



Liberty Elementary School District

Liberty Elementary Preschool

2022-2023

Registration and Enrollment Checklist

Complete Registration and Enrollment packet in its entirety. One packet is required for each child. 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 the Registration form in its entirety: all questions must be answered

_____ Fill out Emergency, Information and Immunization Record Card form in its entirety

_____ Attach **photocopy** of child's birth certificate (3, 4, & 5 year old classes)

_____ Attach **photocopy** of child's current immunization records (Per DHS Licensing Regulations we can no longer use a copy from the school nurse)

_____ Completed registration packet can be submitted to:

1. Early Childhood Preschool Coordinator, Kristel High preschool@liberty25.org, Liberty Elementary School
2. Email, Mail or drop off to District Office:
Liberty Elementary School District
19871 W. Fremont Rd.
Buckeye, Az 85326

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

Liberty Elementary Preschool 2022-2023 Enrollment

3, 4, & 5 Year Old Classes

Please complete all sections. Forms with missing information will not be accepted. Annual registration is required.

Child's Full Name: _____ Birth Date: _____ Age: _____
Address: _____ City & ZIP _____
Payer Name: _____ Relation (if not parent/guardian) _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: (If different) _____ City & ZIP _____

The following information will be useful when doing projects. All of the information is confidential and the use is intended for classroom purpose only. Thank you.

Siblings 1. _____ 2. _____
3. _____ 4. _____

Natural Mother Living? Yes _____ No _____ Natural Father Living? Yes _____ No _____ Parent are Married _____ Divorced _____
Child Lives With? Both Parents _____ Mother _____ Father _____ Other (specify) _____

ETHNICITY: (check one) Hispanic or Latino _____ NOT Hispanic or Latino _____
RACE: (Please check all that apply and circle the primary race) White _____ Native Hawaiian / Other Pacific Islander _____
Black / African American _____ Asian _____ American Indian / Alaskan Native _____

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 preschool must be completely toilet trained. Students with disabilities requiring 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 LESD Administration.

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

Mother/Guardian Name: _____ LESD Employee: Yes _____ No _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ City & ZIP _____
Email address: _____

Father/Guardian Name: _____ LESD Employee: Yes _____ No _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ City & ZIP _____
Email address: _____

2022-2023 Preschool

Non-Refundable Registration Fee (Per Family)	\$100 fee + First Month
A.M. Only - Preschool Instruction 7:30A.M. - 10:30A.M.	Monthly Rate \$275*
P.M. Only - Preschool Instruction 11:30P.M. - 2:30P.M.	Monthly Rate \$275*

* Preschool Program fees are based on annual enrollment and days off are factored into the price. Liberty Elementary Preschool program follows the district school calendar. Tuition rates are based on an annual fee of \$2,750 Half Day payable in ten equal installments. Short months are not prorated, and missed days are not credited.

Classes are available to 3,4 & 5 years olds (not of school age).

Completed Registration form does not guarantee a spot in the program. Enrollment is based on availability.

Discount Fee Information

Please check below if you are eligible for a discount.

<input type="checkbox"/>	10% LESD employee discount (only one discount may be applied)	Position & location
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Additional Fee Information

	\$35 late payment fee
	\$15 insufficient funds fee

Please choose a payment plan option for the balance of your tuition.

One full month's tuition plus the registration fee is due at the time of registration and both of these fees are non-refundable.

1. I will submit monthly payments to Revtrak by the first school day of every month, September through May.
2. Pay in full at time of enrollment

I agree to read the Preschool Parent Handbook 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 Preschool program, and that all LESD rules, policies and procedures apply to this program. Tuition for this program is based on an annual fee with the option to pay on a monthly basis. **One full month's tuition plus the registration fee is payable with this registration and is non-refundable.**

Parent /Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

How did you learn about the Liberty Elementary School District Preschool

Movie Theater Ad	Electronic Billboard	West Valley View News Paper
Liberty Elementary School District Website	Facebook	Flyers
Referral	Referral's Name: _____	



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: male 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.

Name _____

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

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? No ___ 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? No ___ Yes ___</p> <p>If yes, list precautions:</p>
<p>Is the child subject to convulsions and what should be our procedure if one occurs? No ___ Yes ___</p> <p>If yes, specify procedure:</p>
<p>Are there any physical conditions that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No ___ 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: