



PRESCHOOL!



PRESCHOOL FORMS TO BE SUBMITTED:

- Application for Preschool
- Parent Policy Agreement
- Emergency Contact Form
- All About Me Form
- Consent to Photograph/Video Form
- Signed Parent Handbook

*Please provide IEP paperwork if applicable.

*Please provide Custody paperwork if applicable.

Please submit all documents to site director via email, mail or in person. Once received you will be notified by email if your scholar is accepted or placed on the waiting list, along with further instructions.

Updated 1/7/2020



PRESCHOOL!



APPLICATION FOR PRESCHOOL ADMISSION

Today's Date: _____ School year applying for: 20 ____ - 20 ____

Schedule-Please select one option below:

- 2 Full Days
 2 Half Days
 3 Full Days
 3 Half Days
 4-5 Full Days
 4-5 Half Days

I am willing to accept a different schedule based on availability Yes No

Child's Name: First _____ Middle _____ Last _____

Nickname: _____ Birth Date: _____ Age: _____ Male Female

Name of School most recently attended, if any. Please include address & phone number.

Name and ages of siblings: _____

Do they attend Leman Academy: Yes No

| | PARENT / GUARDIAN - 1 | PARENT / GUARDIAN - 2 |
|---------------------------------|-----------------------|-----------------------|
| Full Name: | | |
| Relationship to scholar: | | |
| Home Phone: | | |
| Cell Phone: | | |
| Email: | | |
| Full Home Address: | | |
| Employer: | | |
| Work Phone: | | |

Leman Academy Preschool admits students of any race, color and national or ethnic origin.



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PARENT POLICY AGREEMENT

By initialing and signing this agreement, I understand and agree to the following:

- My child meets all of the Leman Academy Preschool enrollment criteria.
- I understand my child must be completely toilet trained in order to attend Leman Academy Preschool.
- I understand that drop off is between 7am and 8:30 am.
- I understand that it is my responsibility to provide lunch for my child.
- I understand that tuition is due on Monday. A late fee of \$25.00 will be assessed to all accounts in arrears Wednesday afternoon.
- I understand that Tuition is based on contract schedule not on attendance.
- I understand that If more than 10 hours of child care is needed each day, an additional fee of \$10.00 will be charged.
- I understand that my child can be disenrolled for failure to pay tuition in full or on time.
- I understand that a \$30.00 fee will be applied to any returned checks.
- An annual, non-refundable registration fee of \$75/child or \$100/family is due at the time of enrollment.
- I understand that Leman Academy Preschool is closed the following holidays-New Year's Day, MLK Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the Day after Thanksgiving, and the week of Christmas. If the holiday falls on a weekend day, a Friday or Monday will be chosen in observance of that holiday.
- One vacation week is awarded per year and can be used at the families discretion, used as a full week with no attendance, and will renew yearly in August. Vacation week will not roll over to the following year.
- I understand that Leman Academy Preschool is open from 7:00 A.M. to 6:00 P.M. In the event that a parent arrives after 12:30 for Half Day or 6:00 P.M for Full Day, a late fee of \$20.00 per child plus \$1.00 per minute will be applied.
- I understand that Child Protective Services will be notified after half an hour if listed emergency contacts cannot be reached for late pick up.
- I understand that Leman Academy Preschool may be closed for staff professional development to better enrich our preschool program. In the event we are closed for professional development, notice will be given a month in advance.
- I must inform Leman Academy Preschool Director of any phone, address, or other information that may have changed.
- I understand that I or someone over the age of 18 must sign my child in and out of Leman Academy Preschool. Written permission must be given for anyone other than those people listed as emergency contacts on the Emergency Card to pick up your child. Proper identification will be required at the time the child is picked up.
- I understand I will have to pick up my child from school if my child's behavior becomes unsafe for others or thyself and may result in removal from the program if behaviors continue.
- I understand my child must be symptom-free without the use of medication for 24 hours or have a Doctor's note stating that the child is "not contagious" before returning to Leman Academy Preschool when ill.

Parent Name (Print)

Parent Name (Signature)

Date



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: |
|------------------------------|--------------|----------------------------------|

*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:

| | |
|--------------------------|-------------------------------------------------------------------------|
| <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

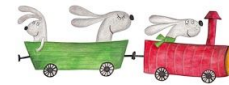
| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Is child allergic to food or other 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: |
|-------------------------------|--------------|-------|



PRESCHOOL!



ALL ABOUT ME

This form helps us get to know your child's personality and interests.

My name is: _____ My nickname is: _____
My birthday is: _____ I live with my: Mother Father Both Other: _____
I have: _____ brother(s) and _____ sister(s). I was previously cared for: at home at preschool

THINGS I LIKE TO DO

Indoors:

Outdoors:

On my own:

With my friends:

Sometimes I am afraid of:

When I am afraid or sad this makes me feel better:

My favorite color is:

My favorite toy is:

I am allergic to:

Holidays I celebrate are:

Other information you may want to know about me is:

I have: Hearing Impairment Vision Impairment Speech Delay IEP None

Parent/Guardian Name: _____ Email _____ Phone: _____

Parent/Guardian Name: _____ Email _____ Phone: _____



PRESCHOOL!



CONSENT TO PHOTOGRAPH AND VIDEO RECORD

Child's Name: _____ Date of Birth: _____

Please check ONE of the following for photography release:

I grant Lemman Academy of Excellence Preschool permission to photograph and/or video record our son or daughter in connection with any school projects/activities and to use such photographs and/or videos for bulletin boards, cubbies with names, class and preschool newsletter to be included in slide shows to be shared with preschool parents.

I DO NOT grant Lemman Academy Preschool permission to photograph and/or video record our son or daughter in connection with any school projects/activities.

Signature of either or both Parent(s)/Guardian(s):

Print Name

Signature

Date

Print Name

Signature

Date



PRESCHOOL!



PARENT HANDBOOK SIGNATURE PAGE

By signing this page I acknowledge to have read and agree to the following rules and regulations at Lemman Academy of Excellence Preschool stated in the
2020-2021 Parent Handbook

(Available at lemanacademy.com)

Parent/Guardian Name (Print)

Parent/Guardian Name (signature)

Date