

12901 N 63<sup>rd</sup> Avenue, Glendale, AZ 85304 Phone: 623-773-6688

Hours: 7:30am – 3:30pm



#### 2017-2018 School Year Application

Student's Full Name:	
Student's Birth Date:	
Address:	
City, State, Zip Code:	
Gender: $\square$ Male $\square$ Female $\square$ Grade Entering in 20:	17-2018:
Student resides with: $\square$ Mother $\square$ Father $\square$ Both Pa	erents  Other (Specify)
Are there any legal custody agreements? $\Box$ No $\Box$ Ye	es (If yes, you MUST attach a copy of the agreement)
Does your student currently have an IEP (Individual	Education Plan)? □Yes □No
Does your student currently have a 504 Accommoda	ation Plan? □Yes □ No
Parent/Guardian Name:	
Home Phone:	_ Work Phone:
Cell Phone:	-
Address (If different than above):	
City, State, Zip Code:	
Email Address:	
Parent/Guardian Name:	
Home Phone:	Work Phone:
Cell Phone:	-
Address (If different than above):	
City, State, Zip Code:	<del>.</del>
Email Address:	

Revised 8/24/2017-AW



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KidZone Office, Desert Valley Elementary School 12901 N 63<sup>rd</sup> Avenue, Glendale, AZ 85304 Phone: 623-773-6688

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Start date:	Withdrawal Date:
Registration fee:	Monthly payments:
Parent Name	
Parent Signature	
or age in its programs and activitie solely on these bases. All protection provisions of Title II of the America	does not discriminate on the basis of race, color, national origin, sex, disability is. No child will be denied enrollment in or access to the Peoria Unified KidZone ons that students with disabilities and their parents are entitled to under the ins with Disabilities Act of 1990 (42 U.S.C. §§ 12131-65) and Section 504 of the i.C. § 794), including reasonable accommodations, will be provided to eligible tool District Programs.
Waiver of Liability	
directors, officers, boards, commispersons, firms or corporations who I/we may have against them due to waiver includes all damages, losses program. In that regard, I/we cover by law the foregoing persons and elitigation expenses, which may be it of them. I/we understand that med	scharge Peoria Unified School District, its elected and appointed officials, sions, agents, representatives, servants, employees and any and all other are or might be liable, from and all claims of any kind and character which may child's participation, in a Peoria Unified School District Program. This is, costs, expenses and injuries that allegedly occur during the course of this mant to indemnify, defend and hold harmless to the fullest extent permitted entities from any loss or damages including reasonable attorney's fees and incurred by them in the event any such claim are asserted against them or any dical claims are my/our responsibility. This waiver does not extend to any such e and exclusive intentional acts or gross negligence of the Peoria district or its
page of this registration packet an outlined in the Peoria Unified KidZ	ive read and agree to abide by the payment policies listed on the policies d that I have received a copy of and will abide by the policies and guidelines one Parent Handbook. I also understand that Peoria Unified Kid Zone Staff e program as needed, i.e. room changes during program hours.
Please print name	Date
 Signature	

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#### 2017-2018 Peoria Unified KidZone Program Enrollment

1.		ria Unified	d KidZone	prograi	n loca	ation your student	will a	attend for the 2	2017-2018 school
yea	r:								
	☐ Canyon		Copperw	ood		Desert Palms		Desert Valley	☐ Foothills
	□ Heritage		Kachina			Marshall Ranch		Pioneer	☐ Sahuaro Ranch
		n or plan i			•	n for your student d will not be enroll			•
5 day	s per week o <sub>l</sub>	otions:							
	AM and PM monthly payme the school year releases.	ent= \$3,00	00 for	payme	ent=\$	: \$200 per monthly 52,000 for the school es early releases.	ol	•	130 per monthly 300 for the school
	Family/Staff di	scount *		Family	/Staf	f discount *		Family/Staff di	iscount *
	☐ <b>AM and PM:</b> \$255 per monthly payment= \$2,550 for the school year. <i>Includes early releases</i> .		☐ <b>PM only:</b> \$170 per monthly payment= \$1,700 for the school year. <i>Includes early releases</i> .		ol	-	110 per monthly 100 for the school		
3 day	s per week o	ptions:							
	AM and PM monthly payme the school year releases.	ent= \$1,80	00 for	payme	ent=\$	: \$120 per monthly 61,200 for the scho es early releases.	ol	-	80 per monthly 0 for the school
	Family/Staff di	scount*		Family	/Staf	f discount*		Family/Staff di	iscount*
	AM and PN monthly payme the school year releases.	ent= \$1,53	30 for	payme	ent=\$	: \$102 per monthly 51,020 for the school es early releases.	ol	-	68 per monthly 0 for the school



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#### **Early Releases and Late Starts**

☐ <b>Early releases only:</b> \$25 per day	

#### **EdCamp Prices**

☐ <b>EdCamp pay per day:</b> \$35 per day (With this	☐ EdCamp pay per month: \$50 per month = \$500
option, parents pay for each individual day the child attends.)	total for the year (With this option parents pay \$50 a month regardless of which days the student
Please note that any EdCamp fees are due in addition to monthly KidZone installments. (EX:	attends. This option is not available after October 1, 2017.)
For the month of December, parents pay their monthly KidZone installment <u>and</u> EdCamp fees for days their children attend EdCamp.)	Please note that these EdCamp fees are due every month August through May, in addition to your monthly KidZone installments.

<sup>\*</sup>Families enrolling 2+ children will receive a 15% discount for all enrolled children. All PUSD employees will receive a 15% discount. You may only receive 1 discount, they cannot be combined.



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#### **KidZone Parent Information**

#### **Dates of Service**

The 2017-2018 school year begins August 9, 2017 and concludes on May 23, 2018. Before and after school care is provided on all school days. Please see schedule below for non-school days in which EdCamp is provided on non-school days.

#### 2017-18 EdCamp Days:

- Fall Break- November 20th-22nd (closed on 23th and 24th)
- No School Day- December 22<sup>nd</sup>
- Winter Break- December 27<sup>th</sup>-December 29<sup>th</sup>, January 2<sup>nd</sup>-January 5<sup>th</sup> (\*\*Please note, we will be closed December 25<sup>th</sup>, December 26<sup>th</sup> and January 1<sup>st</sup>)
- Spring Break- March 19th-23rd
- April Break- April 13<sup>th</sup>

#### Holidays that KidZone EdCamp is closed

- Labor Day- September 5th
- Columbus Day- October 9<sup>th</sup>
- Veteran's Day (observed)- November 10<sup>th</sup>
- Thanksgiving break- November 23<sup>rd</sup> & 24<sup>th</sup>
- Christmas Eve & Day (observed)- December 25<sup>th</sup> & 26<sup>th</sup>
- New Year's Day- January 1st
- MLK Day- January 15<sup>th</sup>
- President's Day- February 19<sup>th</sup>
- Memorial Day- May 28<sup>th</sup>

#### **EdCamp**

EdCamp is a full day program that is offered when school is not in session. (See EdCamp dates below) EdCamp provides care from 6:00 am- 6:00 pm and will be located at Desert Valley and Foothills. On these days, students will engage in hands on activities, group games, challenges and enrichment. To view the complete school calendar for holidays, early release days and the first/last day of school, visit the district's website at <a href="https://www.peoriaunified.org">www.peoriaunified.org</a> The calendar can be found under the "Families" and "Parent Resources" tab. Please note that if you do not register for EdCamp days during your initial registration, there is a possibility that EdCamp may reach its capacity and you may not be able to do so at a later time.



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#### **Payments**

Tuition is based on a daily rate for 180 school days and divided into 10 equal payments. Fees are not charged for school holidays. Payments are due by the 15<sup>th</sup> of the month prior to the month of attendance. Payments are accepted in person at the preschool office located at Skyview Elementary, the KidZone office located at Desert Valley Elementary or the District Office. Payments can also be paid online through ParentVue. If you would like to pay online, please see your child's school office or Priscilla Glick in the KidZone office for your ParentVUE activation key if you do not already have it. Returned checks: Non-sufficient funds will be turned over to the district's collection agency. Fees will be assessed in addition to those charged by your bank. Non-sufficient funds checks may only be repaid through <a href="https://www.nextcheck.com">www.nextcheck.com</a>. Two non-sufficient funds checks will require all future payments to be made by cash or money order. If payments are not received by the 15<sup>th</sup>, your child's place in the program will not be held. Please see the fee schedule below.

Month of Attendance	Payment due by:
August 2017	July 15 <sup>th</sup>
September 2017	August 15 <sup>th</sup>
October 2017	September 15 <sup>th</sup>
November 2017	October 15 <sup>th</sup>
December 2017	November 15 <sup>th</sup>
January 2018	December 15 <sup>th</sup>
February 2018	January 15 <sup>th</sup>
March 2018	February 15 <sup>th</sup>
April 2018	March 15 <sup>th</sup>
May 2018	April 15th

Fees may be prorated for children entering or leaving the program mid-month. DES Child Care Subsidies are accepted at all sites. There is a discount for Peoria Unified School District employees and additional students residing in the same household.



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 A NON-REFUNDABLE registration fee of \$40 per student or \$60 per family is due at the time of registration, if registered <u>before</u> August 1, 2017.

• A **NON-REFUNDABLE** registration fee of \$60 per student or \$80 per family is due at the time of registration, if registered on or after August 1, 2017.

#### Late Pick up Fee

A \$15 fee per child will be assessed for every 15 minutes past 6 p.m. Ex.6:01 p.m. - 6:15 p.m.: \$15; 6:16 p.m. - 6:30 p.m.: \$30, etc. Pick-up time will be recorded by the designated site clock.

#### Fee Assistance:

Department of Economic Security (DES) Funding may be available for qualifying families. Contact DES at (602) 771-0014 to find out more information on how to apply. Processing can take up to 30 days. If you are currently receiving DES assistance for the school year, you will need to notify your caseworker of a location change.

#### **Changes to Contract**

It is the Peoria Unified KidZone Program policy that prior written notice is required to terminate or change enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the Peoria Unified KidZone Program, notification must be made in writing prior to the effective day of change and given to the KidZone office to make changes to your current contract. **NO REFUNDS OR CREDITS FOR MISSED/SICK DAYS, SUSPENSIONS OR EARLY PICKUPS.** 

\*\*All KidZone applications must be turned into the KidZone office, located at Desert Valley Elementary School. \*\*



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#### **List of KidZone Sites**

August 9, 2017- May 23, 2018

School Canyon Elementary	Address 5490 W. Paradise Ln., Glendale	Phone (623) 201-9338
Copperwood Elementary	11232 N. 65 <sup>th</sup> Avenue, Glendale	(623) 201-9295
Desert Palms Elementary	11441 N. 55 <sup>th</sup> Avenue, Glendale	(623) 512-2224
Desert Valley Elementary	12901 N. 63 <sup>rd</sup> Avenue, Glendale	(623) 512-2216
Heritage Elementary	5312 W. Mountain View Rd, Glendale	(623) 277-6667
Foothills Elementary	15808 N. 63 <sup>rd</sup> Avenue, Glendale	(623) 512-2217
Marshall Ranch Elementary	12995 N. Marshall Ranch Drive, Glendale	(623) 512-2223
Sahuaro Ranch	10401 N. 63 <sup>rd</sup> Ave. Glendale	(623) 512-2067

For questions on KidZone, please contact:

KidZone Clerk: Priscilla Glick at 623-773-6688 pglick@pusd11.net
KidZone Facilitator: Connie Rae Flusche at 623-556-7202 cflusche@pusd11.net
KidZone Facilitator: Michelle McArdle at 623-512-2066 mmcardle@pusd11.net
KidZone Director: Ashley Worrell at 623-512-2047 asworrell@pusd11.net



CDC/SGH# or name:	
CDC/SOTI# Of Hallic.	

# Arizona Department of Health Services Bureau of Child Care Licensing Emergency, Information and Immunization Record Card

Child's Name:		Date Enrolled: Updated:		Updated:	
Home Address (#, Street, City, State, Zip Code):				Date Disenrolled:	
Home Phone:		Date of Birth:	Sex: male female		
	,				
Parent or Guardian Name:	Home Address (#,	, Street, City, State,	Zip Code):		
Cell Phone (optional):	Contact Telephon	ne Number:			
Parent or Guardian Name:	Home Address (#.	s, Street, City, State,	Zip Code):		
Cell Phone (optional):	Contact Telephon	ne Number:			
I authorize the following individuals to c (Pursuant to R9-5-304.B, at least two con				•	
Name:			Contact Telepho	one Number:	
Name:			Contact Telephone Number:		
Name:			Contact Telepho	ne Number:	
Name:		Contact Telephone Number:			
If Medical care is necessary, call:					
				one Number:	
*A Health Care Provider is a physic	cian, physician	n assistant or re	egistered nurse	practitioner.	
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: <a href="https://www.azdhs.gov/phs/immun/index.htm">www.azdhs.gov/phs/immun/index.htm</a> or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

Copy of current official	al documented immuniza	tion record atta	ched				
	Copy of current official documented immunization record attached  Religious Beliefs exemption form signed by parent/guardian attached						
	Medical Exemption form signed by physician and parent/guardian attached						
	oof of Immunity form atta						
	•						
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 mo /day /yr							
Medical Information							
Is child allergic to food or other substance If yes, describe symptoms, name foods or substance of the subst		cedure to follow if		No Yes			
Is child usually susceptible to infections a <b>If yes</b> , list precautions:	and if so, what precaution	s need to be tak	ken?	No Yes			
Is child subject to convulsions and what s If yes, specify procedure:	should be our procedure i	f one occurs?		No Yes			
Is there any physical condition that we see taken (heart trouble, foot problem, heart fyes, list precautions:		•	s should	No Yes			
Additional comments:							
Other special instructions:							
This <b>Emergency Information and Immunization Record Card</b> is accurate and complete, front and back, and was provided by:							
Parent/Guardian PRINTED Name:	SIGNED Name:		DATE:				

## Peoria Unified School District #11 KidZone before and after school program On Campus Permission Slip

I	give permission	to allow
(Print Parent's or Guardian's na	ame)	(Print Child's Name)
EdCamp days campus. Student	s and staff will be ex	mpuses during the 2016-17 KidZone/xploring the different areas of the campus s the street or through a parking lot.
Signed,		
	Da	te:
(Parent or Legal Guardian)		
<u>S</u>	<u>KidZone / E</u> Sign In - Out A	
(Print parent or guardian r	name) , §	give my permission to allow
(Print students name)	to b	be signed in and out of the
KidZone before and after s District employees.	school program b	y D.H.S. licensed Peoria Unified
Signed,		
		Date:
(Parent or Legal Guard	lian signature)	

#### **ACCEPTABLE USE OF SCHOOL COMPUTERS - STUDENTS**

Acceptable use of the electronic information services requires that the use of these resources be in accordance with the following guidelines and support the educational goals of Peoria Unified School District.

**Summary:** You will be held responsible for your actions. Your actions may be monitored and tracked while using school computers or the computer network. Do not download inappropriate or copyrighted material. Do not disclose personal information about you or your family. Notify your teacher if you receive a communication or access a website that you feel is inappropriate.

#### The student must:

- Agree to use the electronic information system for educational or district business purposes only.
- Agree not to submit, publish, display or retrieve/download any inappropriate material, including material that is defamatory, abusive, obscene, profane, sexually oriented, threatening, racially offensive, illegal, or deliberately inaccurate material; nor shall students provide direct links to such materials or encourage the use of controlled substances.
- Agree not to download, archive, distribute or share any software or digital file(s) (such as movies, music, or text) that would constitute a violation of copyright laws, including any trademark and/or license restrictions.
- Agree not to attempt to harm, modify system files or data belonging to other users.
- Agree not to attempt to gain unauthorized access to district systems or data, damage software or hardware or interfere with system operation or security.
- Agree to only access the PUSD network with his/her PUSD network user name unless directed by the teacher to use a
  "generic lab user name". Permission to use generic lab user name is valid <u>only</u> during the class period where permission
  was granted.
- Agree to keep his/her password private.
- Agree to notify his/her teacher if a password is lost or stolen, or if there is reason to believe that someone has obtained unauthorized access to the system.
- Agree not to use the network in a way that would disrupt the use of the network by others.
- Understand that e-mail should not be considered absolutely secure or private.
- Understand that e-mail in the district e-mail system is the property of the district.
- Understand that computer activities, including e-mail, may be monitored and tracked.
- Agree not to reveal anyone else's personal information without the proper permission or authority.
- Agree not to use the system to make any unauthorized purchases or to conduct any non-approved business.
- Agree that this policy specifically prohibits the use of games or simulations for entertainment purposes. A game or simulation used for an educational purpose may be authorized by your teacher during class time.
- Agree to follow all District Policies and Student Handbooks as written.
- Understand that the system administrators reserve the right to set quotas for disk usage on PUSD network system. Students who exceed their quota will be advised to delete files to return to compliance.
- Agree to notify his/her teacher, or email <a href="helpdesk@peoriaud.k12.az.us">helpdesk@peoriaud.k12.az.us</a> if the user believes he/she has discovered a security problem on any PUSD system. The student should not demonstrate the problem to any other user or attempt to exploit the problem in any way.

Student use of information systems is acknowledged to be a privilege, not a right. Students must adhere to strict district guidelines. Administrator(s) will deem what is appropriate and inappropriate use of information systems. Any action by a student determined to constitute an inappropriate use subjects the student to disciplinary action. Depending on the seriousness of the user's offense, consequences will be administered as stipulated in the Student Handbook and/or District Policy. Students will also be subject to all applicable state and federal laws.

Students and parents/guardians of students must understand that their student may have access to the Internet. Through the use of filtering software and supervision, Peoria Unified School District limits access to inappropriate materials on the Internet. **Students and parents should be aware that no filtering system is completely effective in preventing access to all inappropriate materials, and it is the student's responsibility to follow the above regulations and the directions of staff.** 

I understand and will abide by the above terms and conditions of this PUSD acceptable use policy, and will use computer and electronic resources for curricular or district business purposes only. I further understand that any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to me and my parents or guardians, if I am under age 18. Should I commit any violation, I am subject to consequences of the school and district disciplinary code and of state and federal law.

Student Signature	Date	Parent/Guardian Signature	Date
Printed Student Name)		(Printed Parent/Guardian Name)	
		<ul><li>My child <u>has</u> permission to ι</li><li>My child <u>does not</u> have pern</li></ul>	



Parent/Guardian Signature
(Required for all students under 18)

### PHOTO & VIDEO RELEASE FORM

Student Name:	Parent/Guardian Name:	
Student Address:		Phone Number:
City, State, Zip Code:	THE RESIDENCE OF THE PROPERTY	
Background: During the school year students managed by the school District staff or other approved individual programs and activities. Students may also creat artwork, essays, and poetry ("creative work") as pare Purpose: The purpose of this Photo and Video consent to give the Peoria Unified School District your child's name, image, and/or creative works to finat all parents/guardians sign and return this for	ls, including the se schoolwork at of the education Release is to to permission and further the districtm. If you do no	news media, while participating in school nd/or other intellectual property, such a hal process.  identify those families who do not authority to use and/or publish you and/ot's educational mission. The district is asking of sign or return this form, the district will
assume you are granting permission to participate i  Consent and Release:	n pictures, video	s or other promotional opportunities.
The district may use, release, and/or publicize my work through any medium whatsoever, including proadcast for any educational, editorial, promoticompensation. The district may exercise its rights and for other purposes. By signing below, I intend f	s, but not limite ional, business c as it deems app	d to, the internet, written publication, and or other purpose without prior notice o ropriate for its productions, for advertising
agree to release, not to sue, and to indemnify and njuries, claims, demands, damages, actions, cau whatsoever (including attorneys' fees and other cosor on behalf of myself or my child as a result of a arising out of or in any way relating to any action of the district.	ses of action, s ts in the defense ny claim, loss, da	uits or judgments of any kind or nature of any such claim or suit) brought by mysel amage, or injury to any persons or property
☐ I <u>do</u> consent to the above. ☐ I <u>do not</u> consent to	the above.	
itudent Signature (if over 18)		<u>Date</u>
Parent/Guardian PRINTED NAME		<u>Date</u>

<u>Date</u>