



# Enrollment Checklist 2019-2020

Student Name: \_\_\_\_\_ Grade Entering: PRESCHOOL

## For PDMA Use:

- Student Enrollment Form
- Home Language Survey (PHLOTE)
- AZ Proof of Residency Form
- Media Release Form
- Student Information Sheet
- Emergency Information Card
- Medication Form
- Original Birth Certificate (Per AZ State Law 15-828)
- Immunization Records (An Immunization Exemption Form may be requested from the office)
- Registration Fee -\$50 Per Family (non-refundable)

Does this child have siblings that attended PDMA in 2018-19?

Yes  No

Is this child applying with a sibling group? If yes, list names and grades below.

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.

Office Use: Payment \$ \_\_\_\_\_ (cash, check, credit card) Received by: \_\_\_\_\_ Date: \_\_\_\_\_





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 \_\_\_\_\_ PERM ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ STATE ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_ Painted Desert Montessori LLC

School \_\_\_\_\_ Painted Desert Montessori Academy

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

|   |                       |  |
|---|-----------------------|--|
| <b>Child's Name:</b>                                    | <b>Date Enrolled:</b> | Updated:   |
| <b>Home Address (#, Street, City, State, Zip Code):</b> |                       | <b>Date Disenrolled:</b>   |
| <b>Home Phone:</b>                                      | <b>Date of Birth:</b> | Sex: <input type="checkbox"/> male <input type="checkbox"/> female |

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

|                                 |   |
|---------------------------------|---|
| <b>Father or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| Cell Phone (optional):          | <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: (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:

|                              |       |                           |
|------------------------------|-------|---------------------------|
| <b>Health Care Provider*</b> | Name: | Contact Telephone Number: |
|------------------------------|-------|---------------------------|

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

|   |  |
|---|--|
| <b>In case of injury or sudden illness,<br/>I request that this individual be called first:</b> |  |
|---|--|

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](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**

|  |
|--|
| Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:                          |
| Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, list precautions:   |
| Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, specify procedure:   |
| 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<br>If yes, list precautions: |
| Additional comments:   |
| Other special instructions:  |

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: |
|-------------------------------|--------------|-------|



## 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

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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.

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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.



2019-2020

# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
E-Mail

Strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Challenges: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional information you should know about my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_