a new registration fee is due at that time.
12. _____ ***Accounts in arrears may result in immediate termination of service; however, upon payment enrollment may be reinstated. Accounts in arrears may be referred to a collection agency or taken to court. In the event an account is brought to this final step, you will be responsible for the balance of your account and any reasonable collection and attorney fees associated with the collection of this account. In the event that an account is in arrears or shared payment of an account is in dispute, all sponsors on the account will be responsible for full payment of the account, including late fees.***
13. _____ Your child may have the opportunity to participate in special programs or field trips. This may result in an additional fee due before the day of the event. Notices will be posted in advance and a signed permission slip will be required in order for your child to participate.
14. _____ All returned checks will be assessed a \$25.00 fee. If a bank returns two or more checks for insufficient funds, only money orders, cash or cashier's checks will be accepted for payment.
15. _____ Children left at the center after 6:00 p.m. will result in an after hours fee of \$5.00 for every fifteen minutes. Thirty minutes after closing, a charge of \$10.00 every fifteen minutes will be charged. An after hours fee will be assessed when a child is left beyond the center's operation hours. The after hours fee does not constitute an agreement to provide after hours services. Chronic lateness at closing time may be grounds for termination of service.

I have read, understand and accept all terms and conditions described in this agreement. This is a legally binding contract between Oracle Ridge Learning Center and myself.

Child's Name: _____

Parent/Guardian

Signature _____ Date _____

Parent/Guardian

Signature _____ Date _____

TUITION SCHEDULE AND FEES

Billing week <i>Starts</i>	Billing week <i>Ends</i>
June 30, 2008	July 11, 2008
July 14, 2008	July 25, 2008
July 28, 2008	August 8, 2008
August 11, 2008	August 22, 2008
August 25, 2008	September 5, 2008
September 8, 2008	September 19, 2008
September 22, 2008	October 3, 2008
October 6, 2008	October 17, 2008
October 20, 2008	October 31, 2008
November 3, 2008	November 14, 2008
November 17, 2008	November 28, 2008
December 1, 2008	December 12, 2008
December 15, 2008	December 26, 2008
December 29, 2008	January 9, 2009
January 12, 2009	January 23, 2009
January 26, 2009	February 6, 2009
February 9, 2009	February 20, 2009
February 23, 2009	March 6, 2009
March 9, 2009	March 20, 2009
March 23, 2009	April 3, 2009
April 6, 2009	April 17, 2009
April 20, 2009	May 1, 2009
May 4, 2009	May 15, 2009
May 18, 2009	May 29, 2009
June 1, 2009	June 12, 2009
June 15, 2009	June 26, 2009

Payment Due Date
July 18, 2008
August 1, 2008
August 15, 2008
August 29, 2008
September 12, 2008
September 26, 2008
October 10, 2008
October 24, 2008
November 7, 2008
November 21, 2008
December 5, 2008
December 19, 2008
January 2, 2009
January 16, 2009
January 30, 2009
February 13, 2009
February 27, 2009
March 13, 2009
March 27, 2009
April 10, 2009
April 24, 2009
May 8, 2009
May 22, 2009
June 5, 2009
June 19, 2009
July 3, 2009

Oracle Ridge Learning Center Hours and Rates

Open 6:00 a.m. to 6:00 p.m.

\$2.00 per hour made payable to Oracle Ridge School

\$25.00 Registration fee (Per Family, Per Year)

Late fee \$5.00 for late payments

After hours fee \$5.00 per 15 minutes; after 30 minutes; \$10.00 per 15 minutes.

Child's Name: _____

Parent/Guardian

Signature _____ Date _____

Parent/Guardian

Signature _____ Date _____