



# KID ZONE ENRICHMENT PROGRAM

## School Year Registration & Fee/Attendance Contract



**Child's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade (2024-25):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Sex:** M or F **Ethnicity (for statistical purposes only - circle one):** Caucasian African American Native American Hispanic Asian Other

Parent or Guardian Name: _____	
Driver's License #: _____	State: _____
Email Address: _____	
Place of Employment: _____	
Cell #: _____	Work #: _____
User/Login Name (you create): _____	

Parent or Guardian Name: _____	
Driver's License #: _____	State: _____
Email Address: _____	
Place of Employment: _____	
Cell #: _____	Work #: _____
User/Login Name (you create): _____	

*A Kid Zone account will be created using the user/login name provided above. An email will be sent with the Kid Zone Parent Portal Link and password for your account. You MUST request the enrollments through your online account. Wait List do exist so your child will be placed on the wait list and we will contact you once we can accommodate your child(ren).*

### Schedules and Fees (Fees Subject to Change)

After School and Before School Programs are separate programs and fees.

**Annual Registration Fee (per child): \$50.00**

**After School: School Dismissal - 6 pm Morning: Open 6:30 am – School Start (Meyer AM is not available)**

*Scheduled days must remain the same from week to week. A limited number of part-time schedules (less than 5 days per week) are available at each site.*

#### Schedules and Monthly Fees

5 Days per Week (per child)	\$223.00	\$205.00 <i>per additional child</i>
3 Days per Week (per child)	\$181.00	-
1 Day per Week (per child)	\$101.00	-
AM Program	\$88.00	\$79.00 <i>per additional child</i>

**Scholarships may be available through:**

**Free/Reduced Lunch program at school – must email the lunch letter.**

<https://www.tempeschools.org/about-us/departments/nutrition-services/free-reduced-meal-application>

**DES Child Care – we would need the approval or a DES Child Care denial letter.**

<https://des.az.gov/services/child-and-family/child-care/how-apply-for-child-care-assistance>

**Photo Release:** Registering and participating in the program gives Kid Zone permission to photograph/videotape me or my child for the purpose of publicity, staff training or program promotion. *Please remove my child from Kid Zone's photo release list. Parent Initials:* \_\_\_\_\_

I certify that I have read the Kid Zone Enrichment Program Parent Handbook and understand all of the policies contained within it, that all of the provided enrollment and emergency information is true and correct and that I will notify the staff of any and all changes. I hereby accept and agree to be bound by all the rules and regulations stated and referenced in the Kid Zone Enrichment Program Parent Handbook, as well as the enrollment and emergency information. I further agree to release and hold harmless the City of Tempe, its agents, employees and assigns, from any liability whatsoever, arising from or relating to the Kid Zone Enrichment Program and waive any and all causes of action, related to any claims, costs, losses, or damages of any kind whatsoever arising out of my child's participation. This release shall be binding upon myself, my heirs, legal representatives, agents, and assigns. By completing this registration, I acknowledge that I am the financially responsible party and will remit all charges owed. I permit my child to participate in the Kid Zone Enrichment Program. I understand that said organization does not carry accident insurance for this program. I am aware and agree to assume all risks associated with my child's participation in the program. I have notified you if my child requires any accommodations or special assistance to participate.

Kid Zone does not provide field trips during the school year on a regular basis. If an opportunity does arise for a child to participate in a field trip, the parent/guardian will be notified in advance and written permission from the parent/guardian will be required prior to a child's participation in the field trip.

Referral Source (circle one):    Used Kid Zone Enrichment Program before    Friend/Family    School    Rec'd Mailings    Other \_\_\_\_\_

**Parent/Guardian Name (please print):** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

Received Date \_\_\_\_\_ Time \_\_\_\_\_ Staff Initials \_\_\_\_\_



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>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

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

<b>Parent 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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

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

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

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

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

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

<b>Name(s):</b>
-----------------

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 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 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 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 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:
-------------------------------	--------------	-------

**ABOUT ME QUESTIONNAIRE**

*This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, this questionnaire is only allowed to be shared with the child care director and/or owner, and the child's primary teacher, unless pre-approved by the parent/guardian.*

**Instructions:** This questionnaire is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when there are significant changes in the child's care and/or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian completing this form:** \_\_\_\_\_

**What is your preferred method of communication? (Email/Phone/Text)** \_\_\_\_\_

**Provider/Center Name:** \_\_\_\_\_ Kid Zone Enrichment Program

**Has your child attended child care in the past?**  Yes  No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) \_\_\_\_\_

**What did you like most about your child's previous child care setting?**

\_\_\_\_\_

**What did you like the least?**

\_\_\_\_\_

**What is important to you about your child's care?**

\_\_\_\_\_

**Who is important to your child?**

\_\_\_\_\_

**Does your child prefer to play alone or with other children?**  Alone  Other Children

**Does your child have a favorite toy or comfort object?**  Yes  No

If yes, what? \_\_\_\_\_

**What is your child's current sleep schedule?**

\_\_\_\_\_

**Does your child fall asleep easily?**  Yes  No

**What is his/her mood upon awakening?**

\_\_\_\_\_

**What does your child like?**

\_\_\_\_\_

**What does your child dislike?**

\_\_\_\_\_

**Special things you say or do to comfort your child are:**

**How do you know when your child is:**

Happy: \_\_\_\_\_

Sad: \_\_\_\_\_

Mad: \_\_\_\_\_

Tired: \_\_\_\_\_

Other: \_\_\_\_\_

**How does your child react when:**

Something unexpected happens:

\_\_\_\_\_

Something happens he/she doesn't like:

\_\_\_\_\_

He/She is scared:

\_\_\_\_\_

Other:

\_\_\_\_\_

**Does your child have any health issues?**  Yes  No

If yes, please explain:

**Has anything happened recently in your child's life that might have an effect on him/her?**  Yes  No

*Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.*

If yes, please explain:

**Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship with your child?**

**Is your child in Foster Care?**  Yes  No

If yes, please list the Case Manager's Name and Contact Information:

\_\_\_\_\_

\_\_\_\_\_ (Initial) Parent/Guardian declines to complete this Questionnaire.

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