



# SKYLINE PRESCHOOL

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## EARLY ACADEMIC CENTER

# Enrollment Packet

## South Phoenix

### South Phoenix Campus

7450 S. 40<sup>th</sup> Street

Phoenix, AZ 85042

Phone: 602-343-4981

Fax: 877-821-5462

[www.southphoenixskylinepreschool.com](http://www.southphoenixskylinepreschool.com)

[Preschool@skylineschools.com](mailto:Preschool@skylineschools.com)

## Chandler

### Chandler Campus

2020 N. Arizona Ave., Suite G62

Chandler, AZ 85225

Phone: 480-779-2001

Fax: 877-821-5462

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**SKYLINE PRESCHOOL**  
**EARLY ACADEMIC CENTER**

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## Child Information Form

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian Primary Language: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed

Child's Primary Home:  With Mother  With Father  With Mother and Father  With Guardian

List all family members in the child's home (Names and Ages): \_\_\_\_\_

\_\_\_\_\_

## Primary Contact and Release Persons:

**Parent/Guardian 1:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Emergency Contact and Release Persons

Parents/Guardians are required to list at least one person as an **Emergency and Authorized Release Contact**. This is in case there is an emergency with your child, you are not available, and your Emergency Contact person is authorized to accompany your child for medical treatment. After one required person, you may list up to 2 other optional people to contact in case of an emergency and/or for authorized release.

### Emergency Contact and Authorized Release:

Name # 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Government Issued Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

### Emergency Contact (Optional):

Name # 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Government Issued Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

\_\_\_\_ Emergency Contact and Authorized Release **OR** \_\_\_\_ Release Only

### Emergency Contact (Optional):

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Government Issued Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

\_\_\_\_ Emergency Contact and Authorized Release **OR** \_\_\_\_ Release Only



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

<b>Father 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:**

<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. It is understood by me that the expense of this service will be accepted by me.**

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

Does your child have insurance coverage?  No  Yes Name of Insurance Company: \_\_\_\_\_

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                  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                  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                  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                  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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\*Please INITIAL each section below.

## Enrollment Agreement

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

### TUITION AND FEES:

\_\_\_ **Enrollment Fee:** I understand that an annual, non-refundable, Enrollment Fee of \$75.00 shall be paid in advance to enroll my child. (This fee does not apply to any later tuition.)

\_\_\_ **Tuition and Modification Conditions:** Monthly, tuition rate is \$650.00 due on the first Monday of the month at drop off time. If you are paying for 2, 3, or 4 days a week, your daily rate will be \$40.00 a day. If you are paying bi-weekly, a credit card must be on file and will automatically be deducted every Monday. I understand that rates are subject to change with reasonable notice.

\_\_\_ **Attendance:** Student attendance for the Preschool program is 5 days a week, or 2 or more days a week. There is no discount or refund if students are sick or absent for any reason during the week (or month) that has been paid.

\_\_\_ **Potty Training:** I understand that my child must be potty-trained to enroll.

\_\_\_ **Late or Unpaid Tuition:** If payment is not received in full, I agree to pay a late payment fee of \$30.00 per week after the 5<sup>th</sup> of the month that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to a non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection party.

\_\_\_ **Agency Reimbursement:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

\_\_\_ **Charges and Procedure for Late Pick-Up:** The school is open from 7:00 am-6:00 pm, Monday through Friday all year, except for holidays (see holidays listed on page 8). I understand that if I fail to pick up my child by the scheduled closing time at 6:00 pm, the late charge will be \$20.00 per child for the first 15 minutes and an additional \$5.00 per child per 5 minute period thereafter.

\_\_\_ **Returned Checks:** I understand that a processing fee of \$35.00 will be charged to my account for all checks returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. If more than one check is returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period.

### DAILY PROCEDURE:

\_\_\_ **Daily Sign-In and Sign-Out:** I agree to sign my child in and out every day. I understand that my child is not permitted to sign himself or herself out or anybody under the age of 18. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

\_\_\_ **Illness:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up my child upon notification from the school that my child is ill. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to specific criteria. For the health and well-being of all children and staff, I understand that my child must be fever free for at least 24 hours or more, before he or she will be permitted return to school, if your child is sent home from school that day due to a fever it would be 24 hours from that time.

\_\_\_ **Model Release:** This school (\_\_\_ may) or (\_\_\_ may not) use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

\_\_\_ **Parent Photographs, Videos, Audio Recording:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_ **Interviewing Children and Inspecting Records:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately,

to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or the school.

\_\_\_ **Withdrawal from the Program:** I understand that I must provide a (2) week written notice of withdrawal from the program. If this notification is not provided I agree to pay all tuition and fees for (2) weeks whether or not my child attends. I understand that when my child is withdrawn, she or he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new-non-refundable Registration Fee at the current rate. If there is an outstanding balance (including Tuition or Fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

**HOLIDAYS, ABSENCES, AND CLOSINGS:**

\_\_\_ **Holidays:** I understand that the school is closed for the following holidays. I agree that I will not receive a refund, credit, or any other allowance for holidays. If a listed holiday falls on a Saturday, it will be observed on the preceding Friday, and if the holiday falls on a Sunday, it will be observed on the following Monday.

- |   |   |
|---|---|
| -Independence Day                             | -Civil Rights Day   |
| -Labor Day                                    | -President's Day  |
| -Thanksgiving Break (2 Days)                  | -Spring Break (3 Days)                                    |
| Winter Break including Christmas Day (8 Days) | -Memorial Day   |
| -New Year's Day                               | Teacher In Service Day No School- 7/3, 10/11, 12/20, 3/14 |

\_\_\_ **Absences/Vacations:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). I understand that this preschool is a year-round program with ample breaks and holidays off for family vacations and other business. However, if I remove my child from the school for one full week (must be 5 consecutive days Monday through Friday with prior notice to the director), I can pay a reservation fee of 50% off that week's regular tuition. I agree to pay the reservation fee of \$81.25 to guarantee my child's space when my child is not in attendance for that entire Monday-Friday school week. I understand that taking frequent full-weeks off throughout the school year and expecting to pay the discounted tuition is not the policy of this educational program. A full week off with discounted tuition may be limited to once per school year (from July to August).

\_\_\_ **Emergency Closing and Inclement Weather Information:** I understand that it is the school's intention to be open and provide child care service every weekday of the year, except holidays, but that inclement weather, natural/national disasters or a major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

**STATE LICENSING AND OUR POLICIES:**

\_\_\_ **All Policies and State Regulations:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state child care regulations, the schools Policies and Procedures Manual, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of Arizona may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by all Policies and Arizona state regulations.

\_\_\_ **Policies and Procedures Manual:** I have received a copy of the Skyline Education Inc. (SEInc.) Policies and Procedures Manual. I have read and understand its contents and policies and agree to be bound by the same.

\_\_\_ **No Modifications:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and the Policies and Procedures Manual. The policies in this contract will supersede all other previous documents.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature Name:** \_\_\_\_\_

**Enrollment Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Child Profile

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

**\*Potty Training:** We only permit children who are fully potty-trained to enroll at our school.

**\* Is your child fully potty trained?** \_\_\_\_ Yes \_\_\_\_ No

**Has your child attended another preschool?** \_\_\_\_ Yes \_\_\_\_ No

### Medical:

Does your child have any **allergies**? If yes, please explain: \_\_\_\_\_

Is there any **fear** or **anxiety** your child has of which we should be aware? \_\_\_\_\_

Does your child have any **physical** problems? If yes, please explain. \_\_\_\_\_

**Playtime:** Who does your child mostly enjoy **playing** with?

\_\_\_\_ alone

\_\_\_\_ grownups

\_\_\_\_ 1 or 2 children

\_\_\_\_ a group of children



**Personality:** How would you most describe your child's **personality**? (check all the boxes that apply)

\_\_\_ shy

\_\_\_ dominating/controlling

\_\_\_ talkative

\_\_\_ sensitive

\_\_\_ outgoing

\_\_\_ quiet/thoughtful

\_\_\_ emotional

\_\_\_ humorous/joker

Does your child engage in **art** activities at home? If yes, what type?

Scissors \_\_\_\_ Glue \_\_\_\_ Paint \_\_\_\_ Crayons \_\_\_\_ Other \_\_\_\_\_

### Adjustment:

Do you anticipate any problems in your child's **adjustment** to entering preschool? If yes, please explain: \_\_\_\_\_

Does your child seem to make friends with unfamiliar **adults** easily? \_\_\_\_\_

Does your child seem to make friends with unfamiliar **children** easily? \_\_\_\_\_

### Additional Information:

Are there any other physical, emotional, or personality characteristics you would like to share about your child that would help make his or her preschool experience more successful? \_\_\_\_\_



## 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
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?

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CHILD'S NAME

DATE OF BIRTH

---

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See reverse for EOE/ADA/LEP/GINA disclosures

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CHILD'S NAME

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

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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.

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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.