



# Eagles' Nest 2020-2021

## **Before and After School Care**

Open to the students of:

Adams Traditional Academy  
and  
Adams Traditional Beginnings

## **Parent Handbook & Statement of Services**

602-938-5517

A Choice Services, LLC. School

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To register, please complete pages 8-12 and return to the school with all necessary paperwork. **ALL items on the checklist and the \$50 non-refundable registration fee must be received to complete your child's enrollment.**

## Mission Statement

The Eagles' Nest before and after school program offers a safe and nurturing environment to enrich the lives of our students. The Eagles' Nest will provide families the security and confidence that their child is in the care of competent and skilled staff creating a sense of community amongst all grade levels.

## Program Goal

The Eagles' Nest before and after school care program is an opportunity for students to complete homework, study with guidance and encouragement, and to enjoy organized activities. Our program is designed to build character and citizenship through multi-age participation. Children will be excited to attend our well balanced educational and recreational program. This program provides social, academic, and cultural learning opportunities that build upon the individual strengths and interests necessary for lifelong success.

## Our Staff

Members of our staff are CPR and First Aid certified, hold valid fingerprint clearance cards, have passed background checks, and are well trained in the care of children of all ages.

### Hours of Operation

Monday through Friday  
(Closed on all school holidays)

K-8th Grade Before-Care: 6:30 a.m. to 7:30 a.m.

Preschool Before-Care 6:30 a.m. to 7:40 a.m.

After Care: 3:15 p.m. to 6:00 p.m.

### Payment of Fees

**Fees are due in advance each Friday for your child's participation for the next week.** Payment is considered late if not paid **before** your child's first day in attendance and a \$10.00 late payment fee will be assessed. A statement will be sent home each Monday reflecting charges for your child's participation in the program. If a balance remains owed on the statement, payment is due immediately before your child can return to the Eagles' Nest program. Checks returned will be assessed a \$12.00 return check fee.

### Contact Information

Mrs. Ryder, Licensing Director  
Email: [dryder@choiceacademies.org](mailto:dryder@choiceacademies.org)

Grades 1-8 Program Lead  
Phone: 602-938-5517 ext. 137

PK/Kinder Program Lead  
Phone: 602-938-5517 ext. 318

Mrs. Harris, Preschool Admin. Assistant  
Phone: 602-938-5517 ext. 327  
E-mail: [kvargas@atbchoice.org](mailto:kvargas@atbchoice.org)

Mrs. Preston, Account Manager  
Phone: 602-938-5517 ext. 106  
E-mail: [cpreston@choiceacademies.org](mailto:cpreston@choiceacademies.org)

### Program Fees for Registered Children

#### Registration Fee

A non-refundable registration fee of \$50.00 per child is due at the time of program enrollment with a completed contract. Students must re-register each year.

#### Before Care:

- \$100.00 per month regardless of time attended, must be prepaid.
- \$60.00 for two consecutive weeks, must be prepaid one week before the first week of services.
- \$40.00 for one week of service, must be prepaid one week before services.
- \$10.00 daily rate, this is a good option if you only need a few days of services for the month. Must prepay and provide Eagles' Nest staff with the dates needed.

#### After Care:

<b>Hour Block 1 between 1 to 60 minutes</b>	\$8.00 per day
<b>Hour Block 2 between 61 to 120 minutes</b>	\$11.00 per day
<b>Hour Block 3 between 121 to 165 minutes</b>	\$14.00 per day

After 6:00 p.m. \$5.00 late pick-up fee in addition to \$1.00 for every minute past 6:00 p.m.

#### Early Release After-Care:

<b>Hour Block 1 between 1 to 60 minutes</b>	\$8.00 per day
<b>Hour Block 2 between 61 to 120 minutes</b>	\$11.00 per day
<b>Hour Block 3 between 121 to 180 minutes</b>	\$14.00 per day

**Anytime beyond 3 hours is a \$25.00 flat rate, \$22.50 for each additional child.**

#### Children Not Registered

Children not registered will be charged a flat drop-in rate, regardless of time used, as follows:

Before Care: 6:30 to 7:45 a.m.	\$20.00 per day
After Care: 3:15 to 6:00 p.m.	\$20.00 per day
Early Release After-Care: 12:00 to 6:00 p.m.	\$35.00 per day

## Eagles' Nest Activities

The Eagles' Nest lead teachers are excited to bring creative ideas to the Eagles' Nest program. Children will be happy to attend our well-balanced, educational and recreational program. This program provides social, academic, and cultural learning opportunities that build upon the individual strengths and interests necessary for lifelong success.

### 1st-8th Grade Tentative Daily Schedule

- 3:15 - 3:30 p.m. Sign-in, snack and announcements
- 3:30 - 4:10 p.m. Homework room, quiet games & coloring or outside/indoor activity
- 4:10 - 4:45 p.m. Students will select from club-type organized and led activities such as sports, art, science, team building, computers, no bake, and homework.
- 4:45 - 5:30 p.m. Free choice open activities
- 5:30 - 6:00 p.m. Clean-up, quiet games, and playground

### Preschool/Kindergarten Tentative Eagles' Nest Activities

- 3:30 - 3:50 p.m. Outdoor Play
  - 3:50 p.m. Bathroom/transfer to MPR
  - 4:00 - 4:30 p.m. Story, songs and games
  - 4:30 - 4:45 p.m. Snack
  - 4:45 - 5:15 p.m. Center Activities
  - 5:05 - 5:35 p.m. Outdoor Play
  - 5:30 - 6:00 p.m. Table Play
- \*Themed activities will coordinate with classroom curriculum.

\*The Eagles' Nest staff does not provide one-on-one tutoring. Students will be provided with homework help from our staff members, who will check homework for neatness and completeness. We encourage parents to check homework for accuracy.

\*Activity choices will vary by the day. Eagles' Nest will offer a variety of activities such as art, group games, science, team-building activities, social studies, and choices from children. Please contact Mrs. Gold (1st -8th grades) or Mrs. Ryder (Licensing Director and Preschool & Kindergarten) for more detailed information.



## Payment Methods

Cash and check payments can be made in the front office during regular business hours. To make online payments, go to the school's online payment website at [www.choiceacademiespayonline.org](http://www.choiceacademiespayonline.org).

## Non-Payment

**Fees are due in advance of services.** Payment is due each Monday for the upcoming week. Any payment received after close of business day on Wednesday will be considered late and a \$10.00 late fee will be assessed. All fees must be paid prior to your child returning to the program. This balance carries forward and prevents your child, and his or her siblings, from participating in extra-curricular programs.

## Program Discounts

**10% multi-child discount.** The oldest child pays full price. The discount is then applied to each child after the oldest child. No discount applies to the registration fee.

## Enrollment/Disenrollment

**Students must be re-registered each year.** Supporting documents and blue emergency card must be included with each registration. A completed registration packet and the \$50 registration fee for each child must be received before the child(ren) can attend. Should a child be withdrawn prior to the end of the school year, charges will be based on the days of attendance in the program. No advance notice is required to withdraw your child(ren) from the program.

## Calendar

The Eagles' Nest follows the Adams Traditional Academy ten-month calendar. We will close on all school recognized breaks and holidays. There may be opportunities for intersession camps at holidays and school breaks depending on student need and staff availability.

## Daily Sign-In and Sign-Out

Only individuals listed on the emergency blue cards will be allowed to pick-up students from the Eagles' Nest. Authorized individuals listed on the child's emergency blue card will be required to sign-in the student each morning for before care and sign-out the student each afternoon in accordance with state requirements. In the event your child will be picked up by someone not listed on your emergency blue card, you must call the school and provide phone authorization. This phone-authorized person will be required to show photo identification before the release of a child.

The sign in sheets are audited by the state and are required to be filled in properly. If for any reason an error is present on your child's sign-in sheet, a staff member is **REQUIRED** to ask for you to correct the line item. Please assist us in keeping these records clear and precise by following these guidelines:

1. Make certain you are signing your full name on YOUR child's line.
2. Please allow the appropriate time at drop-off and pick-up. Do not PRE-SIGN any line for any reason.
3. Due to the nature of our state audits, please note the exact time to the minute, as it looks suspicious or recreated if all the times signed-in/signed-out are rounded and identical each day.
4. Please make sure your signature is clear and legible.
5. Please instruct anyone picking up for you that this process is extremely important and to have identification ready.

## Late Pick Up

Students picked up after 6:00 p.m. will be charged a late pick-up fee of \$5.00 in addition to \$1.00 per minute that he/she is in the program after 6:00 p.m. Any student left one hour after the normal operating hours will be considered abandoned and the proper authorities will be notified.

## Snacks

Snacks are not provided to students in grades K-8. It is strongly recommended that these students bring a nutritious snack from home. Preschool Eagles' Nest participants will be provided with a light snack at a scheduled time each afternoon.

## Transportation

Transportation will not be provided and there will not be any field trips scheduled for before and after-care students.

## Child Records/Updates

It is extremely important that the Eagles' Nest program receive prompt updates regarding any address and phone number, as well as any illness, allergy or family circumstances that may need to be on record. Never hesitate to inform the Eagles' Nest program of anything that may be affecting your child personally. Our staff is obligated to keep information you share confidential, and it may assist in handling situations arising during their day.

## Pick-up/Drop-off Location

1st-8th Grade Eagles' Nest program is located at:  
Adams Traditional Academy (Bldg. A)  
2323 W. Parkside Ln.  
Phoenix, AZ 85027

Preschool and Kindergarten Eagles' Nest is located at:  
Adams Traditional Beginnings (Bldg. B)  
2333 W Parkside Ln.  
Phoenix, AZ 85207

1st - 8th grade Eagles' Nest pick-up and drop-off will occur in the multi-purpose room at ATA (Building A). Preschool and Kinder Eagles' Nest pick-up and drop-off will occur on the South side of the multi-purpose room at Adams Traditional Beginnings (Building B). The school phone number is 602-938-5517. Building A is extension 137 and Building B is extension 318.

For children participating in the Before Care Eagles' Nest program, a parent or authorized adult will need to take the child directly to the Eagles' Nest program. **Do not drop your child off in the parking lot and leave. A parent or authorized adult will be responsible for the sign-in of before care and sign-out of after-care students.** It is the responsibility of the parent or authorized adult to sign-out the child every day. If a child is not signed out, the time will automatically default to the maximum charge for the day. Depending on the schedule of Eagles' Nest, your child may be on the playground when you come to pick-up your child. Please inform a staff member you are here to take your child home. Once you have your child, sign him/her out upon leaving Eagles' Nest. The child must be in your custody upon sign-out.

## Discipline Guidelines

The teachers and administration will use every opportunity to reinforce proper behavior and redirect improper behavior. If a student exhibits behavior that is harmful to himself, others or property, or acts disrespectfully or defiantly, consequences will be imposed. Time out, either in class or another classroom, losing recess or other privileges, phone call to the parents, removal from school for the remainder of the day, and suspension from school are the forms of discipline used in accordance with the age and circumstances of the infraction. If the student's behavior continues to disrupt or interfere with the objectives of the school, the student's enrollment will be terminated with no refund granted. Snacks and meals will not be withheld for discipline purposes. Toileting accidents will be handled discretely and in a caring manner.

## **Parking Lot and Campus Safety**

Please follow all directional arrows in the parking lot and drive at slow, safe speeds to ensure the safety of our families and staff. All children are required to be brought into the facility by an adult. Children will be in the presence of a qualified staff member at all times while on campus.

## **Fire Drill and Evacuation**

Every month a fire drill will be conducted during the normal operating hours of Eagles' Nest. These drills will be posted on the Parent Information Board in the multi-purpose room. The children will practice proper procedure for lining up, where to evacuate away from the building, the importance of following instructions, remaining quiet and calm, and to remain with the group. It is helpful if parents have a discussion with their young children regarding these safety practices.

## **Licensing**

Choice Services, LLC. Adams Traditional Beginnings is regulated by the Arizona Department of Health Services, Bureau of Child Care Licensing located at 150 N. 18th Ave., Suite 400, Phoenix, AZ 85007. Arizona Department of Health Services can be reached via phone at 602-364-2539, toll-free 800-615-8555, or fax 602-364-4768.

Inspection reports from the Arizona Department of Health Services are available on site.

## **Insurance**

Liability insurance for Adams Traditional Beginnings is carried by Choice Services, LLC. through Hanover Insurance Company. Documentation of the liability insurance coverage is available for review on site.

## **Pest & Weed Control**

Adams Traditional Academy and Adams Traditional Beginnings routinely has the premises sprayed with pesticide. A notice will be posted in the Building A lobby a minimum of 48 hours before the pesticide is applied to the facility's premises and remain posted for 48 hours after application. Records will be maintained and may be accessed on site.

**Insect Control** is done monthly by Griffin Pest Control.

1. Posting of pest control will be 48 hours in advance of application.
2. Posting will include name of chemical/s, concentration, and location of application.
3. MSDS of each applied pesticide is located within the pest control binder.
4. The pest control binder includes license, insurance, MSDS, and a record of applications for a 24 month period.

**Weed Control** is done quarterly by Arizona Weed Guard.

1. Posting of weed control will be 48 hours in advance of application.
2. Posting will include name of chemical(s), concentration, and location of application.
3. MSDS of each weed spray application is located within the pest control binder.
4. The pest control binder includes license, insurance, MSDS, and a record of applications for a 24 month period.

## Emergency and Medication Policy

Proper authorization forms will be required to have the school nurse or staff member administer any prescription medication. Only prescribed medication in its original container with doctors instructions posted will be administered at school. All medications are kept under lock and key. In case of illness, a parent will be contacted for the child's retrieval within a reasonable time frame. When a parent cannot be reached, the secondary contact person from the enrollment information will be contacted. In case of fire, accident, evacuation or other school emergency, the Eagles' Nest program will follow procedures appropriate for the circumstances and authorities will be called upon for assistance.

## Health Policy

We care greatly for the well-being of our families and staff. For that reason we want to keep the spread of illness and infection to a minimum. If your child has experienced any of the following in the past 24 hours, please keep him or her at home.

1. Fever of 100 or more\*
2. Vomiting
3. Persistent diarrhea
4. Flu symptoms
5. Severe cold symptoms (green mucus)
6. Conjunctivitis
7. Unexplained rash
8. Head lice or nits
9. Rapid or labored breathing
10. Other contagious illness or infection

\* Your child may return to camp once the aid of medication for fever is no longer needed.

Students are welcome to return once symptom free for 24 hours without the aid of medication. A slight cough and slight runny nose, as long as it is clear, are not reason enough to keep a child home. If your child becomes mildly ill while at Eagle's Nest, we will keep him or her comfortable and isolated from the rest of the students. You will be notified immediately to pick up your child. If you are not reachable, the emergency contacts listed on the blue card will be called and asked to pick-up your child in a timely manner. We ask that you inform the school of any contagious illnesses so we can post an alert on the Parent Information Board.

**Injury:** If your child is injured and needing anything beyond simple first aid treatment, a staff member will determine whether there is time to consult a parent by phone or pursue emergency services first. An incident report will be filled out and any first aid given by the school will be noted within 24 hours. When a child needs to be transported, parents will be notified to meet at the hospital and a staff member will accompany the child to the hospital. All emergency phone numbers are kept in a centrally located binder.

**Allergies:** Any child with an allergy is required to be posted on our Parent Information Board in each class room with the necessary procedures if contact with the allergen occurs.

**Hazardous Materials:** All toxic and hazardous items will be kept out of the reach of children.

**Cleaning:** Tables and counters will be sanitized routinely throughout the day. Restroom cleanliness will be monitored frequently. Professional cleaning services will be utilized daily.

**Infection Control:** Children will be instructed to keep hands clean especially after toileting and in preparation for snacks and meals.



## Eagles' Nest Registration Checklist 2020-2021

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Fill out registration packet and return to the front office.  
Incomplete forms will not be accepted.

### Items needed to complete registration process:

- \_\_\_\_ 1. Completion of registration and payment policy form with parent signature
- \_\_\_\_ 2. Completion of the emergency blue card for each child
- \_\_\_\_ 3. Copy of immunization records for each child
- \_\_\_\_ 4. Copy of reliable proof of child's identity and age
- \_\_\_\_ 5. Media release form
- \_\_\_\_ 6. First aid authorization form
- \_\_\_\_ 7. \$50 Non-refundable registration fee, **and** payment for the first week of attendance for each child.

For Office Use Only:

Completed Packet Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**Eagles' Nest Registration  
2020-2021**

**Student Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_ Gender M/F

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_ Gender M/F

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_ Gender M/F

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_ Gender M/F

**Parent Contact Information**

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Adults authorized to pick up your child must be listed on Emergency Blue card**

Please tell us about any special needs or important information regarding your child(ren).

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## Payment Policy Acknowledgement

### Registration

The non-refundable registration fee is \$50.00 per child. No discounts are given on the registration fee. Children who enroll in the Eagles' Nest program must complete a registration packet and pay the \$50 registration fee before the child(ren) can attend.

### Hours & Fees

With the exception of school holidays, the Eagles' Nest is open Monday through Friday from 6:30 a.m. to 7:30 a.m. for before care (6:30 a.m. - 7:40 a.m. for preschool). After care hours are from 3:15 p.m. to 6:00 p.m. (closed all school holidays).

### Before Care

Before Care Fees—1<sup>st</sup> child (no discount)  
\$100.00 per month regardless of time attended  
\$60.00 for two consecutive weeks  
\$40.00 for one week of service  
\$10.00 daily rate

Before Care Fees— each additional child (discount)  
\$90.00 per month regardless of time attended  
\$54.00 for two consecutive weeks  
\$36.00 for one week of service  
\$9.00 daily rate

### After Care

After Care Fees —1<sup>st</sup> child (no discount)  
Hour Block 1: 1 to 60 minutes \$8.00 per day  
Hour Block 2: 61 to 120 minutes \$11.00 per day  
Hour Block 3: 121 to 165 minutes \$14.00 per day

After Care Fees—each additional child (discount)  
Hour Block 1: 1 to 60 minutes \$7.20 per day  
Hour Block 2: 61 to 120 minutes \$9.90 per day  
Hour Block 3: 121 to 165 minutes \$12.60 per day

**Fees are due in advance of services.** Payments are due in advance each Monday for the upcoming week. Any payment received after close of business day on Wednesday will be considered late and a \$10.00 late fee will be assessed. All fees must be paid prior to your child returning to the program. This balance carries forward and prevents your child, and his or her siblings, from participating in extra-curricular programs. Please refer to page 2 of the handbook for a complete schedule of fees.

A statement will be sent home each Monday reflecting charges for your child's participation in the program. If a balance is owed on the statement, payment is due immediately before your child can return to the Eagles' Nest program. Weekly statements are sent by email. Please enter your email address below.

I would like my statements e-mailed to \_\_\_\_\_

Payment may be paid at the school by cash, check, or money order. Checks should be made payable to Adams Traditional Beginnings or ATB. Payment can be made to either the front desk or in one of the payment drop boxes located in the multi-purpose room and the front office. Do not place cash in the drop boxes. Credit card payments may be made online via our website at [www.choiceacademiespayonline.org](http://www.choiceacademiespayonline.org).

Please initial each statement of understanding:

\_\_\_\_\_ I understand that the registration fee is non-refundable and no discounts are given.

\_\_\_\_\_ I understand the fee schedule and when payment is due.

\_\_\_\_\_ I understand the late pick-up fee is \$5.00 in addition to \$1.00 per minute past 6:00 p.m.

I have read the above program information and payment policies and agree to abide by them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Media Release

I hereby agree and give my permission for Choice Academies, including Adams Traditional Academy and Adams Traditional Beginnings, to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by Choice Academies, including, without limitation, for posting on the school website and/or for distribution in print or broadcast media. I hereby further agree that Choice Academies is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as Choice Academies shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Choice Academies to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for Choice Academies, including without limitation, in all manner and media, as Choice Academies determines in their sole discretion. I also understand that Choice Academies shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Choice Academies shall determine at their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Choice Academies and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

### Choose one Option:

- I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge and acceptance of its significance.
- I am declining permission for use of my child's work or image for any and all media.
- I agree to this media release with the exception of any or all websites.

Child Name (Please Print) \_\_\_\_\_

Child Name (Please Print) \_\_\_\_\_

Child Name (Please Print) \_\_\_\_\_

Child Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## First Aid Release

- ❖ Eagles' Nest staff will administer the following first aid procedures as necessary. With this knowledge I hereby give consent for my child to receive the following care. (Check all that apply)

Bandages (non-latex)

Ice Pack

- ❖ When a medication must be administered during a child's school day, please follow these instructions: Bring the medication to the nurse's office in the original packaging from the pharmacist. This includes Epi-pens and any other prescriptions. Epi-pens MUST be stored on campus in the original box it was presented in with all labeling visible and accurate to your child. The Epi-pen itself must also have a prescribed label on it. You will be given a form to complete with dosing instructions for our staff.

Child Name (Please Print) \_\_\_\_\_

Child Name (Please Print) \_\_\_\_\_

Child Name (Please Print) \_\_\_\_\_

Child Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

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

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

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

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

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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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.

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

<b>Name(s):</b>
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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](http://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:
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