



**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.

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.

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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Enrollment Agreement

I have received and read International School for Peace’s 2023/2024 Family Handbook, including the Emergency Evacuation Plan, the Telephone Authorization Code information, and the Health Action Plan. By signing below, I agree to follow the guidelines within and to comply with all state mandated or school-required policies.

I understand and agree to comply with the following policies:	Initials:
My child’s current and complete Emergency Information and Immunization Records (or exemption form) must be on file.	
My tuition is due the first day of each month, August through May, and for any payment received after the 5 th of the month I will be assessed an additional \$35.00 late fee.	
All children should be picked up promptly at 12:00pm, 2:30pm, 6:00pm or before, depending on the program they are attending. I understand that a late pick-up fee of \$1/minute will be charged for picking up my child later than the above times.	
If I wish to change my child’s schedule, I can submit the request in writing to the preschool office. If the request involves a reduction or withdrawal from a program, 2 weeks written notice is required, & I am responsible for paying the tuition for that 2-week time period whether my child attends or not.	
In accordance with the peaceful communication policies of the preschool, if I have an issue to work out with another person, I will wait until I can address the problem calmly. I will then seek a solution by speaking directly to the other person involved before making an appointment with the director.	
I give permission for my child’s teacher to apply school-provided sunscreen prior to playing outside.	
I have read, understand, and agree to abide by ISP’s current Health Action Plan.	
I have read ISP’s Family Handbook and agree to abide by the policies within.	
I agree to exit both ISP and St. Francis campus immediately following dismissal.	
All tuition is due in full for the month of May regardless of my child’s last day that month.	
Any unrecognized person picking up my child will be required to show a photo I.D. before my child is released to his/her care. I understand that the school will not be liable when releasing my child this way.	
I agree to use my full signature to sign my child in & out every day.	

Child’s Name _____

Parent Signature _____

Date _____



Health Information Form

Childs Name _____ Age _____ Birth Date _____

Allergies _____

In Case of Allergic Reaction _____

Name of Child's Doctor _____ Phone # _____

Preferred hospital (in case of emergency) _____

Previous operations/hospitalizations _____

Please note any medical conditions that we should be aware of (i.e. asthma, diabetes, etc.)

Physical limitations _____

Is your child currently taking any medication on a regular basis? Yes or No

Would this medication be administered at school? Yes or No

(If yes, please attach detailed instructions for administering medication & a doctors authorization.)

Is your child currently receiving special professional services? (i.e. speech therapy)

Parent's Signature

Date

Home Phone

Parent's Cell Phone

Other Contact Number



Family Involvement Form

Student Name: _____ Teacher: _____

Parent Name(s) _____

Parent Phone Number(s): _____

Availability: _____ Weekly _____ Bimonthly _____ Intermittent

<input type="checkbox"/> Landscaping <input type="checkbox"/> Gardening <input type="checkbox"/> Repairs <input type="checkbox"/> Marketing <input type="checkbox"/> Library Helper <input type="checkbox"/> Office/Technical Support <input type="checkbox"/> Materials Donation <input type="checkbox"/> Classroom Material Prep <input type="checkbox"/> Serve on Advisory Board <input type="checkbox"/> Recycling <input type="checkbox"/> Shopping	<input type="checkbox"/> Grant Writing <input type="checkbox"/> Room Parent **** Spruce Up Day: <input type="checkbox"/> Fall, 2023 – 9/16/23 8am-12pm <input type="checkbox"/> Spring, 2024 - TBD **** Special Events: <input type="checkbox"/> School Pictures – 10/26-27/23 <input type="checkbox"/> Fall Festival TBD <input type="checkbox"/> Tucson Festival of Books – 3/9-10/24 <input type="checkbox"/> Art Sale – April 2024
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____ Share a family culture/tradition or special interest (musical instrument, collection, occupation).

Please describe: _____

Other/Comments:

ISP will be sending out a **MONTHLY NEWSLETTER** electronically.

ISP will use the email provided on the completed registration form. If you prefer an alternative or additional email, please provide your preferred email/s here:

If you prefer **not** to receive the monthly newsletter, please contact the preschool office.



Student Release Authorization*

From Relocation Center

My child, _____, may be released to any International School for Peace staff member to be transferred to or from the prearranged Relocation Center in the event of an emergency evacuation.

In the event that I am unable to pick up my child at the Relocation Center I will contact one of the persons listed below to pick up my child at the Relocation Center. I give my permission for my child to be released by International School for Peace to the following persons upon the presentation of a photo I.D. I understand that my child may not be released to any person whose name is not on this list.

NAME

NAME

From Preschool

I also give my permission for my child to be released by International School for Peace to the following persons **at any time** upon the presentation of a photo I.D. I understand that this information will be kept in my child's file. I understand that I am responsible for keeping the information in my child's file current.

NAME

NAME

The following individual(s) may NOT remove my child from International School for Peace:

Name(s):

Parent Signature _____ Date: _____

As family constellations change, new cell phone numbers are acquired, or people move, it is important to keep your child's file updated



Getting to Know You!

Child's Name: _____ Nickname(s): _____

Who does your child live with?

Adults:

Children:

Name	Relationship

Name	Relationship	Age

Tell us about your pets! _____

Parent's or Guardian's Occupations:

Title/Place of Business: _____

Title/Place of Business: _____



What do you say to comfort your child? Does your child have a special item to comfort them? _____

How do you know when your child is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other (frustrated/embarrassed): _____

How does your child react when:

They meet new people: _____

They are scared: _____

Something unexpected happens: _____

Something they don't like happens: _____

What goals do you have for your child while in preschool?



Getting to Know You!



Are there any activities that seem to make your child uncomfortable?

Has your child attended child care in the past? _____ Where? _____



Sleep Habits:

What time does your child go to bed? _____

What time does your child wake up? _____

What is your child's mood upon waking? _____

Does your child nap? _____ Do you want your child to nap at school? _____

Bathroom Needs:

Does your child use the toilet independently? _____

Is there any information we need to know so we can help your child?

Speech:

What language(s) does your child speak? _____

What language(s) is/are spoken in your home? _____

Do you have concerns about your child's speech? _____

If yes, please explain: _____

Events at home often influence a child's behavior (i.e. a new sibling, divorce, moving).

Has anything happened recently that may effect them?

Is there anything you would like to share about your child?



Community Directory Form

We would like each family's contact information to be available to our learning community for the purposes of arranging play-dates, birthday party invitations, car pools, parent volunteer opportunities, etc. This information will not be used for solicitation or shared with any person or agency not affiliated with International School for Peace. Please help us respect your wishes in regard to making this information available to other families and staff members by choosing **one** of the options below:

- I do not want my child's information included in the school directory.
- I agree to include **only** my child's name in the school directory.
- I agree to include the information I have chosen to provide below in the school directory. *

*** You should only fill out the next portion of this form if you chose the third option above ***

Parent/Guardian #1 - Name: _____

Phone #: _____ Email: _____

Parent/Guardian #2 - Name: _____

Phone #: _____ Email: _____

Home Address:

Other Information:

Child's Name

Teacher/Class

Parent's Signature

Date