



Enrollment Checklist 2018-2019

Student Name: _____ Grade Entering: PRESCHOOL

For PDMA Use:

Enrollment Form

Home Language Survey

Emergency Information Card

AZ Proof of Residency Form and Documentation

Original Birth Certificate

AZ State Law 15-828 mandates that we see and photocopy the original birth certificate.

Immunization Records

An Immunization Exemption Form may be requested from the office.

Media Release Form

Medication Form

Student Information Sheet

Registration Fee (\$50 Per Family)

All forms must be filled out completely; be sure to sign and date where required. ***Incomplete enrollment packets cannot be accepted.***

PDMA Mission Statement: We believe education should address not only the academic needs of the children, but also speak to their spirits. Our mission is to provide individualized instruction that fosters a love of learning and respect for all living things. With the Montessori philosophy at the core, children will be guided through hands on learning in a prepared environment.



2018-2019

Student Enrollment Form

Student's Name: _____ Entering Grade Level: **PRESCHOOL**

Last First Middle

Date of Birth: ___/___/___ Age by Sept. 1: ___ Gender: M / F

Street Address: _____ Home Phone: _____
Street City, State, Zip

Mailing Address (if different): _____
PO Box or Street City, State, Zip

Federal Ethnicity Survey: ___Hispanic or Latino ___Not Hispanic or Latino

Federal Race Survey: ___American Indian or Alaska Native ___Asian ___White
___Black or African American ___Native Hawaiian or Pacific Islander

Parent / Guardian #1: Mother Father Other (specify) _____

Full Name: _____ Primary Phone: _____

Occupation/Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent / Guardian #2: Mother Father Other (specify) _____

Full Name: _____ Primary Phone: _____

Occupation/Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Child is living with: Both Parents Parent/Guardian #1 Parent/Guardian #2 Other _____

Siblings at PDMA: _____

Special Education: ___Yes ___No IEP submitted: ___Yes ___No

What is the primary language used in the home regardless of the language spoken by the student?

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Requested Schedule (Select One):

___ Half Day Monday - Thursday AM (\$340/month)

___ Full Day Monday - Thursday (\$680/month)

I hereby request enrollment of the child named above at Painted Desert Montessori Academy for the 2018-2019 school year, subject to the terms and conditions of the PDMA handbook for parents.

Parent /Guardian #1 Signature: _____ Date: _____

Parent /Guardian #2 Signature: _____ Date: _____

For Office Use: Student ID: _____

Enrollment Date: _____ Date & Time Received: _____

Enrollment Code: _____ ELL: _____

SAIS ID: _____ Teacher: _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter Painted Desert Montessori LLC

School Painted Desert Montessori Academy

- Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



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

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

Father 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:	Relationship: _____	Contact Telephone Number:
Name:	Relationship: _____	Contact Telephone Number:
Name:	Relationship: _____	Contact Telephone Number:
Name:	Relationship: _____	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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**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____

School Painted Desert Montessori Academy

School District or Charter Holder : Painted Desert Montessori LLC

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid U.S. passport
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- ___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date



Media Release Form

Painted Desert Montessori Academy is making a concentrated effort to promote the positive activities, honors, and work of our staff and students. This includes submitting pictures to the local newspapers, having your child participate in a PSA or program on the radio, as well as developing our own publications. These publications include information, likenesses, and images, which may appear on our website and Facebook page, in school brochures, as well as in other publications.

Please note, however, that your child's image or likeness may appear in occasional candid photos without any type of name identification and the use of these candid photos of your child is permissible. This photo release form does not apply to photographs taken during extra-curricular activities. Students who attend extracurricular activities forfeit their rights to retain authority over the publication of photos taken.

Please fill out the form below to inform us of your wishes regarding publicity.

Student Name _____ Parent/Guardian Name _____

_____ I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in school publications, including, but not limited to, publication via web site or other technological publications, videos, newspapers, radio, or television.

_____ I request that you do not interview or photograph my child.

Parent/Guardian Signature

Date

This form will be kept on file at your child's school. If a situation arises that may change your child's status regarding publicity, please notify the office in writing as soon as possible. New photo release forms will not be required each school year.

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2018-2019

Student Information Sheet

This Information Sheet is a quick reference guide for the teacher. Please include any information you would like the teacher to know about your child.

Student Name: _____

Birthday: _____

Preferred Name: _____

Allergies: _____

Siblings Attending PDMA: _____

<p style="text-align: center;"><u>Parent/Guardian Information</u></p> <p style="text-align: center;">_____ Name</p> <p style="text-align: center;">_____ Primary Phone</p> <p style="text-align: center;">_____ E-Mail</p>

Strengths: _____

Challenges: _____

Interests/Hobbies: _____

Additional information you should know about my child: _____

