



Enrollment Agreement

I have received and read International School for Peace's 2020/2021 Family Handbook, including the Emergency Evacuation Plan, the Telephone Authorization Code information, and the Covid-19 Protocols and Procedures. By signing below, I agree to follow the guidelines within and to comply with all state mandated or school-required policies.

In particular, I understand that:

1. I have read ISP's Family Handbook and agree to abide by the policies within, to include our Health and Safety rules as they pertain to Covid-19 guidelines set by the CDC and PCHD.
2. I agree to wear a mask when I am on ISP's campus.
3. My child's current and complete blue Emergency Card and Immunization Record (or exemption form) must be on file before my child attends the first day of class.
4. My tuition is due the first day of each month, August through May, and any payment received after the **5th of the month** will be assessed an additional **\$30.00 late fee**.
5. All children should be picked up promptly at 12:00 pm, 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.
6. 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, and I am responsible for paying the tuition for that 2-week time period whether my child attends or not.
7. All tuition is due in full for the month of May regardless of my child's last day that month.
8. 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.
9. I understand that the person picking up my child will be required to show a photo I.D. before my child will be released to his/her care. I understand that the school will not be liable when releasing my child this way.
10. I give permission for my child's teacher to apply sunscreen prior to playing outside. _____ (Int.)
11. I give permission for my child's teacher to sign my child in and out every day. _____ (Int.)
12. I have read and agree to ISP's Standards and Procedures in response to Covid-19 _____ (Int.)

Parent Signature _____ Date _____

Child's Name _____



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 for the 2020-2021 school year and Summer Care 2021.

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.



Health Information : 2020-2021

Student Name: _____ Date of Birth: _____

Allergies: _____

In case of allergic reaction: _____

Name of Child's Doctor: _____ Phone #: _____

Previous operations / hospitalizations:

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

Is your child currently taking any medication on a regular basis? _____

Would this medication be administered at school? _____

(If so, please complete a Medication Consent Form Available online)

Physical Limitations: _____

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

By signing below, I verify that the statements above are true to my knowledge and that I understand that it is my responsibility to inform the school of any new health conditions that may arise in my child, including exposure to persons infected with Covid-19.

Parent's Signature

Parent's Cell Phone

Home Phone

Parent's Cell Phone

Date

Other Contact Number



Family Involvement Form

Student Name: _____ Teacher: _____

Parent Name(s) _____

Parent Phone Number: _____

Availability: _____ Weekly _____ Bimonthly _____ Intermittent

<input type="checkbox"/> Landscaping <input type="checkbox"/> Gardening <input type="checkbox"/> Repairs <input type="checkbox"/> Marketing <input type="checkbox"/> Substitute Teacher <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"/> Grant Writing <input type="checkbox"/> Shopping	<input type="checkbox"/> Room Parent <input type="checkbox"/> Spruce Up Day: <input type="checkbox"/> Fall, 2020 <input type="checkbox"/> Spring, 2021 <input type="checkbox"/> Special Events: Please Circle <input type="checkbox"/> Book Fair (TBD) <input type="checkbox"/> School Pictures (TBD) <input type="checkbox"/> School Fundraising Event (early Spring, 2021) <input type="checkbox"/> Tucson Festival of Books (March, 2021) <input type="checkbox"/> Art Sale (Spring, 2021)
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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.



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



Contact Information : 2020-2021

(Student Last Name)

(Student First Name)

(Parent Name)

(Parent Phone #)

(Parent Name)

(Parent Phone #)

(Address)

(Email)

Emergency Names and Phone Numbers
