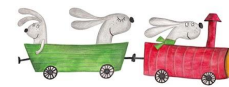




PRESCHOOL!



PRESCHOOL FORMS TO BE SUBMITTED:

- Application for Preschool Admission
- Parent Policy Agreement
- All About Me Form
- Consent to Photograph/Video Form
- Parent Handbook Signature
- Emergency Contact Form
 - All Blanks filled out or N/A noted
 - Do not write **Same as** in any spaces
- Provided IEP paperwork if applicable
- Provided custody paperwork if applicable
- Provided a copy of Immunization Record

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

OFFICE USE ONLY

Accepted or Waiting List Email Sent _____

Sibling: Yes or No

Classroom: Imagineers Creators Adventurers Explorers



PRESCHOOL!



APPLICATION FOR PRESCHOOL ADMISSION

Today's Date: _____

- Marana Campus
 Oro Valley Campus
 Central Campus
 East Tucson Campus

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

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

Child's Name: First _____ Middle _____ Last _____

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

Name of School most recently attended, if any.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name and ages of siblings: _____

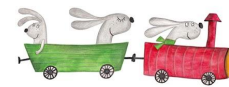
Do they attend Leman Academy: Yes No

	PARENT / GUARDIAN - 1	PARENT / GUARDIAN - 2
Full Name:		
Relationship to scholar:		
Phone:		
Email:		
Employer:		

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



PRESCHOOL!



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 and can be disenrolled for consistent accidents.
- 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.
- Tuition is due on Mondays and I agree to pay the late fee of \$25 if tuition is not received by Wednesday at 6pm.
- I understand that tuition is based on contract schedule not on attendance with the exception of camp weeks.
- I understand that holidays are accounted for in the set weekly tuition.
- 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 if my account is delinquent for more than one week, I may be asked to withdraw my scholar until my account is made current. The school cannot guarantee a scholar's spot will be held when a scholar is withdrawn due to non-payment of tuition.
- I understand that a \$30.00 fee will be applied to any returned checks.
- An annual, non-refundable registration fee of \$100/child or \$125/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, Rodeo Break, Memorial Day, Juneteenth, 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. Tuition is not prorated if a holiday falls on a regularly scheduled school day.
- One vacation week per year is allotted and can be used at the families discretion as a full week with no attendance. Will renew yearly in August and 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 naptime is from 12:30pm-2pm and all scholars are expected to rest quietly.
- I understand that if my scholar is disruptive during naptime they will be asked to move to a half day schedule.
- 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 the Director at Leman Academy Preschool of any phone, address, or other changes in information.
- I understand that myself 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 scholar's Emergency Card to pick up your child. Proper identification will be required at the time the child is picked up.
- I give Leman Academy Preschool permission to sign in/out in the event the computer system is down.
- I understand that in the event my child's behavior becomes unsafe for others or themselves, I will be asked to pick up my child from school. I also understand that if said behaviors continue it may result in the scholar's removal from the program.
- I understand that when ill, 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.
- I understand that Leman Academy Preschool communicates with parents mainly through our Procure App.- Please notify the director of other communication preferences if needed.

Parent Name (Print)

Parent Name (Signature)

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:

I am afraid of:

Things that help with through big emotions are:

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:

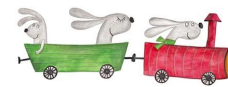
I have: Hearing Impairment Vision Impairment Speech Delay IEP None

Parent/Guardian Name: _____ Email _____ Phone: _____

Parent/Guardian Name: _____ Email _____ Phone: _____



PRESCHOOL!



CONSENT TO PHOTOGRAPH AND VIDEO RECORD

SCHOLAR PHOTOGRAPHY/VIDEO/MEDIA RELEASE FORM

Throughout the year there will be many memorable moments in our Preschool. We want to cherish these memories and capture them with photos and videos. We would also love to have these pictures or videos for our Instagram, Private Facebook and Procure when sharing our learning adventures with our educational colleagues and communities. We would love your permission to use the photos or videos your child is in and ask your permission Please indicate your preference below.

Please check **ONE** of the following for photography/video release:

- I approve of Scholar Information and Photograph/Video/Media Release without reservation, compensation or restrictions.

- I approve of Scholar Information and Photograph/Video/Media Release for school/class pictures, cubbies, portfolios and Yearbooks. I understand these pictures will **only** be used for individual pictures, class pictures, cubbies, portfolios and Yearbooks used inside the classroom.

- I DO NOT approve of any Scholar Information or Photograph/Video/Media release for my child. I understand this means my child may not be photographed, videoed or interviewed under any circumstances including outside agencies. (Please Note: This option includes, but is not limited to, school pictures (individual), class pictures and/or yearbook pictures).

I understand that I may revoke or change these permissions at any time. In order to do so, I will need to complete and resubmit this document to the Preschool Office.

Scholar Name: _____ Date of Birth: _____

Parent Name: _____ Parent Signature: _____



PRESCHOOL!



PARENT HANDBOOK SIGNATURE PAGE

By signing this page I acknowledge to have read and agree to the rules and regulations at Lemman Academy of Excellence Preschool stated in the

Parent Handbook

(Available at lemanacademy.com)

Scholar Name (Print)

Parent/Guardian Name (Print)

Parent/Guardian Name (signature)

Date

Parent/Guardian Name (Print)

Parent/Guardian 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:
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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

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> 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.)? <input type="checkbox"/> No <input type="checkbox"/> 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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