Capstone Quest Academy – CC Pre-K

Child Registration Form

Office Use Only

School Year _____

School ID# _____

Date _____ Time _____

Grade Level _____

Child's Full Name

_____ _____

(Legal Last) (Legal First) (Legal Middle) Suffix

Preferred First _____ **Gender** ☐ Male ☐ Female

Birth Date _____ Office use only **Proof of** **Age** _____ Office use only **Birth Cert. #** _____

(MM-DD-YYYY)

Country of Birth _____ State of Birth _____ City of Birth _____

Ethnic Group and Race Categories: The **US Department of Education** requires that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make selections for both.

Is the child Hispanic or Latino? (Choose only one)

☐ *No, not Hispanic or Latino*
☐ *Yes, Hispanic or Latino* *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

What is the child's race? (Select all that apply)

☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachments.)

☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ **Black or African American** (A person having origins in any of the Black racial groups of Africa.)
☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands.)

☐ **White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Child is currently homeless ☐yes ☐no

Requests additional information regarding available services ☐yes ☐no

Child & Family resides in ☐Permanent Residence ☐Temporary Residence ☐ Shelter/Group Home

Child lives with ☐both parents ☐mother (only) ☐father (only) ☐Step-parent ☐Legal Guardian (court appointed)

Primary Contact Information - (Primary Parent/Legal Guardian Living in Household)

_____ _____ _____

(Primary Contact Legal Last) (Primary Contact Legal First) (Primary Contact Middle)

House/Street # _____ **Street Name** _____

Apt. # _____ Dwelling Type _____

City _____ **Zip Code** _____ Office use only **Proof of Address** _____

Alternate mailing address **(Only a PO Box is acceptable)** _____

Cell # _____ Work # _____

Home # _____ Emergency # _____

Primary E-mail address: _____

E-Mail for **Announcements** _____

CAPSTONE QUEST ACADEMY – CC Pre-K

OVER THE COUNTER MEDICATION PERMISSION FORM

Child's Name: _____ Date of Birth: _____ Age: _____

Over the course of the school year, we have several children who come to the office complaining of headaches, stomachs, sore throats, coughs, etc. We have various Over the Counter medication available, however in order to give your child anything, we must have written permission and some additional information. Please complete the form below if you would like your child to be able to receive any of the Over the Counter medication while at school.

Please note the following:

- Only children with a signed permission slip on file can receive any Over the Counter medication distributed by the school. If there is not a written permission slip on file, you will need to come to the school to give your child any medication.
- Children are **not** allowed to carry ANY medications with them, including Over the Counter medication such as cough drops, Tylenol, etc.

Child's Doctor: _____ Phone: _____

Current Health/Medical Conditions: _____

Current Medications: _____ Allergies: _____

I authorize Capstone staff to dispense the following Over the Counter medications to my child:

For complaints of headaches, menstrual cramps and minor discomfort related to musculoskeletal and dental discomfort, (please check ONE of the following):

☐ 1 Acetaminophen (generic Tylenol, 325-620 mg each)
☐ 2 Acetaminophen (generic Tylenol, 325-620 mg each)
☐ 1 Ibuprofen (generic Advil, 200 mg each)
☐ 2 Ibuprofen (generic Advil, 200 mg each)
☐ 1 Acetaminophen Jr. Chewable (generic Tylenol, 160 mg each)
☐ 2 Acetaminophen Jr. Chewable (generic Tylenol, 160 mg each)

For complaints of minor stomach, issues (please check ONE of the following):

☐ 1 Antacid Tablet (generic Tums, 750 mg Calcium Carbonate)
☐ 2 Antacid Tablets (generic Tums, 750 mg Calcium Carbonate)
☐ 1 Tablespoon Stomach Relief (generic Pepto, 250 mg Bismuth Subsalicylate)
☐ 2 Tablespoons Stomach Relief (generic Pepto, 250 mg Bismuth Subsalicylate)

For complaints of minor sore throat or cough:

☐ 1 cough drop when needed, not to exceed more than 1 in a 2 hour period (generic Halls, 7 mg Menthol)

I certify by my signature, that I am either the parent or legal guardian of this child and that I am authorizing unlicensed individuals to dispense Over the Counter medicine to my child as needed. In addition, I understand that it is my responsibility to update this form if there are any changes to what my child can be given.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Additional Contact Information - (Additional Parent/Legal Guardian)

Relationship to child _____ Lives with? ☐ *Yes* ☐ *No*

Legal Guardian (court appointed?) ☐ *Yes* ☐ *No* *(If so, original court documents must be provided to the enrolling school.)*

_____ _____ _____
(Parent Legal Last) (Parent Legal First) (Parent Legal Middle Initial)

House/Street # _____ **Street Name** _____

Apt. # _____ Complex/Subdivision _____

City _____ **Zip Code** _____ Can pick up child? ☐ *Yes* ☐ *No*

Cell # _____ Work # _____

Home # _____ Emergency # _____

Primary E-mail address _____

Court Order Information

Does your child have court restrictions regarding a parent/legal guardian contact? ☐ *Yes* ☐ *No*
(Please provide copy of court documents.)

Date of Order: _____

Court Order Type: _____

Order Locality: _____

The child's educational records and/or the child will be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/legal guardian is responsible for providing current copies of all court orders.

Additional Contact Information – (List in Priority Call Order)

1.)_____ _____ Relationship _____
(Last Name) (First Name)

Can pick up child? ☐ Yes ☐ No

Home Phone _____ Cell _____ Work Phone _____

2.)_____ _____ Relationship _____
(Last Name) (First Name)

Can pick up child? ☐ Yes ☐ No

Home Phone _____ Cell _____ Work Phone _____

3.)_____ _____ Relationship _____
(Last Name) (First Name)

Can pick up child? ☐ Yes ☐ No

Home Phone _____ Cell _____ Work Phone _____

_____ _____
Date **Parent, or Legal Guardian Signature**

CAPSTONE QUEST ACADEMY- CC Pre-K

HEALTH INFORMATION FORM

The parent or guardian completes this form.

Child's Name: _____ _____ _____ _____
Last First Middle Grade

Child's Date of Birth: ____/____/_____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____

Child's Address: _____ City: _____ State: _____ Zip: _____

Name of Mother or Legal Guardian: _____ Phone: _____ Cell: _____

Name of Father or Legal Guardian: _____ Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Cell: _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Tuberculosis		
Ear Infections			Vision problems		

Describe any other important health-related information about your child (for example, hearing aid, etc.):

_____

_____

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Is your child taking any medications? ☐ Yes ☐ No If yes, please name the medication(s) and for what condition.

Medication: _____ Condition: _____

Medication: _____ Condition: _____

***Any medication, prescribed or over-the-counter, must be checked in at the Front Office and have a filled out Medication Permission Slip*. This includes allergy medication, ibuprofen, aspirin, Tylenol, cough drops, etc.**

Is your child presently under medical treatment? If yes, please explain: _____

_____

Is your child allergic to any food or other substances? If yes, please name food or substance to be avoided and procedure to be followed: _____

_____

Is your child subject to convulsions, and what is the appropriate procedure if one occurs?

_____

Is your child usually susceptible to infections and if so, what precautions need to be taken?

_____

Are there any physical conditions or limitations we should be aware of? Please explain:

_____

Additional Comments/Other Special Instructions:

_____

I hereby grant permission, in an emergency, to take my child to the nearest hospital/emergency facility for treatment in the event that I cannot be reached. It is understood that the school will try to reach the parent/guardian and/or other persons listed as emergency contacts before arranging for transportation to a hospital/emergency facility.

Parent/Guardian Signature: _____ Date: _____

CAPSTONE QUEST ACADEMY – CC Pre-K

CERTIFICATE OF IMMUNIZATION FORM

To be completed by a physician, registered nurse, or health department official.

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.) Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Child's Name: _____ Date of Birth: |__|__|__|

Last *First* *Middle* *Mo. Day Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5

MEDICAL EXEMPTION ☐ **RELIGIOUS EXEMPTION** ☐

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, by the Arizona Department of Health Services (Requirements are listed on ARS §15-871-874 Department of Education).

Signature of Medical Provider or Health Department Official: _____ **Date (*Mo., Day, Yr.*):** ___/___/___

CAPSTONE QUEST ACADEMY – CC Pre-K
PARENT SURVEY

Please answer the following questions with as much information as possible.

Child's Name: _____ Date of Birth: _____

Please describe any specific cultural, social and/or religious patterns followed in the home that you would like the school personnel to know about. _____

In what area(s) of academics does your child excel? _____

_____

In what area(s) of academics does your child need assistance? _____

_____

_____

If yes, please explain _____

_____

How did you hear about Capstone Quest Academy?

☐ Mailing ☐ Newspaper ☐ Flyer ☐ Capstone Website ☐ Passing By

☐ Word Of Mouth ☐ Yellow Pages ☐ Great Schools Website ☐ Other: _____

Do you know a child who attends or attended? ☐ Yes ☐ No

If yes, who? _____

Have you been referred by someone? ☐ Yes ☐ No If yes, who? _____

I certify by my signature, that I am either the parent or legal guardian of this child and that the above information is true, accurate and up to date. I understand that if any of the information completed on this application is incorrect or inaccurate, it may adversely affect the ability of Capstone Quest Academy to educate your child resulting in his/her administrative withdrawal.

Parent/Guardian Signature: _____ Date: _____

CAPSTONE QUEST ACADEMY – CC Pre-K
CHILD RELEASE AND PHOTOGRAPHY RELEASE

This form gives Capstone Quest Academy authorization to use child information and photographs taken of your child for educational purposes, including yearbook, newsletters, newspaper, flyers, brochures, website, Announcements and other publicity. (***Please Check Only ONE Option***)

Child's Name: _____ Grade: _____

☐ **I approve of Child Information and Photograph Release without reservation or compensation**

☐ I approve of Child Information and Photograph Release for **individual school pictures ONLY**. I understand this does not include the class photo and that the pictures taken will not be used for educational purposes, including yearbook, newsletters, newspaper, flyers, brochures, website, listserv and other publicity.

☐ I approve of Child Information and Photograph Release for **school/class pictures ONLY** and I understand these pictures will be used in the yearbook only.

☐ I **DO NOT** approve of any child Information or Photograph Release for my child. (Please Note: This option includes, but is not limited to, school pictures (individual), class pictures and/or yearbook pictures.)

Parent/Guardian Signature: _____ Date: _____

CAPSTONE QUEST ACADEMY
COMMUNITY EXPLORATION PERMISSION SLIP

Capstone Quest Academy has many opportunities to go on exciting community exploration trips. Occasionally, the information is given to the school at the last minute and Capstone Quest Academy does not have time to send home permission slips, so the children are unable to participate. To avoid having to miss exciting educational opportunities, you are asked to check one of the options below. This will give your child permission to attend community exploration trips on short notice or if your child forgets to return their permission slip. Parents/Guardians will always be notified before your child goes off campus.

☐ **YES!** My child has permission to participate in community exploration trips! My child has permission to walk to the destination (when applicable), ride on a chartered or city bus or ride in the school van. Also, I hereby grant my permission, in an emergency, for my child to be taken to the nearest emergency facility for treatment in the event that I cannot be reached.

☐ **NO!** My child does not have permission to participate in community exploration trips.

Parent/Guardian 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:

See page 2 for EOE/ADA disclosures

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: _____

ADHS
LICENSING

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:** ☐ **male** ☐ **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:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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? ☐ **No** ☐ **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? ☐ **No** ☐ **Yes** **If yes**, list precautions:	
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **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.)? ☐ **No** ☐ **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:**

Capstone Quest Academy

Pre-School Fee Schedule

Capstone Quest Academy is pleased to offer a full-day Pre-School at very affordable rates. Below please find details of the programs offered, as well as fees and payment information. If you are interested in enrolling your child/children in Capstone Quest Academy Pre-School or have additional questions, please contact Capstone staff or the Business Office at (520)296-1100. Please be sure to complete a Pre-school registration form prior to attending. Forms are available at the front desk.

Select only 1 option below. Please complete 1 form per child. (Applies to DES recipients as well)

Enroll my child in: (DES recipients must also select 1 program. Copays apply)

_____Program #1

8:00am-3:30pm, **5 days a week**, $130.00 charged weekly and due each Monday preceding services.

_____Program #2

8:00am- 3:30pm, **3 days a week**, $120.00, charged weekly and due each Monday preceding services.

_____ **!!SPECIAL!!** Select before and after care and save an additional 20% for **5 days a week**. $160.00. *Please fill out the Before and Aftercare fee schedule as well.*

10% Discount for one additional sibling.

8/1/25 Tsn/Yuma/Phx

Please initial your understanding of the contract/participation responsibilities.

_____$1.00 per minute is charged for each child not picked up by program end time, due next billing cycle.

_____Parents must provide their child with a lunch each day of attendance.

_____A nutritious afternoon snack is part of the fee schedule.

_____Program participation is voluntary, payment is **mandatory**

Fee Agreement

Fees are based on contract schedule, **not on attendance.** School calendar breaks (if not open) and major public holidays will NOT be billed. Fees will be billed every Monday and due by that evening each week preceding services. A late charge of $10.00 will be applied by Wednesday morning. Prompt payment is a serious obligation for participation in the support of the children. Failure to comply has three potential outcomes: (1) Immediate loss of program participation and/or (2) Late fees and possibly being sent to collection, (3) Loss of DES services, if applicable.

After completing this form, please return to the school Registrar. You will then receive an invitation to your new ProCare portal. You will need to download the app.

Each child attending Capstone Quest Academy must have a signed contract and current registration documentation on file in the office prior to attending.

Parent Signature_____ Date_____

Child's Name_____

Parent Name (Printed)_____

Parent Email_____

Parent Phone Number_____