Parent/Guardian Information

Registration Date: ____________

Mother/Guardian

First Name __________________________ **M.I** ____ **Last Name**_________________________________

Address: ____

Occupation: _______________________________ **Cell Phone:** _________________________________

Employed By: _____________________________ **Office Phone:** ________________________________

Work Address: ____________________________ **Work Hours:** _________________________________

Email: ___________________________________ **Driver's License#:** ___________________________

☐ **Custodial Parent (If married, mark both parents)**

Marital Status ☐ **Married** ☐ **Single** ☐ **Divorced** ☐ **Separated** ☐**Widowed** ☐ **Other:** _________

Father/Guardian

First Name __________________________ **M.I** ____ **Last Name**_________________________________

Address: ____

Occupation: _______________________________ **Cell Phone:** _________________________________

Employed By: _____________________________ **Office Phone:** ________________________________

Work Address: ____________________________ **Work Hours:** _________________________________

Email: ___________________________________ **Driver's License#:** ___________________________

☐ **Custodial Parent (If married, mark both parents)**

Marital Status ☐ **Married** ☐ **Single** ☐ **Divorced** ☐ **Separated** ☐**Widowed** ☐ **Other:** _________

Child Information

First Name __________________________ **M.I** ____ **Last Name**_________________________________

Address: ____

Date of Birth: ________________________________ **Age:** ________ **Gender:** ☐ **Male** ☐**Female**

Pediatricians Name: ___________________________ **Phone #:** __________________________________

Address: ____

List any medical conditions, allergies, medication and/or special attention you child may require

____

Child Information – Continued

First Name ____________________________ **M.I** ____ **Last Name**___________________________________

Address: ____

Date of Birth: __________________________________ **Age:** ________ **Gender:** ☐ **Male** ☐**Female**

Pediatricians Name: _____________________________ **Phone #:** ___________________________________

Address: ____

List any medical conditions, allergies, medication and/or special attention you child may require

____

Child Information

First Name ____________________________ **M.I** ____ **Last Name**___________________________________

Address: ____

Date of Birth: __________________________________ **Age:** ________ **Gender:** ☐ **Male** ☐**Female**

Pediatricians Name: _____________________________ **Phone #:** ___________________________________

Address: ____

List any medical conditions, allergies, medication and/or special attention you child may require

____

Child Information

First Name ____________________________ **M.I** ____ **Last Name**___________________________________

Address: ____

Date of Birth: __________________________________ **Age:** ________ **Gender:** ☐ **Male** ☐**Female**

Pediatricians Name: _____________________________ **Phone #:** ___________________________________

Address: ____

List any medical conditions, allergies, medication and/or special attention you child may require

____

Emergency Contacts & Authorized Pickup Persons

1st Contact/Pickup

Name: ____ **Phone#:** _________________________________

Relationship to Child: ____________________________

☐ **Able to pick up all children in the family**
☐ **Not able to pick up the following children:** ____

2nd Contact/Pickup

Name: ____ **Phone#:** _________________________________

Relationship to Child: ____________________________

☐ **Able to pick up all children in the family**
☐ **Not able to pick up the following children:** ____

3rd Contact/Pickup

Name: ____ **Phone#:** _________________________________

Relationship to Child: ____________________________

☐ **Able to pick up all children in the family**
☐ **Not able to pick up the following children:** ____

4th Contact/Pickup

Name: ____ **Phone#:** _________________________________

Relationship to Child: ____________________________

☐ **Able to pick up all children in the family**
☐ **Not able to pick up the following children:** ____

Attendants Schedule

Please specify the days and times your child will be attending.

Day of the week	Drop off time	Pick up time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

CDC/SGH# or name:____________________

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

Child's Name:	**Date Enrolled:**	Updated:
Home Address (#, Street, City, State, Zip Code):		**Date Disenrolled:**
Home Phone:	**Date of Birth**:	**Sex:** ☐ **male** ☐ **female**

Parent or Guardian Name:	**Home Address (#, Street, City, State, Zip Code):**
Cell Phone (optional):	**Contact Telephone Number:**

Parent or Guardian Name:	**Home Address (#, Street, City, State, Zip Code):**
Cell Phone (optional):	**Contact Telephone Number:**

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	**Contact Telephone Number**:
Name:	**Contact Telephone Number**:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	**Name**:	**Contact Telephone Number**:

*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.

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

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

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 or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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? **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	☐ **No** ☐ **Yes**
Is child usually susceptible to infections and if so, what precautions need to be taken? **If yes**, list precautions:	☐ **No** ☐ **Yes**
Is child subject to convulsions and what should be our procedure if one occurs? **If yes**, specify procedure:	☐ **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.)? **If yes**, list precautions:	☐ **No** ☐ **Yes**
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:**

Financial Agreement

1. **Tuition is billed weekly and payment is due on the first day of each week. You may elect to pay monthly in advance or bi-weekly. A $25 late fee will be assessed if payment is not received when due.**
2. **A $25 fee is assessed for returned checks.**
3. **If two or more children from the same immediate family are enrolled, a 10% discount will be given on the least expensive tuition.**
4. **Registration fee for each school year is $100 per family and is due at time of application for new or returning students. Registration fee is not refundable.**

Additional Comments & Information

Is there any other information that would be helpful to our management and teaching staff?

____

____

Parents Signature: ____ **Date:** ____________________

Parent Handbook Acknowledgement Form

By signing this you are acknowledging that you have read, understand, and are willing to adhere to the policies listed within the parent handbook.

Signature:__________________________ Date:______________