



Preschool Enrollment Checklist 2024 - 2025

Student Name: _____ Grade Entering: _____

- Enrollment Form *
- Preschool Tuition Contract
- Home Language Survey
- Emergency Information Card
- AZ Proof of Residency Form and Documentation *
- Original Birth Certificate or Acceptable Alternative *
See AZ State Law 15-828 for a list of acceptable proof of identity and age alternatives.
- Immunization Records *
An Immunization Exemption Form may be requested from the office.
- In Town Permission Slip
- Media Release Form
- Student Information Sheet
- \$50 Nonrefundable Application Fee *

*Items due on initial enrollment date

MISSION STATEMENT: We believe education is a drawing forth of the child's innate being. In a structured and nurturing environment, we provide tools for successful living and learning: respect, responsibility, confidence, discovery and joy.



Patagonia Montessori Elementary School, Inc.

500 N. 3rd Ave. ♦ PO Box 628 ♦ Patagonia, AZ 85624

(520)394-9530 ♦ fax (520)394-2864

patagoniamontessori@gmail.com ♦ www.patagoniamontessori.org

2024-2025 Preschool Enrollment Form

Student's Name: _____ Entering Grade Level: Preschool

I hereby request enrollment of the child named above at Patagonia Montessori Elementary School, Inc. for the 2024-2025 school year, subject to the terms and conditions of the Patagonia Montessori Elementary School, Inc. handbook for parents.

Student's Information:

Name: _____ Home Phone: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Mailing Address (if different): _____

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

Primary Language: _____ English Language Learner? ___ Yes ___ No

Special Education Category and Service Type (if applicable): _____

Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: ___ American Indian or Alaska Native ___ Asian ___ White
___ Black or African American ___ Native Hawaiian or Pacific Islander

Parent / Guardian Information:

Parent / Guardian #1 Name: _____

Place of Employment: _____ Occupation: _____

Work Address: _____ Phone: () _____

Email Address: _____ Cell: () _____

Parent / Guardian #2 Name: _____

Place of Employment: _____ Occupation: _____

Work Address: _____ Phone: () _____

Email Address: _____ Cell: () _____

Family Information:

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

Siblings and their ages: _____

Parent /Guardian #1 Signature: _____ Date: _____

Parent /Guardian #2 Signature: _____ Date: _____

Enrollment Date: _____ Date Entered into ISS: _____



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FY25 Preschool Tuition Contract

Name of Student: _____ (“Student”) Date: _____

In consideration of the acceptance of this enrollment by Patagonia Montessori Elementary School, Inc. (“School”) the undersigned agrees to pay the tuition fees for the above named Student for the following program:

 X (3 and 4 year olds) M-TR, 8:15 a.m. – 11:30 a.m. \$400/month

Tuition for preschool is \$4,000, payable in 10 monthly installments. The first installment of \$400 is due by the first day of school in August. The remaining 9 installments of \$400 are due on the first of every month, beginning in September, with the final payment in May.

Tuition is due and payable on the first day of each month and is late if not received by the tenth day of the month.

The undersigned agrees that by signing this contract, they accept the terms stated herein and accept the educational programs and any modifications deemed beneficial by the School as well as the rules and regulations as stated in the “Parent/Student Handbook.” It is further agreed that a payment received after the tenth day will be charged a late fee of twenty dollars (\$20.00). After fifteen days past due, Student may not return to school until all outstanding payments are received.

It is agreed that in the event of a withdrawal from the School, the undersigned will submit written notice at least thirty (30) days prior to the withdrawal date. It is understood that if the student leaves prior to the end of the month that the money received for the month is non-refundable irrespective of how many days remain in the month.

The undersigned agree that the above named Student may participate in all school activities, including athletics, hikes *etc.*, unless the School receives written notice to the contrary. For off School premises sponsored school trips, you will be required to sign an individual permission slip.

Signature of Mother/Guardian: _____ **Date:** _____

Signature of Father/Guardian: _____ **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**

| | | |
|---|-----------------------|---|
| 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 |

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

| | |
|---------------------------------|---|
| Parent 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: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |

If Medical care is necessary, call:

| | | |
|------------------------------|--------------|----------------------------------|
| Health Care Provider* | Name: | Contact Telephone Number: |
|------------------------------|--------------|----------------------------------|

***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.

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

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



Arizona Department of Education Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

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 Arizona Address Confidentiality Program authorization card
- _____ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ 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

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on- base billeting facility as the address for proof of residency.



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FY25 In Town Walking/Van Permission Slip

Student Name: _____

Event Date: 2024-2025 School Year

Location: Patagonia

Transportation Plan: Walking or traveling by school van

My child has my permission to leave campus and explore in the town of Patagonia with the staff of Patagonia Montessori Elementary School, Inc. as part of his/her education program.

I do also consent to Medical Treatment in case of a medical emergency away from school premises.

I hereby release Patagonia Montessori Elementary School, Inc. and all staff and chaperones from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this fieldtrip or activity, or in traveling to and from such fieldtrip destinations.

Parent Signature: _____ Date: _____

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Media Release Form

Patagonia Montessori Elementary School 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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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 PMES: _____

Parent/Guardian Information

Name

Primary Phone

E-Mail

Strengths: _____

Challenges: _____

Interests/Hobbies: _____

Additional information you should know about my child/our family: _____

