



Enrollment Checklist 2020-2021

Student Name: _____ Grade Entering: PRESCHOOL

For PDMA Use:

- Student Enrollment Form
- Home Language Survey (HLS)
- Emergency Information Card
- AZ Proof of Residency Form
- Media Release Form
- Records Request Form
- Student Information Sheet
- 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 2019-20?

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: _____



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



CDC/SGH# or name: _____

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex: [] male [] female

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

Form with fields: 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.)

Table with 4 rows for contact persons, columns: Name, Relationship, Contact Telephone Number

If Medical care is necessary, call:

Form with fields: Health Care Provider*, Name, Contact Telephone Number

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

Form with text: In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Form with field: 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 checked="" 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:
-------------------------------	--------------	-------



**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.

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.



Records Request

In accordance with the Family Education Rights and Privacy Act of 1974 (PL93-380) and the Arizona State Law (ARS15-151), I hereby authorize the release of the following student records to the school named below.

Student Name	Birthday	SAIS ID	Grade
--------------	----------	---------	-------

Information requested from:

Information to be released to:

School

Address

City, State, Zip

Phone & Fax

Painted Desert Montessori
Academy 2400 S. 247th Ave.
Buckeye, AZ 85326
Attention: Admissions
or
Records@pdma.education
or
Faxed to 623-208-4182
Attention: Admissions

We are requesting the following records:

- Educational records
- Grades/progress reports to date of withdrawal
- Immunization records/Medical information
- Withdrawal notice
- Special education records
- Psychological reports
- Attendance reports
- All standardized test scores

Parent/Guardian Signature	Relationship	Date
---------------------------	--------------	------

School Official Signature	Title	Date
---------------------------	-------	------

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.



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: _____

Medication Form

Student Name _____ **Grade** _____
(Please print)

Painted Desert Montessori Academy has "Standing Orders". This means with your permission; we will be able to administer medications to your children. Annually we require all parents to sign and authorize for the administration of these medications.

Health office personnel will dispense medications.

Please place a mark in the appropriate field next to the medications that you would allow your child to receive at school.

- **Acetaminophen (Tylenol) for minor pain or fever** YES _____ NO _____
- **Ibuprofen (Motrin) for mild pain or fever** YES _____ NO _____

Is student currently under medical care? _____ NO ___ YES, if so please

Explain: _____

If a parent/guardian or designated friend/relative cannot be reached, I hereby given authority to any hospital or medical professional to render immediate aid as might be required at this time for his/her health and safety. It is understood by me that the expense of this service is will be accepted by me.

Signature of Parent/Guardian

Date