SUMMER Kindergarten Readiness Program

Required for Enrollment:

☐ Copy of Birth Certificate
☐ Current Immunizations

Child’s First Name ___________________________ Child’s Last Name ___________________________

Program Dates: May 27th - August 1st, Closed July 4th
Daily Hours: Monday-Friday 7:00am-6:00pm
School Day Hours: 8:30am-3:00pm
Free Before and After Care
Free Breakfast: 8:00-8:30am, Free Lunch 12:00-12:30pm
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<thead>
<tr>
<th>Date</th>
<th>Form</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Student Enrollment Form</td>
</tr>
<tr>
<td></td>
<td>Emergency Medical Contact</td>
</tr>
<tr>
<td></td>
<td>Medical History Form/First Aid Release</td>
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<td></td>
<td>Student Release Form</td>
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<td>Parent Survey</td>
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<td>Birth Certificate</td>
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<td>Immunization Record</td>
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<td>Blue Card (As required by State)</td>
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<td>Copy of Drivers License of anyone who can pick up</td>
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Enrollment Form

Summer 2014

Student Name (Last, First, Middle) _______________________________________________________

Nickname __________________________ Grade Entering _______ Sex: ______ Special Ed: _____ Yes ___ No ___ IEP: ___ Yes ___ No ___

Mailing Address __________________________________________________ City ______________ Zip ____________

Physical Address __________________________________________ City ______________ Zip ____________

Parent(s) Name ____________________________________________ Home Phone # ______________

E-Mail Address ____________________________________________ Social Security Number ______________

RACE/ETHNIC BACKGROUND

___ American Indian/Alaska Native ___ African American ___ Caucasian (White) ___ Hispanic ___ Pacific Islander or Asian

Birth Place (City, State) __________________________________________ US Citizen ___ Yes ___ No ___ Birth Date ___/___/____

What is the primary language spoken by the student? _________________________________________

Last School Attended _________________________________________________________________

ADDITIONAL PARENT INFORMATION

Father/Step/Guardian (circle one) Name (Last, First, Middle) __________________________________________

Address __________________________________________ City ______________ Zip ____________ Home Phone # (___) ____________

Place of Work __________________________________________ Phone # (___) ____________ Cell # (___) ____________

Address __________________________________________ City ______________ Zip ____________

Mother/Step/Guardian (circle one) Name (Last, First, Middle) __________________________________________

Address __________________________________________ City ______________ Zip ____________ Home Phone (___) ____________

Place of Work __________________________________________ Phone # (___) ____________

Address __________________________________________ City ______________ Zip ____________ Cell # (___) ____________

Please list ALL SIBLINGS living in the household, starting from the oldest.

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>School (if attending)</th>
<th>Grade</th>
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Parent/Guardian Signature __________________________________________ Date __________________

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Emergency Contact Information

Student's Name ________________________________ Relationship to student ________________

First Contact Person ________________________________ Address ________________________________ City __________ Zip __________
Home Phone # (____) ________________ Cell # (____) ________________ Work # (____) ________________

Second Contact Person ________________________________ Address ________________________________ City __________ Zip __________
Home Phone # (____) ________________ Cell # (____) ________________ Work # (____) ________________

Third Contact Person ________________________________ Address ________________________________ City __________ Zip __________
Home Phone # (____) ________________ Cell # (____) ________________ Work # (____) ________________

Fourth Contact Person ________________________________ Address ________________________________ City __________ Zip __________
Home Phone # (____) ________________ Cell # (____) ________________ Work # (____) ________________

Local Doctor ______________________________________ Office # (____) _________________________

Hospital Preference ________________________________ Location ________________________________
1. Allergies: Food ____________________________________ Medications: ________________________________

2. Is your child on daily medication? ___Yes ___No Specify ________________________________

3. Recent Surgery, Accident or illness (past year) ________________________________

4. Health problems or limitations ________________________________

I, the undersigned parent/guardian, hereby give my consent for the above named child to be released to the
friend/relative I have designated and/or to be taken to the nearest hospital in case of emergency.

Parent/Guardian Signature ________________________________ Date ________________

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Medical History and First Aid Release

Medical History (Check all that apply)

☐ Measles  ☐ Asthma  ☐ Allergies (food or otherwise)
☐ Chickenpox  ☐ Diabetes  ☐ Vision Impairment
☐ Scoliosis  ☐ Ear Infection  ☐ Hearing Impairment
☐ TB  ☐ Mumps  ☐ Physical Handicap
☐ Convulsive Disorder
☐ Other

Doctor’s Name ___________________________ Phone ___________________________
Hospital Preference ___________________________ Phone ___________________________

Is your Child Taking Any Medication?  ☐ Yes  ☐ No  If yes, name the medication(s) and for what condition(s).
*Medication may not be administered without prescription release. An exception to this is a respiratory
inhaler or epinephrine, however we must have a physician’s statement on file in the school office.

Medication: ___________________________ Condition: ___________________________
Medication: ___________________________ Condition: ___________________________
Medication: ___________________________ Condition: ___________________________
Medication: ___________________________ Condition: ___________________________

Is your child presently under treatment for any physical problem? If yes, please explain.

____________________________________

Is your child allergic to any foods or other substance? If yes, name foods or substances to be avoided.

Please explain procedure if reaction occurs.

____________________________________

Is your child subject to convulsions, and what should be our procedure if one occurs?

____________________________________

Is there any physical condition that we should be aware of, and what precautions or procedures should be
taken?

____________________________________

Additional Comments/Other Special Instructions: ___________________________

____________________________________

The above emergency and medical information is provided by:

Parent/Guardian Signature ___________________________ Date ___________________________
Student Release Form

School Photo/Video Permission

I hereby grant permission for my child _______________________________ to be photographed, audio taped, or video taped for any school related activity, article, brochure, video production, or any other publication.

Signature of parent or guardian __________________________________________ Date ____________________

Transportation Release Form

Please specify and give permission for student’s transportation. The following person(s) will be responsible for dropping off and picking up my student from school each day: (Each eligible adult that will be responsible for my child’s transportation must have a copy of their photo ID on file.)

__________________________________________________________________________ or ______________________________________________________________________

__________________________________________________________________________ or ______________________________________________________________________

__________________________________________________________________________ or ______________________________________________________________________

Parent/Guardian Signature __________________________________________ Date ____________________
Parent Survey

Please answer the following questions with as much information as possible:

Student ___________________________________________ Date of Birth ____________________________

How did you learn about Gilbert Arts Academy? □ Direct Mail □ Facebook □ Flyer □ Website
□ Great Schools □ Drive By □ Magazine □ Word of Mouth □ Commercial
□ Other (Please Specify) ________________________________

Has your child participated in any extra-curricular activities? If yes, please list below. □ Yes □ No
____________________________________________________

Parent/Guardian Name (Please Print) __________________________________________________________

Parent/Guardian Signature _________________________________________ Date ___________________
Ages:
Gilbert Arts Academy's Four-Year-Old Summer Kindergarten Readiness Program (KRP) is specifically tailored to the needs of four (4) year old children who will be turning five (5) between September 1, 2014 and August 31, 2015.

Curriculum:
The curriculum used in this program is geared towards reinforcing concepts taught in our Kindergarten Readiness Program and preparing students to enter Kindergarten. Weekly themes will excite their curiosity and engage their minds using math, reading and language arts concepts! Pro-social behaviors are taught and encouraged through play-based learning activities.

Dress Code:
Summer programs at Gilbert Arts Academy do not require a uniform, however, the following dress code must be observed. Clothing must be in good repair. Torn or ripped clothing is considered inappropriate. Tennis shoes are preferred. No halter tops or spaghetti straps; no stomach/midriff exposed; no clothing that portrays weapons, drugs or alcohol, inappropriate logos or sayings; no clogs or flip-flops, and no "Heelies" or similar. If your child is out of dress code, the parent/guardian will be called to bring a change of clothing from home and the student will be sent to the office.

Please initial here that you have read and understand this section __________

Emergency Procedures:
You must list an emergency contact in case you are unable to pick up your child. If your child has a fever (98.6°F is considered normal) you or an emergency contact will be called to come and pick up your child immediately. Children must be fever-free for 24 hours without medication before he/she will be allowed to come back to school. If your child should throw up in class, you or an emergency contact will be called to come and pick up your child immediately. Please keep him/her home for at least 24 hours, or until symptoms have subsided before retuning to school. If you are phoned, we ask that you or another designated person arrive within one hour to pick up your child.

Please initial here that you have read and understand this section __________

Fees:
Tuition is $120.00 per week or $25 per day for the summer program. Tuition payment may be made by cash, check, money order or cashier’s check and is due the week or day prior to attending. Students will not be permitted to attend class unless payment has been made to the office.

Please initial here that you have read and understand this section __________
There will be a charge of $25.00 for any check returned by your bank as unpaid for insufficient funds or any other reason. After a check has been returned once, you will be responsible for paying in cash or by money order for the remainder of the school year.

Please initial here that you have read and understand this section __________

D.E.S. (Department of Economic Security) Clients:
We accept D.E.S., however, we must have a letter from D.E.S. stating the authorization number, participant identification number, start and end dates, co-pay amount, with the number and type of units authorized. Parent/guardian is responsible for any portion of the tuition fee not paid by D.E.S.

Please initial here that you have read and understand this section __________

Discipline Guidelines:
We implement the positive behavior plan (PBIS - Be A Star) school-wide at Gilbert Arts Academy. The three key components of “Be A Star” are to be safe, kind and responsible with our words and actions. We have seen great results and improvements in children’s behavior utilizing this system. For more information, please see our website: www.gilbertartsacademy.com/be-a-star.html. To accommodate the age and maturity level, the KRP also integrates components of the ‘Love and Logic’ discipline plan, www.loveandlogic.com

Please initial here that you have read and understand this section __________

Facility Regulation:
The KRP is licensed as a full-day child care provider by the Arizona Department of Health Services-Child Care Facilities:
Arizona Department of Health Services (ADHS)
150 N. 18th Ave. Suite 400
Phoenix, AZ 85007
(602) 364-2539 or 1-800-615-8555

Inspection Reports:
The school is committed to providing a safe environment for its students and complies with periodic inspection requirements as required by the State of Arizona and the Arizona Department of Health Services. All Inspection reports are available for review upon request.

Liability Insurance:
Provided by the Philadelphia Indemnity Insurance Company. A copy of the insurance certificate is available for review in the school’s main office.

Lunch/Breakfast Summer Program:
Breakfast and lunch will be included at no charge to enrolled students. Meals will be served at the following times:
Breakfast: 8:00-8:30am
Lunch: 12:00-12:30pm

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Medical:
If your child has a communicable disease, a physician's note must be provided to the school, stating that he/she is no longer contagious, before being readmitted to the class.

If your child is injured and the teacher deems it necessary, 9-1-1 will be called first, then the parent/guardian or other primary contact as indicated on the emergency card. Parents/guardians are financially responsible for all emergency assistance. Teachers are CPR and First Aid trained.

All children must have adequate immunizations to enter class. You will be advised if your child(ren) do not have sufficient immunizations and you will have 15 days to obtain additional shots and provide updated immunization documentation to the program director. If your child is not immunized for medical reasons, religious beliefs, or laboratory evidence, a “Request for exemption from Immunization”, must be filled out. If no action is taken to obtain the necessary immunizations or complete the exemption, the child(ren) will not be allowed to attend. In the event of an outbreak of a vaccine preventable disease for which proof of immunity has not been provided, your child will not be allowed to attend school until the risk period ends.

Please initial here that you have read and understand this section __________

Medication Policy:
Only prescription medication in the original pharmaceutical container, labeled with the child’s name, will be administered. Medication must be accompanied by written instructions from the prescribing, licensed health care provider or parent indicating dosage and time. No over-the-counter medicine will be administered by staff unless it is sent in by the parent in the original container with written instructions from the parent. All medication will be kept in the first aid station.

Please initial here that you have read and understand this section __________

Participation:
You are always welcome in the classroom, and we appreciate your help as a volunteer. Anyone staying over 2 hours on a daily basis requires state guidelines be fulfilled and a fingerprint clearance card must be obtained, at your cost. All volunteers are required to sign in on arrival and out on departure at the main office, every occasion. Whether in the classroom or participating in an event, we request parents and volunteers take direction from the lead teacher and refer any behaviors or incidents to her.

Pesticides:
The campus is routinely treated with pesticides to prevent 'bug' infestations and maintain a healthy environment for children. To minimize any possible reactions or health risks to students, the campus is treated monthly, on Friday afternoon after school has dismissed.
Philosophy:
We consider the education of our students a partnership between parent/guardian(s) and school. Children are very impressionable and learn important study habits and behaviors during these early formative years, most often modeling the behavior they are exposed to. Parents with concerns regarding their child's education are encouraged to contact the school and request a parent/teacher conference.

Student Sign-In & Sign-Out:
Parents/Guardians may access the Kindergarten Readiness Program room via the west gate during drop-off and pick-up times. The Arizona Department of Health Services requires parents/guardians to escort their child to the program room and sign them in or out where indicated. A photo ID is required of any person(s) authorized to pick up your child. Authorized persons must be at least 18 years of age.

School Address, Contact Information and Hours of Operation:
Gilbert Arts Academy
862 E. Elliot Road
Gilbert, AZ 85234
(480) 325-6100 ph
(480) 632-2077 fax

Tuesday, May 27 – Friday August 1, 2014
Monday- Friday 7:00a.m. to 6:00p.m.,

I ________________________________parent/guardian of ________________________________, hereby understand and agree to all of the aforementioned policies and procedures of the Gilbert Arts Academy's Four Year Old Kindergarten Readiness Program.

__________________________  _______________________
Signature                        Date