



ACORN MONTESSORI SCHOOLS

2022-2023

Preschool-PreK North Campus: 8085 E. Manley Dr., Prescott Valley, AZ., 86314; Phone: 928.772.5225

Grades K-3: West Campus: 7555 E Long Look Drive Prescott Valley AZ, 86314; Phone: 928.775.0238 Fax: 928.775.2638

Grades 4-8: Main Campus: 8556 E. Loos Drive Prescott Valley AZ, 86314; Phone: 928.772.5778 Fax: 928.775.8654

Acorn is a complimentary blend of traditional national standards with Montessori tactile hands-on learning materials.

Print all information. Preschool _____ Pre-K _____ **Charter** start date _____ Grade _____
Child's Full Legal Name _____
Last First Middle
Age _____ Date of Birth _____ Male ___ Female ___ Birthplace _____
Address _____ City _____ State ___ Zip _____
Home Phone _____ Cell _____ **Parent email:** _____
Race (Required) White ___ Black ___ American Indian/Alaskan Native ___ Native Hawaiian/Pacific Islander ___
Two or more races ___ Hispanic ___ Yes ___ No
What is the primary language used in the home regardless of the language spoken by the student?

What is the language most often spoken by the student? _____
What is the language that the student first acquired? _____
Mother/Guardian Name _____
Home Address _____ City _____ State ___ Zip _____
Mailing Address (if different) _____
Father/Guardian Name _____
Home Address _____ City _____ State ___ Zip _____
Mailing Address (if different) _____
Child lives with (mark all that apply) ___ Mother ___ Father ___ Foster Parents ___ Grandparents ___ Other
Is Parent/Guardian currently in the Military? ___ Yes ___ No
Do parents (if apart) have legal joint custody? ___ Yes ___ No Custody Documents ___ Yes ___ No ___ Provided
Visitation arrangements (if applicable) _____
Sibling's names and ages _____
Family circumstances that school should be aware of _____
Does your child now or in the past have an IEP? ___ Yes ___ No Does your child have a 504 Plan? ___ Yes ___ No
If so please describe services _____
Please indicate last school your child attended. Please list address and phone number.
Name of school _____ Phone _____
Dates attended _____ Reason for leaving _____
Areas of concern regarding your child's education? _____
Why did you choose Acorn Schools? _____
Please indicate date you wish your child to start _____

Acorn Montessori Charter School Discrimination Policy

Acorn Montessori Charter School is an equal opportunity provider and employer.

In the operation of the Child Nutrition Programs, no individual in the United States shall solely by reason of his or her race, color, national origin, sex, age, or disability, be excluded from the participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

The immediate remedy for any act of discrimination shall be to end it, treat the individual equally, and, as much as practically possible, to eradicate any effects of discrimination. Discipline should be imposed where appropriate. Date of application: _____ Start date: _____ Admin: _____ Residency form: _____

Birth Cert: ___ Imm. ___ Rec. Req: ___ Language Svy: ___ ELL: _____



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:
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***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:	
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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

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:
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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)



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. **¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

2. **¿Qué idioma habla el estudiante la mayoría del tiempo?**

3. **¿Qué idioma habló o entendió el estudiante primero?**

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Distrito o Charter _____	Fecha _____
Escuela _____	

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

Child's Name _____

MOVIE RELEASE FORM

I give permission for my child to view age appropriate movies in the classroom. Some of these movies will be of historical events and correlate classroom studies.

Yes___ No___

Initials_____

PHOTO RELEASE FORM

I give Acorn Montessori permission to take photos or videos of my child.

Yes___ No___

Initials_____

I give permission for my child's photo to be taken and possibly submitted to the area **newspapers and/or school website.**

Yes___ No___

Initials_____

FIELD TRIP FORM

I give permission for my child to participate in, on or off campus field trips. For each trip a detailed permission slip will be sent home for approval.

Yes___ No___

Initials_____

Physical Education Release Form

Due to the physical activity of this class, are there any medical conditions that may keep your child from participating.

Yes___ No___

I give permission for my child to participate in this class.

Yes___ No___

Initials_____

Permission to give Tylenol-Advil, Cough Drops, or Tums.

In the event my child has a headache/cough/stomach ache, medicine can be administered by Acorn Staff. I understand that the dosage will be based on the weight and age of the child.

Any child that has been diagnosed with a fever of 100 degrees F or more you will be notified, and child must be picked up within **30 minutes**. Child must be fever free for 24 hours before returning to school.

***Over the counter medicine cannot be administered to our pre-school program. Students may carry their asthma medication.**

Yes___ No___

Initials_____

Volunteer Program

Every year Acorn Montessori Schools have special events that would not be possible without the help from our great volunteers.

Trips away from our schools, volunteers need to obtain a **Department of Public Safety Fingerprint Clearance Card**. There is a cost for this, if interested please contact the front office.

Thank you in advance for your support of this awesome program.

Select Campus: Acorn Main ___ (2-8) Acorn West___ (K-1)

I would like to be a volunteer. Yes___ No___

Parent's Name Printed

Parent/Guardian's Signature

Date

Waiver of Liability

I as the parent of _____ do hereby acknowledge that I will not hold Acorn Montessori Schools or any agent of Acorn Montessori liable for any accident or injury by my child.

Parent's Name Printed

Parent/Guardian's Signature

Date



ACORN CHRISTIAN MONTESSORI SCHOOL FEE-BASED PRESCHOOL:

7:00 a.m. – 5:30 p.m. *

<p>_____ \$625.00 A MONTH MON-FRI</p> <p>_____ \$415.00 3 DAYS A WEEK (Monday, Wednesday, & Friday)</p> <p>_____ \$325.00 2 DAYS A WEEK (Tuesday & Thursday)</p>
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1st Choice Please Circle M T W T F
 2nd Choice Please Circle M T W T F

Date: _____ Please, enroll my child _____ in the Preschool program. I understand and agree to pay the associated fee and abide by the payment schedule. I am aware that the fee is covering a position for my child and is due whether or not my child attends. The fees will no longer be payable when my child is withdrawn, which requires a 30 day notice.

Parent/Guardian Signature _____

Billing & Payment Process:

- Invoices are created on the 20th of each month and payment is due by the 30th for the upcoming month.
- The payment is past due the last day of each month, e.g. Sept. invoices are created on 8/20, and if not paid by 6:00pm on 8/31 your child may not use our preschool services.

Payment method options:

- Cash
- Bill Pay set up with your bank
- Money Order
- Check (Returned check fee is \$50.00)
- Debit/Credit Card will incur a 3.3% increase to our fees- Please complete information below. (NOTE: YOU MUST SIGN AND RETURN THE YELLOW SLIP EACH MONTH AS AUTHORIZATION TO CHARGE YOUR CARD.)

I AUTHORIZE MY PRESCHOOL PAYMENT TO BE CHARGED TO MY:

Debit Card, Visa, MasterCard, Discover Card
 Card # _____ Exp. Date _____ CSN _____ (3 digits)
 Name on Card _____
 Billing Address _____
 Signature _____

- PICKUP AFTER 5:30 PM, THE FEE WILL BE \$15.00 PER 15 MIN. PER CHILD. THIS FEE IS DUE UPON PICKUP OF YOUR CHILD/CHILDREN. Multiple late pickups may result in disenrollment.



**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.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- ___ 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)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this _____ day of _____, 20____,
By _____.

My Commission Expires: _____

Notary Public



Departamento de Educación de Arizona
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela _____

Distrito Escolar o Escuela Chárter _____

Padre/Tutor Legal _____

Como el padre del estudiante o representante legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- ___ Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- ___ Pasaporte válido de los EE. UU.
- ___ Escritura inmobiliaria o documentos de hipoteca
- ___ Recibo de pago de impuestos sobre la propiedad
- ___ Contrato de renta de casa/residencia
- ___ Factura de cuenta sobre el uso de agua, electricidad, gas, Cable de TV, o teléfono
- ___ Factura de tarjeta de crédito o de banco
- ___ Copia de la forma W-2 sobre declaración de ingresos
- ___ Talón del cheque de paga
- ___ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- ___ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- ___ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Firma del padre/tutor legal

Fecha



Estado de Arizona
Declaración Jurada de Residencia Compartida

Juro o afirmo soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, se describe de la siguiente manera:

Las personas que viven con migo:

Ubicación de me residencia:

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad.

Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo

Pasaporte válido de los EE. UU.

Escritura inmobiliaria o documentos de hipoteca

Recibo de pago de impuestos sobre la propiedad

Contrato de renta de casa/residencia

Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono

Factura de tarjeta de crédito o de banco

Copia de la forma W-2 sobre declaración de ingresos

Talón del cheque de paga

Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.

Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.

Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona
Condado de Maricopa

Lo anterior fue reconocido ante me este ____ día de _____, 20____,
Por _____.

Notario Publico

Mi comisión se vence: _____

RIGHTS OF CHILDREN AND YOUTH IN TRANSITION (McKinney-Vento)

The school district shall provide an educational environment that treats all students with dignity and respect. Every child and youth in transition shall have access to the same free and appropriate educational opportunities as students who are not. This commitment to the educational rights of children and youth in transition, and unaccompanied youth, applies to all services, programs and activities provided or made available.

A student may be considered eligible for services as a "Child or Youth in Transition" under the McKinney-Vento Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car or abandoned building

According to the McKinney-Vento Act, eligible students have rights to:

Immediate enrollment: Lack of proof of residency, transcripts, immunization records, proof of guardianship, birth certificate, unpaid fees, any factor related to the living situation, or any other documents required, cannot serve as a barrier to the enrollment in school immediately.

School Section: McKinney-Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled in his/her selected school for the duration of the transition, or until the end of the academic year in which they become permanently housed.

Participate in programs for which they are eligible, including Title I, National School Lunch Program, Special Education, English Language, school nutritional programs, and before and after school programs.

Transportation services: A McKinney-Vento eligible student attending his/her School of Origin has the right to transportation to and from that School of Origin. Acorn Montessori Charter School's share of the cost-effective transportation plan will be provided by Title 1 funds that have been set aside, and our Maintenance and Operating funds.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a child or youth in transition, you may file a complaint with the school district. The school district must respond and attempt to resolve it quickly. During the dispute time, the student must be immediately enrolled in the school and provided appropriate educational services, transportation, free meals, and Title 1 services until the matter is resolved. The McKinney-Vento Liaison will assist the student in making decisions, providing notice of any appeal process, and filling out the dispute forms.

For more information, refer to

<http://www.ade.az.gov/asd/homeless/>, or contact:

Silvia Chavez State Coordinator for Homeless
Arizona Department of Education
1535 W. Jefferson Street, Phoenix, AZ 85007
Telephone: (602) 542-4963

STUDENT'S NAME _____

___ NO, I do not need assistance at this time.

Please circle the appropriate answer

1. Is the student (family) living in a motel or hotel? YES NO
2. Is the student (family) living in a shelter? YES NO
___ Domestic violence ___ Emergency Housing ___ Transitional Housing
3. Is the student (family) living in a car, park, campground or public place? YES NO
4. Is the student (family) living in the residence of another person or family? YES NO

If you answered YES to questions 3 or 4, please answer the following:

- A. Is the living arrangement due to: ___ Economic hardship ___ Loss of housing ___ Temporary
- B. Date living arrangements began _____
- C. Date living arrangements expected to end _____

5. Is the student seeking enrollment without parent or legal guardian? YES NO
6. Is the student in Foster Care? YES NO

Parent/Guardian Signature

Contact Phone

School of Attendance

Date