

Avondale Elementary School District

A.C.E. Preschool

2022-2023

Registration and Enrollment Check List



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 the Registration form in its entirety: all questions must be answered

_____ Fill out Emergency, Information and Immunization Record Card form in its entirety

_____ Attach **photocopy** of child's birth certificate (3, 4, & 5 year old combined classes)

_____ Attach **photocopy** of child's current immunization records
(Per DHS Licensing Regulations we can no longer use a copy from the school nurse)

_____ Attach payment

Payment by personal check, cashier's check or money order

Made Payable to: Avondale Elementary School District

_____ Completed registration packet and payment can be submitted to:
(The first payment may also be required depending on when a registration is submitted.)

1. School Front Office
2. ACE Preschool Teacher
3. Mail or drop off to District Office:

Avondale Elementary School District

ACE Department

295 West Western Avenue, Avondale 85323

IMPORTANT: Registration forms with missing information or documentation will NOT be accepted.

A.C.E. Preschool 2022-2023 Enrollment

3, 4, & 5 Year Old Combined Classes

Please complete all sections. Forms with missing information will not be accepted. Annual registration is required.

Please Mark on "X" by the Program of your choice

Copper Trails School

A.M. Preschool 8:00A.M. - 11:15A.M.

Wildflower School

School Day Preschool 7:45A.M. -3:15P.M

Full Day Preschool 7:00A.M. - 6:00P.M
Preschool Instruction 8:00A.M - 3:30P.M. (Daycare other times)

Desert Thunder School - Dual Immersion Language Program

School Day Preschool 7:30A.M. -3:00P.M

Full Day Preschool 7:00A.M. -6:00P.M
Preschool Instruction 8:00A.M - 3:30P.M. (Daycare other times)

Centerra Mirage School

Extended Full Day Preschool 6:15A.M. - 6:00P.M
Preschool Instruction 8:00A.M - 3:30P.M. (Daycare other times)

Full Day Preschool 7:00A.M. - 6:00P.M
Preschool Instruction 8:00A.M - 3:30P.M. (Daycare other times)

School Day Preschool 7:45A.M. -3:15P.M

A.M. Preschool 8:00A.M. - 11:15A.M.

P.M. Preschool 12:15P.M. - 3:30P.M.

Desert Star School

Full Day Preschool 7:00A.M. - 6:00P.M
Preschool Instruction 8:00A.M - 3:30P.M. (Daycare other times)

School Day Preschool 7:45A.M. -3:15P.M

Child's Full Name: _____ Birth Date: _____ Age: _____

Address: _____ City & ZIP _____

Payer Name: _____ Relation (if not parent/guardian) _____

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

Address: (if different) _____ City & ZIP _____

The following information will be useful when doing projects. All of the information is confidential and the use is intended for classroom purpose only. Thank you.

Siblings 1. _____ 2. _____
3. _____ 4. _____

Natural Mother Living? Yes No Natural Father Living? Yes No Parent are Married Divorced

Child Lives With? Both Parents Mother Father Other (specify) _____

ETHNICITY: (check one) Hispanic or Latino NOT Hispanic or Latino

RACE: (Please check all that apply and circle the primary race) White Black / African American Asian American Indian / Alaskan Native
 Native Hawaiian / Other Pacific Islander

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 all students, except students with disability-related accommodation entering preschool must be completely toilet trained. Students with disabilities requiring a reasonable accommodation should contact the ADA/504 Coordinator.

_____ 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 AESD Administration.

_____ I grant permission for my child's photograph, interview, video and/or audiotape to be posted on the official AESD Facebook page.

Mother/Guardian Name: _____	AESD Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: _____ Work Phone: _____	Cell Phone: _____
Address: _____ City & ZIP _____	
Email address: _____	

Father/Guardian Name: _____	AESD Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: _____ Work Phone: _____	Cell Phone: _____
Address: _____ City & ZIP _____	
Email address: _____	

2022-2023 Preschool

Non-Refundable Registration Fee (Per Family)	\$30 fee (50% off before May 20, 2022)
A.M. Only - Preschool Instruction 8:00A.M. - 11:15A.M.	Monthly Rate \$276*
P.M. Only - Preschool Instruction 12:15P.M. - 3:30P.M.	Monthly Rate \$276*
School Day Breakfast, Lunch and Afternoon Snack Included 7:45A.M. - 3:15P.M. Desert Thunder 7:30am-3:00Pm	Monthly Rate \$479*
Full Day - Breakfast, Lunch and Afternoon Snack Included 7:00A.M. - 6:00P.M.	Monthly Rate \$662*
Extended Full Day Breakfast, Lunch and Afternoon Snack Included 6:15A.M. - 6:00P.M.	Monthly Rate \$705*

* Preschool Program fees are based on annual enrollment and days off are factored into the price. ACE program follows the district school calendar. Tuition rates are based on annual fee of \$2,760 Half Day, \$4,790 School Day, \$6,620 Full Day, or \$7,050 Extended Full Day payable in ten equal installments. Short months are not pro-rated, and missed days are not credited. Classes are available to 3,4 & 5 years olds (not of school age). Completed Registration form does not guarantee a spot in the program. Enrollment is based on availability.

Discount Fee Information

Please check below if you are eligible for a discount: only one discount will be applied and qualifying information must be provided.

<input type="checkbox"/>	10% multiple child discount on second child in program	Name of other child
<input type="checkbox"/>	20% AESD employee discount (only one discount may be applied)	Position & location
<input type="checkbox"/>	10% military discount (only one discount may be applied)	Military Badge Required

Additional Fee Information

	\$25 fee for each change made to enrollment after registration
	\$15 late payment fee

Please choose a payment plan option for the balance of your tuition.

One full month's tuition plus the registration fee is due at the time of registration and both of these fees are non-refundable.

1. I will submit monthly payments to the ACE Department by the first school day of every month, September through May.
2. Pay in full at time of enrollment

I agree to read the Preschool Parent Handbook 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 the Preschool program, and that all AESD rules, policies and procedures apply to this program. Tuition for this program is based on an annual fee with the option to pay on a monthly basis. One full month's tuition plus the registration fee is payable with this registration and is non-refundable. I understand that if a location does not have enough enrollment, the preschool class may be cancelled but options will be made available at a school with an existing program.

Parent /Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

How did you learn about the Avondale Elementary School District ACE Preschool

- | | | |
|--|---|--|
| <input type="checkbox"/> Movie Theater Ad | <input type="checkbox"/> Electronic Billboard | <input type="checkbox"/> West Valley View News Paper |
| <input type="checkbox"/> Avondale Elementary School District Website | <input type="checkbox"/> Facebook | <input type="checkbox"/> Flyers |
| <input type="checkbox"/> Referral | Referral's Name: _____ | |



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: <input type="checkbox"/> male <input type="checkbox"/> 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:
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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.

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

<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</p> <p>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</p> <p>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</p> <p>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</p> <p>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:
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