

New Returning Sibling Dist Emp

Early Childhood Center for Excellence in Learning (ECCEL) 2019-2020

Child's Name _____ Date of Birth _____

Enrollment Documentation Received (Office Use Only):

- Proof of Residency U F Birth Certificate U F Immunization Records U F
- Variance Form U F Developmental History Registration fee _____
(Date)
- Scholarship Application _____ Grant Application _____
(Date) (Date)

Child's Immunizations:

- Signed Exemption Form U F Immunization Referral Notice - Update due _____
(Date)

Doses on Record	Type of Vaccine	Doses Required for Preschool
	DPT	4
	POLIO	3
	MMR	1 after the age of 12 months
	HIB	3 or 4 (1 if given after 15 months of age)
	HEPA	2
	HEPB	3 or 4 (4 if 3 rd given before 24 weeks of age)
	VARICELLA	1 or <input type="checkbox"/> Had Disease _____ (Date)

ENROLLED: Site: _____ Teacher: _____

AM PM Full Day IEP Start Date: _____

Registration Fee: Cash Check/M. O. # _____ Amount Received: \$ _____

20% Discount: Sibling (Paying 2 +) Employee Monthly Installment Fee: \$ _____

Received Parent Handbook: _____ Student ID # _____
(Date)

NOTES: _____

Registrar: S B F

Early Childhood Specialist:

Secretary:

ECCEL Learning Options

Peoria Unified School District's preschool program provides options that meet the needs of the whole child – socially, academically and emotionally – to prepare them to enter kindergarten ready to learn. We believe children need time to be children and learn best through discovery and play in a literacy-based environment that builds skills and challenges thinking. Through side by side classrooms on elementary school campuses, typically developing and developmentally delayed three- and four-year-olds have their individual needs met through interaction with regular education and special education teachers, therapists and special education inclusion teachers. All programs are licensed through the Arizona Department of Health Services and are part of the continuum of special education services for children identified with special education needs. Preschool staff and students integrate across classrooms daily.

Preschool programs run Tuesday-Friday and most programs are three hours a day. Full day students at Frontier and Glendale Community College have care available on Mondays. Breakfast or a snack is provided daily in all programs. Limited scholarships are available through Quality First for students in a general education classroom and DES Child Care Assistance is accepted at many locations. Eligibility criteria apply and a co-payment may be required. There is a 20% discount when paying for two or more siblings attending preschool or for children of district employees.

Half Day in a General Education Setting (\$60 non-refundable registration fee)

- 16 students with a general education teacher and one instructional assistant
- \$315 per month; Tuesday-Friday; 3 hours a.m. or 3 hours p.m. (times vary)

Full Day Options in a General Education Setting (\$60 non-refundable registration fee)

- Frontier Elementary - \$625 per month: Preschool program Tuesday-Friday 7:30 a.m. to 2:30 p.m. with child care available on Mondays; wrap-around care available Monday-Friday: early drop off 6:45 a.m. to 7:30 a.m. and late pick up 2:30 p.m. to 4:30 p.m.
- Canyon Elementary – \$520 per month; Tuesday-Friday; 8:15 a.m. to 3:15 p.m. (must be 4 by September 1)
- Pioneer Elementary – \$520 per month; Tuesday-Friday; 8:00 a.m. to 3:00 p.m. (must be 4 by September 1)
- Students will bring lunch or purchase lunch in the cafeteria (free and reduced lunch application available online at <https://www.peoriaunified.org/site/Default.aspx?PageID=328>)
- Glendale Community College – Monday-Friday; 8:00 a.m. to 4:00 p.m.
 - Toddlers (18 months and walking to 3 years) \$950 per month (part day \$475 per month)
 - Preschoolers (3 and 4 year-olds) \$625 per month (AM or PM only \$375 per month)
 - Preference given to GCC students and faculty
 - Lunch and 2 snacks included

Peer Models in a Special Education setting (\$20 non-refundable registration fee)

- 13 students with a special education teacher and two instructional assistants
- \$175 per month ; Tuesday-Friday; 3 hours a.m. or 3 hours p.m. (times vary)

Child Find

- If you have concerns about your child's development including vision, hearing, communication, motor, socialization or special health problems, call 623-773-6685 and request a preschool Child Find screening.

NEW PROGRAM: Preschool Summer EdCamp 2019

- Fee based summer camp options for 4-year-olds. Must be registered for ECCEL preschool or PUSD kindergarten for 2019-20 to attend. For more information visit www.peoriaunified.org/summer or call 623-773-6675.

ECCEL Location Options:

Locations listed are anticipated for the 2019-2020 school year. They are dependent on campus space and subject to change. You will be notified if there is a change in the location you register for.

Choose a Classroom Setting (check one): General Education or Peer Model/Special Education setting
(No full day options)

Below: Number your 1st and 2nd preference for location **and** your 1st and 2nd preference for session below:
*must be 4 years-old by August 31, 2019 for Pioneer and Canyon Locations

1 st & 2 nd Option	LOCATION: (option is not available if blacked out)	AM PART DAY	PM PART DAY	FULL DAY
	Alta Loma Elementary: 9750 N. 87 th Avenue (Between Peoria and Olive on 87 th Avenue)			
	Canyon Elementary/*must be 4 – 5490 W. Paradise Lane (Between Greenway and Bell off of 51 st Ave. or 59 th Ave.)			
	Country Meadows Elementary – 8409 N. 111 th Avenue (Between Northern and Olive on 111 th Avenue)			
	Desert Harbor Elementary – 15585 N. 91 st Avenue (Between Thunderbird and Bell on 91 st Avenue)			
	Desert Palms Elementary – 11441 N. 55 th Avenue (Between Peoria and Cactus on 55 th Avenue)			
	Desert Valley Elementary - 12901 N. 63 rd Avenue (North of Cactus on 63 rd Avenue)			
	Foothills Elementary – 15808 N. 63 rd Avenue (Between Greenway and Bell on 63 rd Avenue)			
	Frontier Elementary – 21258 N. 81 st Avenue (Between Union Hills and Deer Valley off of 83 rd Avenue)			
	Glendale Community College – 6000 W. Olive Avenue (North of Olive on 59 th Avenue) <i>Preference to GCC Students and Faculty</i>			
	Heritage Elementary – 5312 W. Mountain View Road (Between Olive and Peoria off 53 rd Avenue)			
	Ira Murphy Elementary – 7231 W. North Lane (South of Peoria on 72 nd Avenue)			
	Lake Pleasant Elementary – 31501 N. Westland Road (Vistancia Blvd, left on Lone Mtn Rd, right on Westland Road)			
	Oasis Elementary – 7841 W. Sweetwater Avenue (Between Cactus and Thunderbird on 78 th Avenue)			
	Parkridge Elementary – 9970 W. Beardsley Road (99 th Ave & Beardsley)			
	Peoria Elementary – 11501 N. 79 th Avenue (Between Cactus and Peoria on 79 th Avenue)			
	Pioneer Elementary/*must be 4 – 6315 W. Port au Prince Lane (South of Greenway on 63 rd Avenue)			
	Sky View Elementary – 8624 W. Sweetwater Avenue (North of Cactus on 87 th Avenue)			
	Sundance Elementary – 7051 W. Cholla Street (Between Cactus and Peoria on 71 st Avenue)			
	Vistancia Elementary – 30009 N. Sunrise Point (127 th Avenue East of Vistancia Blvd right on Whispering Ridge)			

STUDENT ENROLLMENT FORM

Legal Last Name:		First Name:			Middle:		Suffix:	
Grade (current school year): <input type="checkbox"/> PS <input type="checkbox"/> KG <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12							Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1. What is the primary language used in the home regardless of the language spoken by the student?								
2. What is the language most often spoken by the student?								
3. What is the language that the student first acquired?								
SAIS ID (if provided):		Birth Date:		Birth State:		Birth Country:		
Ethnicity: (mark only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				Race: (mark all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian				
*Ethnicity/Race Reporting Details on the following page.				<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander				
Student Home Address:				City:		State:		Zip Code:
Mailing Address (unless same as home address):								

School Last Attended:		Address:		School Telephone# ()	
Has your child ever received any of the following?					
Special Education Services <input type="checkbox"/> Yes <input type="checkbox"/> No		Gifted Services <input type="checkbox"/> Yes <input type="checkbox"/> No		504 Plan Services <input type="checkbox"/> Yes <input type="checkbox"/> No	
ELL Services <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the student under refugee status? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what Country?		I-94 Number		Country where the student was born?	
Has the student attended U.S. school for more than 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how many years in the U.S. schools?					
Are any family members engaged in agriculture related employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Mother's Information:

First Name:		Last Name:		Home Phone: ()	
Address:		City		State	Zip Code
Place of Employment		E-mail Address		Cell Phone: ()	
				Work Phone: ()	

Father's Information

First Name:		Last Name:		Home Phone: ()	
Address:		City		State	Zip Code
Place of Employment		E-mail Address		Cell Phone: ()	
				Work Phone: ()	

Legal Guardian/Other Information: Legal Guardian Step Parent Other:

First Name:		Last Name:		Home Phone: ()	
Address:		City		State	Zip Code
Place of Employment		E-mail Address		Cell Phone: ()	
				Work Phone: ()	

Custody of Student: Joint Mother Father State Temporary Other
 Student lives with: Both Parents Mother Father Guardian Foster Other
 Please do not send me District information via email.

SCHOOL USE ONLY
<input type="checkbox"/> Custody Papers
<input type="checkbox"/> Other Documentation

EMERGENCY INFORMATION

Persons to contact, other than parent, if child becomes ill:

Name:		Relationship to Student		Home Phone: ()		Cell Phone: ()		Work Phone: ()	
Name:		Relationship to Student		Home Phone: ()		Cell Phone: ()		Work Phone: ()	

I certify, by my signature, that I am either the parent or guardian of the above student and that the above information is true, accurate, and up to date. Also, I hereby grant the Peoria Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian Signature:

Date:

SCHOOL USE ONLY				
Student Enter Date:		Student Enter Code:		Grade:
Teacher/Counselor:		Room:		
Variance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Transportation:		Tuition Type:
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Immunization Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Verification Document:			Hispanic Determination:	
Student Perm ID #:		SAIS ID#:		Prev. School CTSD#:
Prev. School Student ID:		Date Entered Into SIS:		
Entered By:				

**ARIZONA DEPARTMENT OF EDUCATION
ARIZONA RESIDENCY DOCUMENTATION FORM**



Arizona Department of Education
Arizona Residency Documentation Form

Student Name: _____

School Name: _____

School District or Charter Holder: _____

Parent/Guardian Name (PRINT): _____

Address of Parent/Guardian: _____

House number and street address _____ Apartment number _____

City _____ State _____ Zip Code _____

As the Parent/Legal Guardian of the Student, I attest * that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address (noted above) or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ¹Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Rental lease or agreement (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families) *
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit. ***NOTE if this box is checked, this document must be accompanied by the Affidavit of Shared Residence form.**

Signature of Parent/Guardian _____ Date _____

*For members of the Armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or legal purposes. Armed service members may utilize a temporary on base billeting facility as the address for proof of residency.

**ARIZONA DEPARTMENT OF EDUCATION
ARIZONA RESIDENCY DOCUMENTATION FORM
AFFIDAVIT OF SHARED RESIDENCE**



State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Guardian Name (PRINT): _____

School Name or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me (Indicate first and last name of every person):

Location of my residence: _____

House number and street address _____

Apartment number _____

City _____ State _____ Zip Code _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address (noted above) or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ¹Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Rental lease or agreement (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 form) or other identification issued by a recognized Indian tribe in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

Printed Name of Affiant: _____

Signature of Affiant: _____

NOTARY ACKNOWLEDGEMENT

State of Arizona, County of _____

The foregoing was acknowledged before me this _____ day of _____, 20 _____,

By _____.

Signature of Notary Public
#2803440

Seal

My Commission Expires _____

**PRIMARY HOME LANGUAGE OTHER THAN ENGLISH (PHLOTE)
HOME LANGUAGE SURVEY**



State of Arizona
Department of Education
Office of English Language Acquisition Services
Effective April 4, 2011

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2) (a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student?

2. What is the language most often spoken by the student?

3. What is the language that the student first acquired?

Student Name:

Student ID:

Date of Birth:

SAIS ID:

Signature of Parent/Guardian:

Date:

District or Charter:

School:

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, indicate the student's home or primary language.

SPECIAL PROGRAM SERVICES INFORMATION SURVEY

Parents or guardians of students should complete this form at time of enrollment:

In order to provide continuity in the educational environment, it is important that we are informed of any special education services previously received by your child. Please complete the following form and feel free to add any comments in the space provided below.

Student Name:

First

Middle

Last

Previous School

Has your son/daughter ever had any Special Program Services provided for him/her at a previous school?

Yes No

Has your son/daughter ever been tested for Special Program Services while at a previous school?

Yes No

Have you ever signed an individualized Education Plan (IEP) that provides for Special Program Services for your son/daughter?

Yes No

If yes, please indicate previous school and approximate date the most recent IEP was written

Has your son/daughter received any special program services in the past but is no longer in need of these services?

Yes No

Please check the special programs that your student has participated in:

- Gifted and honors classes
- Specific learning disability (tutoring or resource room support)
- Speech and language therapy
- Multiple disabilities
- Orthopedic impairment (Physical or Occupational Therapy or Adaptive PE)
- Other health impairment
- Hearing impairment
- Visual impairment
- Emotional disability, self-contained classroom
- Emotional disability, resource room support
- Traumatic brain injury
- Section 504 Accommodation Plan
- English as Second Language Program/Bi-lingual resource)
- Other or comments

Signature of Parent/Guardian

Date



**Peoria Unified School District
#11
McKinney-Vento Residency
Survey**

School Office Staff
School _____
Perm ID # _____
Grade _____
Start Date _____

Today's Date _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the service the student may be eligible to receive. Eligibility must be reviewed and reevaluated every school year.

Student Name _____ Gender M or F DOB _____
 Parent/Guardian Name _____ Phone #(s) _____
 Address _____ City/ZIP _____
 Emergency Contact Name _____ Phone #(s) _____

1. Is the student and/or family housing situation a temporary living arrangement? Yes No
2. Is this housing situation due to loss of housing, economic hardship or a traumatic event? Yes No

Continue ONLY if you answered "Yes" to BOTH questions.

Where is the student or family currently residing?

Living temporarily with a friend or family in a house or apartment
 Name & phone # of person _____

Homeless/Domestic Violence Shelter or transitional housing
 Program name & phone # _____

Hotel or motel
 Hotel/motel name & phone # _____

In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc)

Student is living with someone other than legal parent/guardian.
 Name # of person student living with _____

Student is in an emergency placement awaiting foster care. What is the student's entry date in present placement? _____

Type of residence: friend or relative's home/apt foster home group home emergency shelter
 Name of group home or shelter & phone # _____
 DCS caseworker name & phone # _____

What is the expected length of stay at this address? _____

Do you have other children in the Peoria Unified School District? Yes No

If yes, list name(s) and school(s) _____

What school did your child last attend? _____ In what district? _____

Is the student or your family in need of assistance in any of the following areas? *

<input type="checkbox"/> school supplies	<input type="checkbox"/> enrollment documents	<input type="checkbox"/> counseling services
<input type="checkbox"/> clothes/hygiene	<input type="checkbox"/> weekend food/snack packs	<input type="checkbox"/> preschool/Head Start
<input type="checkbox"/> school transportation	<input type="checkbox"/> referrals for community resources	<input type="checkbox"/> other _____

*Not all services are available at all sites.

I declare that the information I have provided is true and correct and of my own knowledge.

 Signature of Parent/Guardian _____
Date

School Personnel Only

As the designated point of contact for the McKinney-Vento program at PUSD, I confirm this student is eligible.

 Signature of qualified school or district representative _____
Date

PHOTO & VIDEO RELEASE FORM

Student Name: _____

Parent/Guardian Name: _____

Background: During the school year students may be photographed, recorded or filmed by Peoria Unified School District staff or other approved individuals, including the news media, while participating in school programs and activities. Students may also create schoolwork and/or other intellectual property, such as artwork, essays, and poetry (“creative work”) as part of the educational process.

Purpose: The purpose of this Photo and Video Release Form is to identify those families who do not consent to give the Peoria Unified School District permission and authority to use and/or publish you and/or your child’s name, image, and/or creative works to further the district’s educational mission. The district is asking that all parents/guardians sign and return this form. **If you do not sign or return this form, the district will assume you are granting permission to participate in pictures, videos or other promotional opportunities.**

Consent and Release:

The district may use, release, and/or publicize my and/or my child’s name, image (in any form), and creative work through any medium whatsoever, including, but not limited to, the internet, written publication, and broadcast for any educational, editorial, promotional, business or other purpose without prior notice or compensation. The district may exercise its rights as it deems appropriate for its productions, for advertising, and for other purposes. By signing below, I intend for the district to rely upon this Release; and

I agree to release, not to sue, and to indemnify and hold the district harmless for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys’ fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself or my child as a result of any claim, loss, damage, or injury to any persons or property arising out of or in any way relating to any action, inaction, or participation in any video or photographic production of the district.

I **do** consent to the above. I **do not** consent to the above.

I **do not** consent to the above; however, I do grant permission for my child’s photograph to be included in the school yearbook.

Signature of Student (if over 18)_____
Date_____
Printed Name of Parent/Guardian (Please print)_____
Signature of Parent/Guardian
(Required for all students under 18)_____
Date

**ARIZONA DEPARTMENT OF EDUCATION
STUDENT DIRECTORY INFORMATION RELEASE FORM**



State of Arizona

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information about the student.

If you do not want Peoria Unified School District to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the principal within two (2) weeks of receiving this form, or October 31, whichever occurs first. If the school district or charter school does not receive this form within the prescribed time, it will be assumed that your permission is given to release your son/daughter's designated directory information. Peoria Unified School District has designated the following information as directory information: [NOTE: an LEA may, but does not have to, include all the information listed below.]

To: Principal

In regard to my student _____ in grade _____

I **do** consent to military release

I **do** consent to educational release

I **do not** consent to military release

I **do not** consent to educational release

The following information is what may be released:

Student's Name

Telephone Listing

Address

Electronic mail address

Photograph

Grade Level

Honors and awards received

Enrollment status (e.g. part time or full-time)

Data and place of birth

Dates of attendance

Weight and height (members of athletic teams)

Most recent educational agency or institution attended

Major field of study

Participation in officially recognized activities/sports

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Peoria Unified School District #11
Developmental History (Preschool)

Fill in ALL blanks:

Child's Name: _____

Date of Birth: _____ Gender: Male Female

Home Address _____ City/Zip _____

How long have you lived at this address? _____ year/s, _____ month/s

Parent Information:

Father Mother Legal Guardian: _____ Primary Phone: _____

Occupation: _____ Work Phone: _____

Highest Grade Completed in School: _____ Current Marital Status? _____

Father Mother Legal Guardian: _____ Primary Phone: _____

Occupation: _____ Work Phone: _____

Highest Grade Completed in School: _____ Current Marital Status? _____

Are you a foster parent/guardian to this child? Yes No If yes, is there a surrogate assigned? Yes No

Child entered your home on: _____

(Date)

The ECCEL preschool program partners with other agencies that provide financial assistance for tuition based on specific criteria such as income and family size. Would you be interested in more information about how to qualify? Yes No

List all other children and adults living in the home:

Name	Age	Relationship to Child (Parent, Sibling, Friend, etc.)	School of Attendance (if currently a student)

During your child's life, have there been any changes within the family (e.g., marital status, relocation, death, illness)? _____

Please state any concerns about your child (e.g. speech, motor skills, social skills, learning, etc) :

Pregnancy, Early Developmental and Medical History

Fill in ALL blanks:

Pregnancy:

Length of Pregnancy: _____ weeks Mother's age during pregnancy: _____
Prenatal care began in the _____ month of pregnancy.

List any complications during pregnancy: _____

List any medications used during pregnancy: _____

Delivery:

Delivery was: Vaginal Cesarean Length of labor: _____ hours.
Was labor unusually difficult? YES NO Was labor induced? YES NO
Were you awake during delivery? YES NO Were forceps used? YES NO
Was anesthesia used? YES NO Baby's position: head first breech feet first.
How soon did baby cry after birth? _____ Baby's birth weight: _____ pounds _____ ounces.
Baby's hospital stay: _____ (# of days)

List ANY complications (e.g., breathing, jaundice, injury, heart rate, use of incubator or oxygen):

Infancy:

Feeding was by: bottle breast combination. Baby was weaned at age: _____

List any special care/treatments used: _____

List any food allergies or restrictions as an infant: _____

List any eating/chewing problems as an infant: _____

List any digestion problems (i.e. diarrhea, reflux): _____

Early Development:

AT WHAT AGE DID YOUR CHILD . . . ?

hold head up _____ sit alone _____ creep, scoot _____ crawl _____
stand alone _____ walk alone _____ pick up small objects (e.g., raisins) _____
show hand preference (L/R) _____ use tricycle _____

Fill in ALL blanks:

Medical History:

Describe child's health: _____

List any serious illnesses, hospitalizations, surgeries, accidents, traumatic experiences, or head injuries since birth and provide dates and details: _____

Does your child see a doctor for any care other than Well-Checks: YES NO. If yes, explain: _____

Please list all medications:

Medication	Prescribed for?	Dosage

Please check and give **AGE** if your child has ever had:

- Frequent ear infections _____
- Throat infections _____
- Overly high activity level _____
- High fevers (explain): _____
- Allergic reaction to: _____
- Convulsions or seizures (Description and Date): _____
- Loss of consciousness (Description and Date): _____
- Sleeping difficulties (Describe): _____

- PE tubes in ears (Date: _____)
- Asthma since age _____
- Excessive clumsiness _____

Does your child appear to: Hear you? YES NO
See well up close? YES NO
See well at a distance? YES NO

Eating:

Are there any dietary restrictions or eating concerns?: _____

Toileting:

Will your child independently indicate the need to toilet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____ _____ _____
Will your child independently use the bathroom?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will your child independently wipe after using the bathroom?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will your child independently wash and dry hands?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Sleep habits:

Wakes at: _____ a.m. Bedtime: _____ p.m. Naps: YES NO Length of naps: _____

Fill in ALL blanks:

Are there any holiday restrictions we should be aware of? _____

Additional comments or concerns regarding medical or developmental history: _____

Please list all previous evaluations (i.e. speech, developmental, OT, PT, feeding, hearing, vision):

Type of Evaluation: _____ Date: _____

Therapist/Evaluator Name: _____ Phone: _____

Type of Evaluation: _____ Date: _____

Therapist/Evaluator Name: _____ Phone: _____

Type of Evaluation: _____ Date: _____

Therapist/Evaluator Name: _____ Phone: _____

Type of Evaluation: _____ Date: _____

Therapist/Evaluator Name: _____ Phone: _____

Speech Development

What is the primary language spoken to your child? English Spanish Other: _____

Is your child exposed to any languages other than English? YES NO If YES, list: _____

Did your child coo, babble, etc. as an infant? YES NO

At what age did your child: speak first words? _____; begin connecting words (e.g., "Me eat.")? _____; begin using 3-word (or longer) sentences? _____.

Did your child's language ever stop developing for a time? YES NO If yes, age: _____.

Your child communicates most effectively using: gestures sounds words utterances sign language.

Does any aspect of your child's speech or language concern you? YES NO Describe: _____

Have there been any changes in your child's speech or language within the past 6 months? YES NO

If yes, describe: _____

IF A SPEECH OR LANGUAGE PROBLEM EXISTS:

Age it was noticed: _____ Who noticed it? _____

When is it most obvious? _____

Is the cause known? _____

Are there any abnormalities in the tongue, palate, nose or throat? YES NO

Do any family members have speech or language difficulties? YES NO

Does your child appear to understand you? YES NO

Does your child follow simple directions? YES NO

Additional concerns or comments regarding speech or language development: _____

Sensory Input Information

Please **CHECK** any of the following that **CURRENTLY** apply to your child:

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Dislikes touches | <input type="checkbox"/> Seeks out abnormal amount of touch |
| <input type="checkbox"/> Avoids contact with others | <input type="checkbox"/> Can't keep hands to self |
| <input type="checkbox"/> Objects to being touched | <input type="checkbox"/> Frequently sucks, bites, or chews objects |
| <input type="checkbox"/> Frequently has hands in mouth | <input type="checkbox"/> Prefers to touch rather than be touched |
| <input type="checkbox"/> Clingy | <input type="checkbox"/> Frequently hits, pushes, kicks others |
| <input type="checkbox"/> Does not respond to pain normally | <input type="checkbox"/> Hits head or face area |
| <input type="checkbox"/> Seems overly sensitive to sound | <input type="checkbox"/> Frequently makes loud noises |
| <input type="checkbox"/> Fearful of being in high places | <input type="checkbox"/> Excessive craving for movement activities |
| <input type="checkbox"/> Pedals a tricycle | <input type="checkbox"/> Picky eater |
| <input type="checkbox"/> Fearful of activities which challenge balance | |
| <input type="checkbox"/> Fearful of activities involving movement through space | |
| <input type="checkbox"/> Poor safety awareness during climbing/movement activities | |

Behavioral Information

Is your child currently attending preschool or daycare? YES NO

If so, where? _____ How often? _____

If your child is not currently attending, did they in the past? YES NO

Where and when did they attend? _____

Is your child currently experiencing social/behavioral difficulties? YES NO

Specify: _____

Please **CHECK** any of the following that **CURRENTLY** apply to your child:

- | | | |
|-------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Repeated head banging | <input type="checkbox"/> Avoids social interaction | <input type="checkbox"/> Frequent hitting or biting |
| <input type="checkbox"/> Repeated rocking | <input type="checkbox"/> Difficulty sharing toys/materials | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Frequent temper tantrums | <input type="checkbox"/> Difficulty following directions | <input type="checkbox"/> Purposefully breaks toys |
| <input type="checkbox"/> Difficulty completing tasks | <input type="checkbox"/> Crashes toys in play | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Cannot remain seated to have a book read | <input type="checkbox"/> Cannot remain seated to complete a meal | |

Additional concerns or comments: _____

HEARING QUESTIONNAIRE

This list of questions focuses on target behaviors that may suggest hearing problems. **Respond with "YES" or "NO" to each** of the questions and comment on those questions for which you have answered "YES".

"YES" or "NO"

Comments for "YES" answers

1. Does the child have difficulty telling where voices and other sounds are coming from? Does he/she turn in the wrong direction when you call?		
2. Does the child frequently fail to respond when spoken to in a normal conversational voice?		
3. Does the child frequently respond to what you say with a "what?" or "huh?" and/or do you find that you frequently need to repeat what is said?		
4. Does the child have difficulty understanding what is said while other people are talking or while the TV, Radio, or stereo is playing in the background?		
5. Does the child have problems maintaining good attention at story time or when watching TV?		
6. Does the child tend to sit close to the TV or adjust the sound so that it is too loud?		
7. Does the child appear to "tune out", not listen, not pay attention, or ignore you and the children around him or her?		
8. Is the child reluctant to join in group activities and games? Does he/she prefer to play alone?		
9. Does the child have trouble carrying out several instructions that have been combined into one sentence? Does the child hesitate in responding to instructions but may figure out what to do by watching others?		
10. Does the child talk too loudly?		
11. Does the Child have speech that is difficult to understand?		
12. Estimate the number of words the child uses.		
13. How many words does the child combine when expressing himself/herself?		
14. How clear is the child's speech to strangers?		

Name: _____ **Signature:** _____ **Date:** _____

ECCEL PRESCHOOL AGREEMENT

2019-2020

IMPORTANT NOTE: Registration for ECCEL Preschool must include the completion of this form.

Terms and Conditions:

General Education preschool enrollment requires a **non-refundable** registration fee. Registration will *not be accepted or processed without the registration fee*. To ensure accurate processing and tracking, this fee cannot be combined with monthly installments.

Fees are based on a daily rate and the *number of school days* a student is enrolled in the program. The total is divided into ten equal installments which are due the 1st of each month, August through May. Monthly fees are the same whether your child attends class and regardless of the number of school days during the month. There are no refunds or credits for absences or illness. No fees have been calculated for the two-week Winter Break or the one-week Fall and Spring Breaks. Monthly installments must be received no later than the last day of the month they are due. If your account becomes past-due your child may be removed from the program. Changes to your child's status could reflect in changes to fees for their continued enrollment.

The ECCEL Preschool Program requires two-weeks' notice if your child will be withdrawing from the program. Fees will accrue for the two weeks and are your responsibility. You must contact the Preschool Enrollment Office (at Sky View) with your notice at 623-773-6675. _____ (initial here)

All non-sufficient funds checks are automatically forwarded to the District's collection agency and will result in a non-sufficient fund fee in addition to any fees charged by your bank. Past due accounts for Preschool and KidZone from any prior year(s) must be paid in full to register for this fee-based program. This includes past due balances owed on sibling accounts. _____ (initial here)

You will be provided with an ECCEL Parent Handbook; read upon receipt for full program details.

Complete the following section and include this form as part of your registration:

Student Name (First, Last) (Print):	Student's Date of Birth: (mm/dd/yy):
Parent or Guardian Name (First, Last) (Print):	20% Discount: If applicable, check box (1 discount per family)
Scholarship Application: <input type="checkbox"/> N/A <input type="checkbox"/> TOOK <input type="checkbox"/> SUBMITTED Applications will be available in May 2019. ONLY complete applications will be reviewed, you will be notified of the status of your child's tuition prior to starting.	<input type="checkbox"/> PUSD Contracted Employee for 2019/20 school year <input type="checkbox"/> Sibling Discount (paying for more than 1 child in PreK) Siblings Name: _____
Home Address (include house number, apt. #, street, city, state, & zip):	
Parent or Guardian Signature:	Date:

Your signature above indicates that you agree to the terms and conditions for your child(ren) to participate in the PUSD ECCEL Preschool program for the 2019-2020 school year.



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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