

Parent _____
 Address _____ Apt _____
 City _____ Zip _____
 Phone # _____
 Email Address _____
 PROGRAM OF STUDY: _____

Child _____
 Child's Birthday _____
 T-Shirt Size - **CAMP GECKO ONLY** _____
 Student ID# _____
 Pin Number _____ For _____
 Pin Number _____ For _____

REGISTRATION: SUMMER 2018

START DATE: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Office Use
Drop Off:	Drop Off:	Drop Off:	Drop Off:	Drop Off:	Hrs:
Pick Up:	Pick Up:	Pick Up:	Pick Up:	Pick Up:	x Rate:
					Wkly Total:

ACKNOWLEDGEMENT:

By signing below I acknowledge that:

I have received the parent handbook from the Children's Learning Center. I understand that it is my responsibility to read the handbook and that I will be held accountable to follow all of the policies and procedures listed in the handbook.

It is my responsibility to keep current on CLC scheduled activities and due dates by:

- **reading all correspondence placed on my sign-in/out sheets or in my child's cubby/mailbox**
- **reviewing the CLC calendar**
- **monitoring the parent whiteboards and bulletin board.**

Submission of this Enrollment Form constitutes my intent to enroll my child in this program. At any time should I no longer require services, it is my responsibility to notify the Children's Learning Center and officially withdraw my child in accordance with the center's withdrawal policy to avoid the incurrence of additional fees. Registration Fees are non-refundable.

Signature

Date

DO NOT WRITE IN GRAY AREAS - CENTER USE ONLY -		<input type="checkbox"/> GATEWAY CENTER	<input type="checkbox"/> MONTECITO CENTER	
Allergy/Restriction/Medical Alert	Received - Date _____ Time _____ By _____			
	Enrolled <input type="checkbox"/>	Wait List <input type="checkbox"/>	Start Date _____	
	Non-Credit <input type="checkbox"/>	Staff <input type="checkbox"/>	Student <input type="checkbox"/> Campus _____	
Notes:	Registration Form	<input type="checkbox"/>	Assumption of Risk	<input type="checkbox"/>
	Child Info Sheet	<input type="checkbox"/>	Behavior Contract	<input type="checkbox"/>
	Consent Form	<input type="checkbox"/>	Insurance Card	<input type="checkbox"/>
	Emergency Card	<input type="checkbox"/>	Dr. Note (food allergy)	<input type="checkbox"/>
	CACFP Form	<input type="checkbox"/>	Diet Restrict Form	<input type="checkbox"/>
	Immunization Record	<input type="checkbox"/>	Custody Papers	<input type="checkbox"/>
	Birth Certificate	<input type="checkbox"/>	ID	<input type="checkbox"/>



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

In case of injury or sudden illness, I request that this individual be called first:	
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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:
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Child's Name _____
 First Middle Last

Preferred Name _____ Child's Date of Birth _____

Marital Status: Married Separated Divorced Single Remarried

Names of siblings and ages _____

1. Does your child have any fears or anxieties we should know about? _____

2. How does your child cope with anger/frustration or not getting their own way?

- Hitting Kicking Biting Spitting Crying Screaming Pinching
 Other _____

3. What strategies do you use at home to help your child cope with anger/frustration?

4. Are there any developmental concerns you have about your child? _____

5. Does your child have any allergies or dietary restrictions? Yes No

Specify allergy/dietary restriction: _____

What reaction to the allergy may occur? _____

6. Does your child have any other medical issues we should be aware of? _____

7. Does your child take medication regularly?_____ If so, what? _____

8. Is there anything else you would like us to know about your child? _____

Parent/Guardian's

Signature:_____ Date:_____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

BEST OF CARE

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

Instructions: This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME		DATE OF BIRTH
PARENT/GUARDIAN COMPLETING THIS FORM		WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?
PROVIDER/CENTER NAME		

Has your child attended child care in the past? Yes No
If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)

What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? Alone Other children

Does your child have a favorite toy or comfort object? Yes No

If yes, what?

What is your child's current sleep schedule?

Does your child fall asleep easily? Yes No

What is his/her mood upon waking?

What does your child like?

What does your child dislike?

See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:

Happy?

Sad?

Mad?

Tired?

Other?

How does your child react when:

Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? Yes No

If yes, please explain:

Does your child have any other special needs? Yes No

If yes, please explain:

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? Yes No

If yes, please explain:

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

Please read, initial each statement and sign this agreement:

As the parent or legal guardian of _____
(child's name)

_____ I grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

_____ I grant permission for my child to leave the school premises under supervision of a staff member for walking field trips to the GateWay College campus.

_____ I grant permission for my child to be included in photographs taken for use at the Children's Learning Center or in campus publications.
Photo Restriction (if any) _____

_____ I grant permission for the director or staff to take whatever steps may be necessary to obtain emergency medical care if needed. These steps may include, but are not limited to the following:

1. Attempt to contact the parent or guardian.
2. Attempt to contact the persons listed as emergency contacts on the emergency medical form (blue card), which you provide on enrollment to the center. You are responsible for maintaining this form with current information.
3. If we cannot contact you or your emergency contacts, we will call for an ambulance to transport your child.
4. Any expenses incurred above, will be the responsibility of the child's family.

My religious beliefs prohibit my child from participating in the following activities:

I have read and understand each of the above items. I also agree that this consent form shall remain in effect unless written notice is provided to the center.

Parent/Guardian's

Signature: _____ Date: _____



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281-6942

TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY

For Students

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the _____ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

SPECIFIC HAZARDS OF TRAVEL: (Specific dangers endemic in this Program's area of travel.)

INSTITUTIONAL ARRANGEMENTS: I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

INDEPENDENT ACTIVITY: I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

TRAVEL CHANGES: If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date



Date: _____ Location: _____

Department: _____ Photographer*: _____

I authorize the Maricopa Community Colleges (including its colleges and related entities) to photograph or video me and to use the photographs or videos for educational or promotional purposes in any type of media. The photographs or videos may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

1. _____
Name (please print) Signature

Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

Quote

2. _____
Name (please print) Signature

Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

Quote

PARENT / GUARDIAN PERMISSION (if under 18 years old)

1. _____
Name (please print) Signature

Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

Parent / Guardian (if under 18 years old) Witness

2. _____
Name (please print) Signature

Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

Parent / Guardian (if under 18 years old) Witness

*Optional

MC-PUPQ (04/27/16)

Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa | Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans, and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.