



APPLICATION FOR PRESCHOOL ADMISSION

Today's Date: _____

What Campus are you applying for? Marana Campus ☐ Oro Valley Campus ☐ Central Campus ☐ East Campus ☐

Choose one of the schedule option below:

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

I am open to accommodating a schedule adjustment based on availability: ☐ YES ☐ NO

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

Child's Name: First _____ Middle _____ Last _____

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

I have: ☐ IEP ☐ IFSP ☐ None (If your child has an IEP or IFSP, it must be submitted upon enrollment)

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.



PARENT POLICY AGREEMENT

Leman Academy Preschool Enrollment Criteria and Policies:

To enroll your child at Leman Academy Preschool, please review, initial, and acknowledge the following criteria:

- ___ Tuition is due on Mondays. If tuition is not received by Wednesday at 6 pm, a late fee of \$25 will be charged.
- ___ Automatic Tuition Express form must be on file.
- ___ Tuition is based on contract schedule, not attendance, with the exception of camp weeks.
- ___ I understand if I receive childcare subsidies or scholarships, any fees not covered by these funds will be my financial responsibility.
- ___ If more than 10 hours of child care is needed per day, an additional fee of \$10.00 will be charged.
- ___ If my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current.
- ___ An annual, non-refundable registration fee of \$125 per child or \$150 per family is due at the time of enrollment.
- ___ Leman Academy Preschool is open from 7:00 am to 6:00 pm. A late fee of \$20.00 per child plus \$1.00 per minute will be applied for pick-up after 12:30 pm for Half Day or 6:00 pm for Full Day.
- ___ Drop off times are between 7:00 am and 8:30 am. Director Approval Required for Drop-Offs After 8:30 AM.
- ___ It is parent/guardians responsibility to ensure that their child has a nutritious and well-balanced lunch each day.
- ___ Our naptime is scheduled from 12:30 pm to 2:00 pm. We expect all students to rest quietly during this period. Disruptive behavior during naptime will result in parents being contacted for pickup and may require a shift to a Half Day schedule.
- ___ Child Protective Services will be notified after half an hour if listed emergency contacts cannot be reached for late pick up.
- ___ Notifying the Director at Leman Academy Preschool of any changes in contact information is my responsibility.
- ___ If my child's behavior becomes unsafe for others or themselves, I will be asked to pick them up from school. Continued unsafe behavior may result in my child's disenrollment from the program.
- ___ If my child is ill, they 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.
- ___ Leman Academy Preschool communicates with parents mainly through our Procure App. Please notify the Director of other communication preferences if needed.
- ___ I understand that in the event of my child's illness or misbehavior, someone will be available to arrive within 45 minutes of notification.
- ___ Federal Holidays are accounted for in the set weekly tuition.
- ___ One vacation week per year, per scholar, is allotted and can be used at the family's discretion as a full week with no attendance. This will renew yearly in August and will not roll over to the following year.
- ___ Leman Academy Preschool may be closed for staff professional development to better enrich our preschool program. Notice will be given a month in advance.
- ___ I understand that I must provide a two week written notice of withdrawal from the program. If this notice is not provided, I agree to pay all tuition and fees for two weeks, whether or not my child attends.
- ___ I acknowledge that full potty-training is a prerequisite for my child's enrollment in Leman Academy Preschool. Failure to meet this requirement may necessitate withdrawal from the program due to repeated accidents.
- ___ I understand it is my responsibility to sign my scholar in and out of preschool each day.
- ___ A parent 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 listed as emergency contacts to pick up my child. Proper identification will be required at the time of pick-up.
- ___ Leman Academy Preschool is authorized to sign in/out in the event of technical difficulties.

Parent Name (Print)

Parent Name (Signature)

Date



ALL ABOUT ME

This confidential questionnaire is to help us support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By provide complete information about your child, you will be assisting us in creating a positive experience for your child while in our care.

Scholar's Name: _____ Date of Birth: _____

Parent/Guardian completing this form: _____ Custody agreement on file: ☐ Yes ☐ No

What is your preferred method of communication? ☐ Email ☐ Phone Call ☐ School use Procure App

Has your scholar previously attended child care? ☐ Yes ☐ No

If yes, what type of setting(s) was your scholar in? (*Childcare Center, in-home daycare, etc.*) _____

What did you like most about your scholar's previous child care setting?

What did you like least?

What is important to you about your scholar's care?

Does your scholar prefer to play alone or with other children? ☐ Alone ☐ Other Children

Does your scholar have a favorite toy of comfort object? ☐ Yes ☐ No

If yes, what? _____

What is your scholar's current sleep schedule?

Does your child fall asleep easily? ☐ Yes ☐ No

What is your scholars mood like upon awakening?

What does your scholar like?

What does your scholar dislike?

Special things you say or do to comfort your scholar are:

ALL ABOUT ME

How do you know when your scholar is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other: _____

How does your scholar react when:

Something unexpected happens:

Something happens they don't like:

They are scared:

Other:

Does your scholar have any health issues? ☐ Yes ☐ No

If yes, please explain:

Has anything happened recently in your scholar's life that might affect them? ☐ Yes ☐ No

Events at home often influence a child's behavior, for example, changes in the family, such as new siblings, separations or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your scholar needs.

If yes, please explain:

Is there anything else you would like to share about your scholar to help us create a positive environment and relationship with your scholar?

Parent/Guardian Name (Print)

Parent/Guardian Name (signature)

Date

Parent/Guardian Name (Print)

Parent/Guardian Name (signature)

Date



CONSENT TO PHOTOGRAPH AND VIDEO RECORD

SCHOLAR PHOTOGRAPHY/ VIDEO/ MEDIA RELEASE FORM

Throughout the year, numerous memorable moments will occur in our Preschool, and we aim to capture these moments through photos and videos. We would appreciate your permission to use any pictures or videos of your child on our Instagram, Private Facebook, and Procure platforms, as we believe in sharing our learning adventures with our educational colleagues and communities. 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, pictures in school used only app, 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).

*Does not apply to DCS officials

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: _____



PARENT HANDBOOK SIGNATURE PAGE

By signing this page, I confirm that I have read and accepted the rules and regulations outlined in the Parent Handbook for Leman Academy of Excellence Preschool.

Found at lemanacademy.com and displayed in the Preschool Lobby.

Scholar Name (Print)

Parent/Guardian Name (Print)

Parent/Guardian Name (signature)

Date

Parent/Guardian Name (Print)

Parent/Guardian Name (signature)

Date

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.

<p>In case of injury or sudden illness, I request that this individual be called first:</p>	
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The following individual(s) may NOT remove my child from the facility:

Name(s):	
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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? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> 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:	<input type="checkbox"/> No <input type="checkbox"/> 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:
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Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT and CREDIT CARD**

I (we) hereby authorize (business name) **Leman Academy of Excellence** to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of

