

STUDENT REGISTRATION



**RISE and Shine Preschool
301 N. Willard Street
Cottonwood, Arizona
86326**



RISE RESOURCE CENTER
Reaching Independence through Support and Education

Application Student Information

Age: _____ Date of Birth: _____ Gender: _____

Student's Legal Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Guardian Name: _____ Phone: (____) _____

Email: _____

Does your child have an IEP?

Yes / No

My student will be attending:

- Part time - 8:00 - 11:30 (\$500)
- Full time - 8:00 - 3:30 (\$700)
- Full time + after school care - 8:00 - 5:00 (\$850)

Financial Responsibility:

Who has financial responsibility of the student's tuition (please circle all that apply) Parents will be responsible for what DES does not cover of the month rate.

Self Pay	DES	Other (please describe) _____
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Family Information

Father

Mother

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home phone	Home phone
Work phone	Work phone
Cell phone	Cell phone
Email	Email
Occupation	Occupation
Employer	Employer

Please circle all that apply:

Parents married/live together

Parents separated/divorced

Single parent household
Joint Custody

Father deceased

Mother deceased

Living with other relative

Mother remarried

Father remarried

(name/relationship:)

Who has legal custody of the student: _____

With whom does the student reside? _____

Who has financial responsibility for the student's tuition? _____

Who is authorized to pick the student up from the RISE campus? _____

Who is NOT authorized to pick the student up from RISE campus? _____



Emergency contact information

Please provide 3 additional contacts to the student's parent or guardian to be contacted in case of emergency or if parent/guardian can not be reached.

1) Contact one

- Name: _____
- Relationship: _____
- Address: _____
- Phone: _____

2) Contact two

/

- Name: _____
- Relationship: _____
- Address: _____
- Phone: _____

3) Contact three

- Name: _____
- Relationship: _____
- Address: _____
- Phone: _____



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Medical Waiver

Dear parent/guardian,

Written permission from the parent/guardian, with instructions from the physician must be provided if medication is to be administered in order for your child to receive them during the school day.

Student is ALLERGIC to the following Medications or Foods:

Type of reaction/treatment (medication must be provided and labeled with written instruction from physician)

I hereby authorize the special educator and designated staff to administer and supervise self-administration of the following medications: (write N/A if no meds to be administered.)

Name of MEDICATION (1): _____

Dose: _____ Time of day: _____
Reason: _____ Side effects: _____

Name of MEDICATION (2): _____

Dose: _____ Time of day: _____
Reason: _____ Side effects: _____

Name of MEDICATION (3): _____

Dose: _____ Time of day: _____
Reason: _____ Side effects: _____

Medications must be in original container and labeled with:
Student name, name of medication, dose, time to be given, name of physician

I release school personnel from any liability from my child taking these medications.

Parent/guardian signature: _____ Date: _____

Name of physician: _____ Dr. phone number: _____



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Additional Information

Grade/school/type of classroom setting currently in use:

Who is in your student's family?:

Things your student likes to do:

Things your student does not like to do:

How does your child communicate to you? Voice/Body Language/Parental Intuition...

What do you think they like learning about?

Who do you think is their favorite person? Why?

How do they act when they are excited?

How do they act when they are nervous or uncomfortable?

What are 3 goals you have for your child?

- 1.
- 2.
- 3.



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Liability Waiver

I (your name), _____, Email address: _____

representing myself and my family including my children (name), _____

HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge RISE Resource Center, Inc., its agents, volunteers, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events, classes, fundraisers, special events, special projects, projects or activities conducted by, on the premises of, or for the benefit of, RISE Resource Center, Inc.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with RISE Resource Center, Inc., and any of their volunteers, board of directors, employees or officers.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and conditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Student name:

Guardian signature:

Date:



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Photo Release

Photo Release I grant RISE and Shine, or it's volunteers/employees, the right to take photographs of me and my family. I authorize RISE Resource Center the right to copyright, use and publish the photographs, in print or electronically, with or without my name, for any lawful purpose, including for example such purposes as publicity, advertising and Web content. I have read and understand the above.

Student name:

Guardian signature:

Date:



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STUDENT HEALTH INFORMATION FORM

Student Name: _____

Contact phone number: _____

Please provide immunization documentation.

Please describe student's overall health: _____

Are there any chronic illnesses such as heart/blood pressure, epilepsy/seizures, asthma/respiratory, diabetes, migraines, food or insect allergies;

Other: _____

Please list any other medical concerns you may have about your child:

Please List any allergies the student has, include reactions, treatment and prevention:

Please circle any applicable: self-harm (describe), violence, property destruction, pica (eating inappropriate objects), tantrums, inappropriate vocalizations, elopement;

Other: _____

Please circle any child has experienced: death, divorce, violence, abuse, moving, emergency, foster/institutional placement;

Other: _____

Have parents provided assistive devices or tools: walker/cane/crutches/wheelchair, brace/splint, glasses, hearing aid, communication device, earphones, epi pen, Other?



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STUDENT SUPPLY LIST

- Backpack
- Crayons
- Colored markers
- Yoga mat
- Water bottle with student's name
- Pillow & Blanket (full time student)
- Sets of clothes/toiletries for backpack and to keep at school

WISH LIST

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