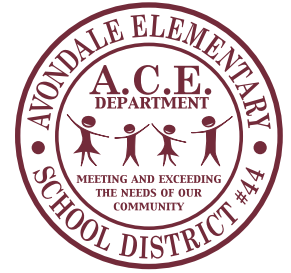


A.C.E. Department

Before & After School Program

2019-2020



Registration and Enrollment Check List

Complete Registration and Enrollment packet in its entirety. One packet is required for each child. Returning Before & After Care Children will still need to complete a new registration packet and submit immunization records. Check off each item as you complete it to be sure all of the registration and enrollment requirements are met. Incomplete forms will NOT be accepted. Once complete, you are ready to proceed:

- _____ Fill out (Registration) providing student information
- _____ Fill out (Enrollment) indicating school location
- _____ Select Before & After Care program
- _____ Select Payment Plan Option: Equal Monthly Payment Plan or Daily Rate Payment Plan
- _____ Fill out Emergency, Information and Immunization Record Card form in its entirety
- _____ Attach photocopy of child's current immunization records
(Per DHS Licensing Regulations we can no longer use a copy from the school nurse)
- _____ Attach payment
- _____ Completed registration packet and registration fee can be submitted to:
(The first payment may also be required depending on when a registration is submitted.)
 1. School Front Office
 2. School A.C.E. Site Manager
 3. Mail or drop off to District Office:
Avondale Elementary School District
A.C.E. Department
295 West Western Avenue, Avondale 85323

Discounts & Additional Fees

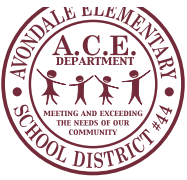
Discounts (only one discount may be applied)

- 10% Multiple Child Discount (Applied to second child)
- 20% AESD Employee Discount
- 10% Military Discount

Additional Fees

- \$30 non-refundable registration fee (50% off before May 24, 2019)
- \$25 fee for each change made to enrollment after registration
- \$15 late payment fee
- \$15 plus \$1 per minute for late pick-up

IMPORTANT: Registration forms with missing information or documentation will NOT be accepted.



2019-2020 Registration and Enrollment Before & After School Program

Child's Full Name: _____ Birth Date: _____ Grade Entering in 2019: _____

Address: _____ City & ZIP _____

School Student Attends: Centerra Mirage Copper Trails Desert Star Desert Thunder Wildflower

Natural Mother Living? Yes No Natural Father Living? Yes No Natural Parent Divorced? Yes No

Child Lives With? Both Parents Mother Father Other (specify) _____

Does this student currently have an IEP (Individual Education Plan)? Yes No

Does this student currently have a 504 Accommodation Plan? Yes No

Does this student have any physical or mental impairment? Yes No

Please read and initial each of the following:

_____ I understand all students, except students with disability-related accommodation entering the program must be completely toilet trained. Students with disabilities requiring a reasonable accommodation should contact the ADA/504 Coordinator.

_____ I grant permission for my child to participate in internet activities. Students are expected to follow District internet usage rules and regulations.

_____ I grant permission for my child's photograph to be taken for publicity purposes at the discretion of the AESD Administration.

_____ I grant permission for my child's photograph, interview, video and/or audiotape to be posted on the official AESD Facebook page.

Mother/Guardian Name: _____ AESD Employee: Yes No

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City & ZIP _____

Father/Guardian Name: _____ AESD Employee: Yes No

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City & ZIP _____

Payer Name: _____ Relationship: _____

Email address: _____ Payer Phone: _____

Check here if there are additional payers on this account and include a separate sheet with payer information details and amount/percentage that each person will pay.

How did you learn about the Avondale Elementary School District A.C.E. Preschool

<input type="checkbox"/> Movie Theater Ad	<input type="checkbox"/> Electronic Billboard	<input type="checkbox"/> West Valley View News
<input type="checkbox"/> Avondale Elementary School District Website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Flyer
<input type="checkbox"/> Referral	Referral's Name: _____	

Registration for Before & After School Program

Registration and Enrollment into Before & After School Program is a multi-step processes

Part 1

- **Register your child for the Before & After School Program.**
(Registration is the pre-requisite for enrollment into the program where required information and documentation is collected)
- Submit this form along with the Emergency Information form, immunizations record, and registration fee
- **IMPORTANT:** Step 1 must be completed by 8/02/19 for student to attend Week 1 of Before & After School Program.

Part 2

- **Enroll by Choosing Program & Payment Plan Option then Pay for Before & After School Program**
- Choose your location and plan on this form and submitting payment by the first due date of 8/5/19.
(Enrollment is the process of choosing a program and making payment)

Part 1 Registration

<input type="checkbox"/>	50% OFF Registration Fee ends May 24, 2019 (Per Family)	<input type="checkbox"/>	\$30 Registration Fee After May 24, 2019	Office Use Only:	
				Payment	
				Date Received	

Registration Packet, Emergency Information Form and Immunization Record must be submitted with registration fee.

Part 2 Enroll by Choosing Location, Payment Plan Option & Program

1. Choose the Before & After School Program Location your child will attend.

<input type="checkbox"/> Centerra Mirage	<input type="checkbox"/> Copper Trails	<input type="checkbox"/> Desert Star	<input type="checkbox"/> Desert Thunder	<input type="checkbox"/> Wildflower
--	--	--------------------------------------	---	-------------------------------------

2. Choose the Before & After School Program Plan your child will use for the 2019-2020 school year. **(Next Page)** Please note that if a location or plan is not chosen at this time, your child will not be enrolled in the program and it will be your responsibility to contact our office with this information prior to the first payment due date.

PLEASE NOTE:

- \$25 PROGRAM FEE CHANGE
- IF A LOCATION DOES NOT HAVE ENOUGH ENROLLMENT, the before and after care will be cancelled at that location but you are welcomed to apply for a variance at a school with an existing program.
- IF A LOCATION DOES NOT MAINTAIN TARGET ENROLLMENT THROUGHOUT THE YEAR, the before and after school program will be cancelled at that location but you are welcomed to apply for a variance at a school with an existing program.

3. Refer to next page to chose your payment plan option.

- Equal Monthly Payment Plan (10 equal monthly payments August –May)
- Daily Rate Payment Plan

Payment Plans can be calculated for Registration that occurs after the beginning of the school year and or in mid month

A. <input type="checkbox"/> Equal Monthly Payment Plan	I will submit 10 equal monthly payments to the A.C.E. Department by the first school day of every month, August through May, using payment coupon book.
B. <input type="checkbox"/> Daily Rate Payment Plan	I will submit monthly payments to the A.C.E. Department by the first school day of every month, August through May based on daily usage each month.

Before and After School Program fees are based on annual enrollment and days off are factored into the price. Rates for 5 day plans are based on 180 school days, four day plans on 148 days and three-day plans are based on 111 days. A per family yearly nonrefundable registration fee applies to all enrollees, including daily drop-ins, and is due with the registration paperwork. AM & PM combination plans may be chosen. A two-week written notice is required for withdrawal from the program. Program open to K-8 students.

Please indicate the date your child will start the program START DATE:

I agree to read the Parent Handbook associated with each program and to follow all policies and procedures covered in the handbook. I understand there are conditions that may result in withdrawal of my child from the A.C.E. Program, and that all AESD rules, policies and procedures apply to this program.

Parent /Guardian Printed Name: _____

Parent/Guardian Signature _____ Date: _____

Two Different Payment Plan Options

A.M. Packages Drop Off as early as 6:15A.M. / P.M. Packages Pick-Up as late as 6:00P.M.

Plan A		EQUAL MONTHLY PAYMENT PLAN	
		10 monthly payments August through May	
<input type="checkbox"/>	A	5 days per week A.M. and P.M. care	Monthly Rate \$255
<input type="checkbox"/>	B	4 days per week A.M. and P.M. care	Monthly Rate \$225
<input type="checkbox"/>	C	3 days per week A.M. and P.M. care	Monthly Rate \$173
<input type="checkbox"/>	D	A.M. only, 5 days per week	Monthly Rate \$100
<input type="checkbox"/>	E	A.M. only, 4 days per week	Monthly Rate \$89
<input type="checkbox"/>	F	A.M. only, 3 days per week	Monthly Rate \$68
<input type="checkbox"/>	G	P.M. only, 5 days per week	Monthly Rate \$180
<input type="checkbox"/>	H	P.M. only, 4 days per week	Monthly Rate \$152
<input type="checkbox"/>	I	P.M. only, 3 days per week	Monthly Rate \$115
<input type="checkbox"/>	J	Wednesday & Early Release Days (from dismissal until 6:00 P.M.)	Monthly Rate \$80
<input type="checkbox"/>	K	Daily drop in rate A.M. and P.M. Care	\$25/day Prepay 5 for \$100
<input type="checkbox"/>	L	Daily drop in rate for Wednesday or Early Release Days	\$20/day

Plan B		DAILY RATE PAYMENT PLAN				
Month	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E	
	\$14.17 Daily	\$15.20 Daily	\$15.59 Daily	\$5.56 Daily	\$6.01 Daily	
August	\$283.40	\$243.20	\$187.08	\$111.20	\$96.16	
September	\$283.40	\$243.20	\$187.08	\$111.20	\$96.16	
October	\$255.06	\$243.20	\$187.08	\$100.08	\$96.16	
November	\$212.55	\$182.40	\$140.31	\$83.40	\$72.12	
December	\$212.55	\$182.40	\$140.31	\$83.40	\$72.12	
January	\$269.23	\$243.20	\$187.08	\$105.64	\$96.16	
February	\$269.23	\$243.20	\$187.08	\$105.64	\$96.16	
March	\$240.89	\$212.80	\$155.90	\$94.52	\$84.17	
April	\$297.57	\$273.60	\$218.26	\$116.76	\$108.18	
May	\$226.72	\$182.40	\$140.31	\$88.96	\$72.12	
Totals	\$2,550.60	\$2249.60	\$1730.49	\$999.00	\$889.48	
Month	<input type="checkbox"/> Plan F	<input type="checkbox"/> Plan G	<input type="checkbox"/> Plan H	<input type="checkbox"/> Plan I	<input type="checkbox"/> Plan J	
	\$6.13 Daily	\$10.00 Daily	\$10.27 Daily	\$10.36 Daily	\$18.60 Daily	
August	\$73.56	\$200.00	\$164.32	\$124.32	\$74.40	
September	\$73.56	\$200.00	\$164.00	\$124.32	\$74.40	
October	\$73.56	\$180.00	\$164.00	\$124.32	\$93.00	
November	\$55.17	\$150.00	\$123.24	\$93.24	\$74.40	
December	\$55.17	\$150.00	\$123.24	\$93.24	\$55.80	
January	\$73.56	\$190.00	\$164.32	\$124.32	\$74.40	
February	\$73.56	\$190.00	\$164.32	\$124.32	\$74.40	
March	\$61.30	\$170.00	\$143.78	\$103.60	\$93.00	
April	\$85.82	\$210.00	\$184.86	\$145.04	\$74.40	
May	\$55.17	\$160.00	\$123.24	\$93.24	\$111.60	
Totals	\$680.43	\$1800.00	\$1519.32	\$1149.96	\$799.80	



CDC/SGH# or name: _____

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

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	-------	---------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

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

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------