



Enrollment Checklist/Registro de Inscripcion

2026-2027

Student Name/*Nombre de estudiante*: _____

For Champion Use:

- Emergency Information Card/*Tarjeta de informacion de emergencia*
- Immunization Records/*Registros de inmunizacion*
- Original Birth Certificate / *Acta de Nacimiento original*
- Student Enrollment Application / *Solicitud de inscripcion estudiantil*
- Health History Form / *Formulario de historial de salud*
- Media Release Form / *Formulario de lanzamiento de medios*
- Registration Fee \$25 (non-refundable)/*Cuota de inscripcion \$25 (No reembolsable)*

Does this child have a sibling that attends Champion Yes No
¿Este niño/a tiene un hermano/a que asiste a Champion Schools? Si No

If yes, list names and grades below:
Si esto es el caso, liste los nombres y grados a continuacion:

All forms must be filled out completely; be sure to sign and date where required. / *Todas las formas deben completarse por completo; asegurese de firmar y poner la fecha donde sea necesario.*

Incomplete enrollment packets cannot be accepted. / *No se pueden aceptar paquetes de inscripcion incompletos.*

Office Use

Received by:

Date:



Dear Parent(s),

Enclosed is the information regarding our 2026-2027 enrollment for Little Champions Preschool. Our goal is to provide a positive school experience preparing your child for Kindergarten.

At Little Champions Preschool, we serve children who are 3 & 4 years old*, must be independently toilet trained. Each level of early childhood education serves an ultimate purpose. The purpose is to prepare young children for their transition into Kindergarten and cultivate a lifelong love to explore, play, learn and imagine at a young age. When a child attends Preschool it makes a positive impact on their social-emotional skills and cognition, which places them on the right track toward a bright future.

Our goal is to provide a foundation that will support children in becoming lifelong learners. We believe that every aspect of the child's personality, be it cognitive, social, emotional or physical should be challenged in more than one way. We provide a rich learning environment where there is always maximal and effective learning taking place. We believe in our "10 Pillars" that make Champions in and out of the classroom at every age. We pair this foundation with our developmentally appropriate curriculum for all learning styles where they can grow from personal interests. The students will gain knowledge through hands-on learning and exploration every day, in a classroom where they feel safe and confident to learn with daily activities planned around thematic units. We use a wide range of materials to stimulate motor and intellectual development. Play is an important part of our program! Through "play" the children learn to think critically, solve problems creatively, master language skills, express themselves, and interact positively in social situations.

If you would like to enroll your child, please complete the enrollment packet and return it with the \$25 registration fee and required documents. You will be notified when your child's enrollment is accepted. If the class becomes full, you will be notified immediately.

Applications are reviewed on a first come, first serve basis. If we have more applications than open positions, children will be accepted in the following order:

1. Children who are currently enrolled in the Preschool program
2. Siblings of children who currently attend Champion Schools or Little Champions Preschool.
3. Children from the community.

If there are more applicants in a category than the number of openings, a lottery system will be utilized. In this event, a waiting list will be maintained, and openings will be filled if they become available.

We are open **Monday-Thursday 8:00am to 3:00pm and Friday 8:00am-12:00pm** and follow the Champion Schools Calendar year.

Thank you for considering the Little Champions Preschool program for your child's needs. We will be happy to answer any additional questions that you may have.

Sincerely,

Katelyn LeBlanc

Little Champions Preschool Director

*Independently toilet trained is defined as no diaper/pull ups, no special equipment, goes without caregivers' prompting and can wipe their own bottom.



Estimados padres,

Se adjunta la información sobre nuestra inscripción 2026-2027 para Little Champions Preschool. Nuestro objetivo es proporcionar una experiencia escolar positiva al preparar a su hijo/a para Kindergarten.

En Little Champions Preschool, servimos a niños/as de 3 y 4 años de edad *, deben ser independiente para ir al baño. Cada nivel de educación de la primera infancia tiene un propósito final. El propósito es preparar a los niños pequeños para su transición al jardín de infantes y cultivar un amor de por vida para explorar, jugar, aprender e imaginar a una edad temprana. Cuando un niño asiste a preescolar, tiene un impacto positivo en sus habilidades socioemocionales y cognitivas, lo que lo coloca en el camino correcto hacia un futuro brillante.

Nuestro objetivo es proporcionar una base que ayudara a los niños a convertirse en aprendices de por vida. Creemos que cada aspecto de la personalidad del niño ya sea cognitivo, social, emocional o físico, debe ser desafiado de más de una manera. Proporcionamos un entorno de aprendizaje rico donde siempre se lleva a cabo un aprendizaje máximo y efectivo. Creemos en nuestros "10 pilares" que hacen que los campeones entren y salgan de la clase a todas las edades. Combinamos esta base con nuestro plan de estudios apropiado para el desarrollo para todos los estilos de aprendizaje donde pueden crecer a partir de intereses personales. Los estudiantes obtendrán conocimiento a través del aprendizaje práctico y la exploración todos los días, en un aula donde se sientan seguros y seguros de aprender con actividades diarias planificadas en torno a unidades temáticas. Utilizamos una amplia gama de materiales para estimular el desarrollo motor e intelectual. ¡Jugar es una parte importante de nuestro programa! A través del "juego", los niños aprenden a pensar críticamente, resolver problemas creativamente, dominar las habilidades del lenguaje, expresarse e interactuar positivamente en situaciones sociales.

Si desea inscribir a su hijo, complete el paquete de inscripción y devuélvalo con la tarifa de registro de \$ 25 y los documentos requeridos. Se le notificará cuando se acepte la inscripción de su hijo. Si la clase se llena, se le notificará de inmediato.

Las solicitudes se revisan por orden de llegada. Si tenemos más solicitudes que vacantes, los niños serán aceptados en el siguiente orden:

1. Niños actualmente inscritos en el programa de preescolar
2. Hermanos de niños que actualmente asisten a Champion Schools o Little Champions Preschool.
3. Niños de la comunidad.

Si hay más solicitantes en una categoría que el número de vacantes, se utilizará un sistema de lotería. En este caso, se mantendrá una lista de espera y se llenarán las vacantes si están disponibles. Estamos abiertos de **lunes a jueves de 8:00 a.m. a 3:00 p.m. y los viernes de 8:00 a.m. a 12:00 p.m.** y seguimos el año calendario de Champion Schools.

Gracias por considerar el programa preescolar Little Champions para las necesidades de su hijo. Estaremos encantados de responder cualquier pregunta adicional que pueda tener.

Sinceramente,
Katelyn LeBlanc
Directora de preescolar de Little Champions

* Independientemente, el entrenamiento para ir al baño se define como no usar pañales / pull ups, ningún equipo especial, no necesita ayuda de los cuidadores y puede limpiarse solo.



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: |
| | | |



**LITTLE CHAMPIONS
PRESCHOOL APPLICATION**

Student Information

Name (Last, First MI): _____ Date of Birth: _____ Female Male
(Nombre) (Fecha de Nacimiento)

Home Address: _____ City: _____ State: _____ Zip Code: _____
(Dirección) (Ciudad) (Estado) (Código Postal)

Parent Email: _____
(correo electrónico de los padres)

Please indicate the Preschool Program that you are applying to:

(Por favor indique que programa de preschool esta aplicando)

3-Year-old _____ 4-Year-Old _____
(3 Años) (4 Años)

Child Resides with (Check all that apply):

Father Mother Stepfather Stepmother Foster Parent Grandparents Other
(Padre) (Madre) (Padrastró) (madrastro) (parientes adoptivos) (abuelos) (otro)

Race/Ethnic Background

(Raza/Origen Etnico)

Native American Black/African American White
(Nativo/a americano/a) (Negro/a afroamericano/a) (Blanco/a)

Hispanic Latino Asian/Pacific Islander Other
(Nativo/a americano/a) (Negro/a afroamericano/a) (Blanco/a)

Marital Status of Parents/Guardians:

Married Divorced Separated Single Parent

Are there any special circumstances affecting you family that we should be aware of? Yes No
(¿Hay circunstancias especiales que le afecten a la familia que debemos tener en cuenta?)

If yes, please describe briefly (Describa brevemente): _____

Custody/Visitation Arrangements (Arreglos de custodia/visitacion): _____

Brother and Sisters of the child (Hermanos/as del estudiante):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



Registration Form

Student Information

Name (Last, First MI): _____ Date of Birth: _____ Female Male
(Nombre) (Fecha de Nacimiento) (Femenino) (Masculino)

Full Time Enrollment, Monday-Thursday 8:00am to 3:00pm and Friday 8:00am-12:00pm
(Inscripción a tiempo completo, de lunes a jueves de 8:00 am a 3:30 pm y viernes de 8:00 am a 12:00 pm)

_____ Tuition \$160.00/Weekly
(Matricula \$160/ semana)

_____ Sibling Discount \$150.00/Weekly
(Descuento de hermano/a \$150/ semana)

_____ Scholarship \$144.00/Weekly *upon district approval
(Beca \$144.00/ semana *uno aprobado de distrito)

Siblings name _____
(Nombre de hermano/a)

Please initial that you understand our policies

(Por favor indique que entiende nuestras polizas)

_____ I understand that tuition is due by the Friday prior to services, any payments not made by the end of the business day on Monday will be charged a late fee of \$5.00 per day.
(Entiendo que la matricula se vence el Viernes anterior a los servicios, cualquier pago que no se realice al final del dia habil del lunes se le cobrara un recargo de \$5.00 por dia)

_____ I understand that if tuition is five (5) days late, my child will be unable to attend until I have paid my account in full.
(Entiendo que si la cuota no es pagada para el 10 de cada mes con el honorario atrasado incluido el niño/a no podrá somple a la escuela hasta que las cuotas se paguen por 5omplete.)

Parent/Guardian Signature _____

(Firma de padre/tutor)

Date _____

(Fecha)



Developmental History of the Child/Historia del Desarrollo del Niño

How long does your child nap or rest quietly? _____
(¿Cuánto tiempo duerme o descansa tranquilamente el niño?)

What time does he/she go to bed at night? _____
(¿A qué hora se acuesta a dormir en la noche?)

Does your child sleep well? Yes No
(¿Su hijo/a duerme bien?)

Does child have a favorite blanket or toy that he/she sleeps with? Yes No
(¿El niño/a tiene una cobija o un juguete favorito con el que duerme?)

Has your child had group play experience? Yes No
(¿Su hijo ha tenido experiencia de juego en grupo?)

If yes, where? _____
(¿Dónde?)

Is your child independently toilet trained? Yes No
(¿Es su hijo(a) independientemente entrenado para el baño?)

Does the child dress self? Yes No
(¿Se viste independiente el niño/a?)

Is your child on an Individualized Education Plan (IEP)? Yes No
(¿Está su hijo / a en un Plan Educativo Individualizado (IEP)?)

If so, please attach a copy.
Adjunte una copia.

Does the child have a 504 Plan? Yes No
(¿Tiene el niño/a un Plan 504?)

Does your child have any special learning behavioral or physical difficulties? Yes No
(¿Tiene su hijo alguna dificultad especial de aprendizaje, de comportamiento o física?)

If yes, explain: _____

Eating Habits/Hábitos Alimenticios

Can the child eat on his/her own? Yes No
(¿Puede el niño comer por sí mismo?)

What kind of food does he/she like? _____
(¿Qué tipo de comida le gusta?)

What kind of food does he/she dislike? _____
(¿Qué tipo de comida no le gusta?)

Does your child have any special dietary restrictions or food allergies?
(¿Tiene su hijo alguna restricción dietética especial o alergia a los alimentos?)

Behavior Characteristics/Características del Comportamiento

What method of discipline is used in your home? _____
(¿Qué método de disciplina se utiliza en su hogar?)

How would you describe your child's personality? _____
(¿Cómo describiría la personalidad de su hijo?)

Has the child been expelled from another educational institution? Yes No
(¿El niño ha sido expulsado de otra institución educativa)



Health History Form

Child's Name: _____

(Nombre del estudiante)

Birthdate: _____

(Fecha de Nacimiento)

Was the child born with any physical defects? Yes No

(¿El niño nació con algún defecto físico?)

If so, explain: _____

Have they or are they presently being corrected? _____

(¿Están o están siendo corregidos actualmente?)

Does your child have any chronic illnesses? Yes No

(¿Tiene su hijo alguna enfermedad crónica?)

If so, what? _____

(¿Si es así, que?)

What care is needed for your child while at Little Champions Preschool? *(¿Qué cuidado se necesita para su hijo/a mientras esta en la Preschool Little Champions?)*

Does your child have allergies? Yes No

(¿Su hijo/a tiene alergias?)

If so, does the child require an EPI-PEN? Yes No

(Si es así, ¿necesita el niño una EPI-PEN?)

What is your child allergic to? _____

(¿A qué es alérgico al niño?)

What is the reaction? _____

(¿Cuál es la reacción?)

How is it treated when symptoms arise? _____

(¿Cómo se trata cuando surgen los síntomas?)

What kind of care will your child need for this illness while at Little Champions Preschool?

(¿Qué tipo de cuidado necesitará su niño/a para esta enfermedad mientras esté en Programa de Prescolar?)

Does your child run a fever easily? Yes No

(¿Su hijo corre fiebre fácilmente?)

(Si)

(No)

Does your child have any bowel problems? Yes No

(¿Su hijo tiene problemas intestinales?)

(Si)

(No)

If so, explain: _____

(Explique)

Has your child been to the dentist? Yes No

(¿Su hijo/a ha ido al dentista?)

(Si)

(No)

If yes, when was the child's last visit? _____

(¿Cuándo fue la última visita del niño/a?)

Has your child had been screened for vision and hearing? Yes No

(¿Su hijo ha sido examinado de vision y audicion?)

(Si)

(No)

If so, Date: _____

(¿Qué fecha?)

Does your child wear glasses? Yes No

(¿Su niño/a usa lentes?)

(Si)

(No)

Are there any other health problems we should be aware of? Yes No

(¿Hay algún otro problema de salud que debemos tener en cuenta?)

(Si)

(No)

If so, what? _____

(¿Si es así, que?)

Has your child had any serious accidents? Yes No

(¿Ha tenido su hijo algún accidente grave?)

(Si)

(No)

If so, what? _____

(¿Si es así, que?)

Has your child ever been hospitalized? Yes No

(¿Alguna vez su hijo ha sido hospitalizado?)

If so, explain: _____

(Explique)

Please give a statement of your evaluation of your child's overall health:

(Por favor dé una declaración de su evaluación de la salud general de su niño)

Parent/Guardian Signature _____

Date _____



Little Champions Preschool Parental Permission Form

I give permission for my child to participate in the following activities, please initial each item.
(Doy permiso para que mi hijo/a participe en las siguientes actividades, por favor, inicialice cada artículo)

_____ 1. Use all the play equipment and participate in all activities of the program.
Utilizar todo el equipo de juego y participar en todas las actividades del programa.

_____ 2. Be included in evaluations
(Ser incluido en la evaluación)

_____ 3. Be in photographs connected with Little Champions Preschool Program or Champion Schools used for marketing purposes. *(Ser incluido las imágenes relacionadas con el Programa Preescolar.)*

I hereby grant permission to the Director, Preschool Paraprofessionals, or Health Aid to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

(Doy permiso al Director, Para-profesionales de Preescolar o Asistente de Salud para que tome las medidas que sean necesarias para obtener atención médica de emergencia si se justifica. Estos pasos pueden incluir, pero no se limitan a lo siguiente)

1. Attempt to contact a parent or guardian. *(Intentar ponerse en contacto con un padre o tutor.)*
2. Call the nearest Urgent Care *(Llame al Servicio de Atención Urgente más cercano)*

PLEASE NOTE:
TENGA EN CUENTA:

- Any expenses incurred under #2 above will be the responsibility of the child's parent. *(Cualquier gasto incurrido bajo # 2 arriba será responsabilidad del padre del niño.)*
- The Preschool will not be responsible for anything that may happen due to false information given at the time of enrollment. *(La escuela preescolar no será responsable de nada que pueda ocurrir debido a información falsa dada en el momento de la inscripción)*
- The Preschool will not assume responsibility for a child who has not been signed in when he/she arrives for the day. *(La escuela preescolar no asumirá la responsabilidad de un niño/a que no sea apuntado cuando llegue para el día.)*

Parent's/Guardian's Signature _____

Date _____

Preschool Director _____

Date _____

Insurance Information/*Informacion de Aseguranza*

Insurance Company/*Compañia de aseguranza:* _____

Policy Number/*Numero de Poliza:* _____

Phone Number/*Numero de telefono:* _____



Transportation Policy

Transportation to and from Little Champions Preschool is not provided for preschool students. Parents are responsible for transportation, and for making sure their student is walked to the preschool classroom and signed in using their first and last name. Anyone picking up a student will need proper identification, and no one will be allowed to pick up a student if their name is not on the contact sheet filled out by the parent/guardian or without license or a picture identification card.

El transporte hacia y desde la escuela, no será proporcionada para los estudiantes de preescolar. Los padres son responsables por el transporte, y para asegurarse de que su estudiante es caminado al salón de clases preescolar y firmado usando su primer nombre y apellido. Cualquier persona que recoja a un estudiante necesitará una identificación apropiada y nadie podrá recoger a un estudiante si su nombre no está en la hoja de contacto completada por el padre o tutor.

Field Trip Policy

Little Champions Preschool students will be transported by the Champion Campus bus. In the event of a field trip parents will need to provide a booster/car seat the day of the field trip for their student. At least two weeks prior to a field trip, parents will receive a written field trip plan that will require written permission from a parent or guardian.

Paseos- Los estudiantes de pre-escolar de Champion Schools, serán transportados por la camioneta de Champion o autobús. En el caso de un paseo los padres tendrán que proporcionar un asiento de niño el día del paseo para su estudiante. Padres recibirán por lo menos dos semanas antes de anticipación por escrito que requerirá permiso por escrito de un padre o tutor.

Parent/Guardian Signature _____

(Firma de padre/tutor)

Date _____

(Fecha)

Staff Signature _____

(Firma de personal)

Date _____

(Fecha)



Photo & Video Release Form
*Formulario de lanzamiento de foto y
video*
2026-2027

Please be advised that your child may be photographed or videotaped at Champion Schools. Does Champion Schools have permission to feature photos and/or videos of the student on the Chmapion Schools website, social media and/or promotional items?

Tenga en cuenta que su hijo/a puede ser fotografiado/a o grabado/a por video en Champion Schools. ¿Tiene Champion Schools permiso para presentar fotos y/o videos del estudiante en las redes sociales y/o articulos promocionales del sitio web de las escuelas Champion?

Yes, I give permission for my child's photograph and/or video to be posted on Champion Schools website, social media, and/or promotional items.

Si, doy permiso para que la fotografia de mi hijo/a se publique en las redes sociales y/o articulos promocionales del sitio web de Champion Schools.

No, my childs photograph and/or video may not be posted on the website, social media, and/or promotional items.

No, la fotografia o el video de mi hijo/a no pueden publicarse en el sitio web, las redes sociales o los articulos promocionales..

Student first & last name/ *Primer nombre & apellido de estudiante*

Parent Signature/*Firma de padre*

Date/*Fecha*



Tuition Policy/ *Política de matrícula*

Thank you for registering your child with us for the 2026-2027 school year. To maintain your child's place, we must receive a complete Registration Packet, required documents and the \$25 registration fee. The monthly tuition for Little Champions Preschool is \$160.00 a week.

Payments are due a week prior to services on Friday by the end of the business day. If payments aren't received by the end of the business day on Monday, there will be a \$5.00 per day late fee.

Gracias por registrar a su hijo/a con nosotros para el año escolar 2026-2027. Para mantener el lugar de su hijo/a, debemos recibir un paquete de registro completo, los documentos requeridos y la tarifa de registro de \$25. La matrícula mensual para Little Champions Preschool es de \$160.00 por semana.

Los pagos vencen una semana antes de los servicios el viernes al final del día hábil. Si los pagos no se reciben al final del día hábil el lunes, habrá un recargo de \$5.00 por día.

Refund Policy/*Política de reembolso*

Upon withdrawal of your child from our program, Champion Schools will refund any unused days that you have paid. Any day where your child has attended a full or partial day will not be subject to refund. Absences due to illness or other reasons will not be refunded.

Al retirar a su hijo de nuestro programa, Champion Schools le reembolsará los días no utilizados que haya pagado. Cualquier día en el que su hijo haya asistido a un día completo o parcial no estará sujeto a reembolso. Las ausencias por enfermedad u otras razones no serán reembolsadas.

Parent/Guardian Signature _____

Date _____

(Firma de padre/tutor)

(Fecha)

Staff Signature _____

Date _____

For Office use only:

Date paid: _____ Registration Fee: \$25.00 _____

Application Complete:

- Emergency & Immunization Card
- Birth Certificate
- Medication consent
- Immunization records

Staff's Signature: _____

Date: _____



Guidance (Discipline)

We believe in positive guidance first. We try to reward children for correct behavior by using positive reinforcement and stressing two main patterns of behavior: respect for other people and respect for property. The children are explained the rules of the center frequently, so they are all familiar with the guidelines. Please keep in mind that there will be disagreements between children as young children have a hard time expressing their feelings. Sometimes they hit, throw toys, bite, etc. We will try to prevent problems, redirect with appropriate, discuss inappropriate behavior, encourage making amends when offense involves another person, and sometimes withdraw privileges based on the principle of "natural consequences".

If the child's behavior is not acceptable, however, we use "time out" and discussion. Time out consists of one minute per year of age to sit away from activities. Other methods of guidance include logical and natural consequences, redirection, and role modeling. The child may be required to sit away from the activity for a short period of time. If need be, a conference may be required to discuss ongoing problems. As changes in a child's life may affect his or her behavior, we ask that you inform us of any major changes, i.e. divorce, death, unemployment, etc. You, as parents, are expected to back us up at all times for misbehavior. Failure to do so will result in immediate termination.

If a discipline problem arises that does not respond to the above-mentioned techniques, we will hold a conference with the parents. Together, we will try to find a solution. You may be called to remove your child if his/her behavior prevents us from being able to properly care for the other children. If the problem continues, other arrangements for the care of the child will have to be made, for the safety and wellbeing of all.

We reserve the right to terminate a child for the following reasons (but not limited to):

- Failure to pay
- Not in attendance for a week (without notice)
- Routinely late picking up your child
- Failure to complete the required forms
- Lack of parental cooperation
- Failure of child to adjust to the center after a reasonable amount of time
- Physical or verbal abuse of any person or property
- Our inability to meet the child's needs
- Lack of compliance with handbook regulations
- Serious illness of child

Parent Signature

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, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.

Instructions: A parent/guardian must complete this questionnaire, and it 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 significant changes occur in the child's care 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: _____

Has your child previously attended child care? 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 your child's mood like 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 they don't like:

They are 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 affect them? 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 the special attention, understanding, and care your child needs.

If yes, please explain:

Is there anything else you would like to share about your child to 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: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing**

MEDICATION CONSENT FORM

| | | | |
|---|-----------------|------------------------------|------------------|
| First & Last Name of CHILD : | | | |
| Type/Name of Medication: | Prescription #: | Dosage: | Route (method)*: |
| Start date: | End Date: | Times & frequency: | |
| REASON: | | | |
| I give permission for the administration of the medication, according to the instructions listed, to the child listed above. | | | |
| Date of authorization: | | Signature (parent/guardian): | |

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

*** Injections: Attach health care provider's written authorization.**

| FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION: | | YES | NO |
|--|--------------------------|--------------------------|-----------|
| Is the medication consent form complete? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the full name of the child on the container? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the prescription or over-the-counter medication current? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the dose, name of drug, frequency of administration given on label consistent with instructions above? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Staff initials: _____ | | | |

Please use the second page to document administration of the medication.



What our Preschoolers need every day!

- Comfortable “play clothes” that parents don’t mind getting dirty
 - Velcro or slip on closed toed shoes
 - Water Bottle
 - Fitted crib sheet AND blanket for rest
 - Backpack
- Extra set of clothes (shirt, bottoms, underwear, and socks) kept in backpack or in classroom
- Sunscreen (if needed): Please apply at home

Champion San Tan Pest Control Schedule

2026-2027

Aug 27 2:30

Sep 24 12:30

Oct 22 12:30

Nov 19 12:30

Dec 17 2:30

Jan 2 12:30

Feb 18 12:30

Mar 8 12:30

Apr 15 12:30

May 20 2:30

Champion School
San Tan Valley
1846 E. Bella Vista Rd
San Tan Valley, AZ 85143

Pre-K

Access to building during hours of operation

Monday Thru Thursday

8:00am-3:30pm

Friday 8:00am-12:00pm

Parents of enrolled students at Champion School in San Tan Valley do have access to the areas on the facility premises where their enrolled child is receiving child care service.

Religious Beliefs Exemption Form
For Child Care, Preschool, and Head Start Programs ONLY

The Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

| | | |
|--------------------------|--|--------------------------------|
| <input type="checkbox"/> | Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death. | Initials: _____ Date: _____ |
| <input type="checkbox"/> | Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death. | Initials: _____ Date: _____ |
| <input type="checkbox"/> | Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death. | Initials: _____ Date: _____ |
| <input type="checkbox"/> | Polio (IPV): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death. | Initials: _____ Date: _____ |
| <input type="checkbox"/> | Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage. | Initials: _____ Date: _____ |

Child Name: _____
Child Date of Birth: _____

| | | |
|---|---|--|
| <input type="checkbox"/> | <p>Haemophilus Influenzae type b (Hib): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.</p> | <p>Initials: _____ Date: _____</p> |
| <input type="checkbox"/> | <p>Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), lifelong liver problems, such as scarring and liver cancer, and death.</p> | <p>Initials: _____ Date: _____</p> |
| <input type="checkbox"/> | <p>Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.</p> | <p>Initials: _____ Date: _____</p> |
| <input type="checkbox"/> | <p>Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.</p> | <p>Initials: _____ Date: _____</p> |
| <p>Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.</p> <p>Initials: _____</p> <p><input type="checkbox"/> I am aware that additional information about vaccine-preventable diseases, vaccines, and reduced or no-cost vaccination services is available from my local county health department and the Arizona Department of Health Services (www.azdhs.gov/phs/immunization).</p> <p><input type="checkbox"/> I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.</p> <p>Parent/Guardian Signature: _____ Date (month/day/year): _____</p> <p>Child's Name: _____ Date of Birth (month/day/year): _____</p> | | |