

# Imagine Charter Elementary School At West Gilbert

Enrollment Packet  
2010-2011



Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

## Pre-Kindergarten Interest

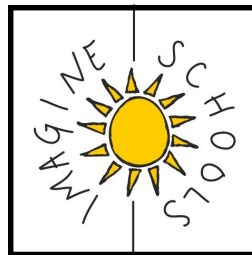
- 1/2 Day Pre-Kindergarten 3/4  
Must be 3 by Aug 31

Hours: 8:30 am-11:45 am

- Pre-Kindergarten 3  
Must be 3 by Aug 31

- Pre-Kindergarten 4  
Must be 4 by Aug 31

Hours: 8:30 am-2:30 pm



2061 S. Gilbert Road • Gilbert, AZ 85295

**480-855-2700**

## Registration Checklist

Imagine Elementary at West Gilbert  
2061 S. Gilbert Road  
Gilbert, AZ 85295

- Student Enrollment Forms
- Birth Certificate
- Parent Survey
- Standard of Dress Form
- Medical Information Form
- First Aid Release
- Immunization Record
- Emergency Card
- Media Release
- Pre K Contract
- Policy Agreement

***(For Office Use Only)***

*Date Packet Returned* \_\_\_\_\_

*Date Entered into SIS* \_\_\_\_\_

*Start Date* \_\_\_\_\_

*Orientation Date* \_\_\_\_\_

*Assigned Teacher* \_\_\_\_\_

**This enrollment packet is not considered complete until the records from the previous school are obtained.**

# Student Enrollment Form

Imagine Elementary at West Gilbert  
2061 S. Gilbert Road  
Gilbert, AZ 85295

## STUDENT INFORMATION

Name (Last, First MI)			Social Security Number		
Home Address			Date of Birth	Place of Birth	
City	State	Zip Code	Last School Attended		Home schooled <input type="checkbox"/>
Home Phone ( )			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Grade Entering		
Student Lives With (Check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parents					
<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (Please Specify) _____					
Race/Ethnic Background <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (White)					
<input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander or Asian					

## FAMILY INFORMATION

Name: Mother/Guardian			Name: Father/Guardian		
Home Address			Home Address		
City	State	Zip Code	City	State	Zip Code
Home Phone ( )			Home Phone ( )		
Mobile/Pager ( )			Mobile/Pager ( )		
Social Security Number			Social Security Number		
Employer			Employer		
Employer Address			Employer Address		
Business Phone ( )			Business Phone ( )		
Email Address			Email Address		
Hobbies or talents you are willing to share with our students			Hobbies or talents you are willing to share with our students		

**OTHERS LIVING IN THE HOME**

Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____
Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____

**EMERGENCY CONTACT INFORMATION**

In case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name _____	Relationship _____	Address _____
Home Phone ( ) _____	Work Phone ( ) _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone ( ) _____	Work Phone ( ) _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone ( ) _____	Work Phone ( ) _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone ( ) _____	Work Phone ( ) _____	City _____ State _____ Zip Code _____

I hereby permit the school to release my child to the above name person(s) upon my written or telephoned request.

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

The following person(s) may **NOT** remove my child from the school.

Name _____	Custody Papers on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____			
Name _____			

**HOW DID YOU HEAR ABOUT THE SCHOOL**

Direct Mail       Newspaper       Flyer       Internet       Passing By  
 Magazine       Word of Mouth       Yellow Pages       Other (Please Specify) \_\_\_\_\_

# Standard of Dress Form

Imagine Elementary at West Gilbert  
2061 S. Gilbert Road  
Gilbert, AZ 85295

**All students are expected to adhere to the following standard of dress guidelines while on campus or while attending an off campus school sponsored activity. All final decisions regarding appropriateness of the uniform, headwear, shoes, hair style, or appearance in general, is left to the discretion of the principal.**

**You may select from the following choices.**

## **Girls**

Polo shirts (long or short sleeved) and turtlenecks (No button down shirts): Navy Blue, Red and White  
Jumpers, Skorts, Skirts and Shorts (no shorter than 3 inches above the knee): Navy Blue or Tan/Khaki  
Pants or Capri pants: Navy Blue, Tan/Khaki

## **Boys**

Polo shirts (long or short sleeved) and turtlenecks in Navy Blue, Red and White  
Shorts: Navy Blue or Tan/Khaki  
Pants: Navy Blue or Tan/Khaki

## **Please Note**

Shirts must be worn tucked in at all times.

No denim of any color is allowed.

Uniforms should be solid colored and should not contain any logos, labels, or writing of any kind.

For all students 2<sup>nd</sup> grade and above, any pants with belt loops require a belt.

Belts must be solid black, brown, or navy. Belts must be worn at the waist and no part should hang below the waist.

Sweatshirts, sweaters, cardigans, and vests in red, white, or navy blue can be worn in the classroom. Any other outerwear (jackets, sweaters, sweatshirts, etc.) that does not fit this description must be removed when in the building.

Girl Scout or Boy Scout uniforms may be substituted at any time.

**The following will not be accepted on Uniform or Casual Days, except when advance notice has been given of special school spirit day.**

- No hats or bandanas (do rag).
- No oversized or undersized shirts.
- No tank tops, sleeveless shirts, halter tops, or backless tops.
- No super low rise/hip hugger pants. No midriffs showing.
- No sweat pants, pajama pants, baggy pants, or pants with hems dragging on the ground.
- No cut-offs.
- No clothing that is baggy or oversized. Clothing may be no more than 1 size too large to allow for growth.
- No clothing with inappropriate logos (alcohol, tobacco, vulgar language, etc.)
- No gang colors or attire.
- No undergarments may show.
- Shoes must have rubber soles, closed toes, and supportive backing. Heels must not be over 1 inch. No Crocs or boots. Shoes with wheels are not allowed. Shoes with laces should be kept tied at all times.
- No tattoos, temporary or otherwise.
- No facial piercing.
- **No unnatural hair color or hair styles.**
- Any makeup that is worn should look natural.
- Jewelry should not be excessive.
- No chains.
- No gum.
- No trading cards of any type.
- No PDA's, hand held games, or portable I-POD/CD/MP3/tape players.

**Cell phones are allowed but should be turned off during school hours.**

I agree to support the Imagine Schools Standard of dress. I understand that violations of the above perceived by the administration, may result in disciplinary action.

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

# Medical Information Form

Imagine Elementary at West Gilbert  
2061 S. Gilbert Road  
Gilbert, AZ 85295

## Medical History (Check all that apply)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Measles             | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Allergies (food or otherwise) |  |
| <input type="checkbox"/> Chickenpox          | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Physical Handicap             | <input type="checkbox"/> Mumps           |
| <input type="checkbox"/> Hearing Impairment  | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Scoliosis                     | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infection     | <input type="checkbox"/> TB                            |  |

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Is your Child Taking Any Medication?  Yes  No If yes, name the medication(s) and for what condition(s).

*\*Medication may not be administered without prescription release form, available in the school office.*

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Is your child presently under treatment for any physical problem? If yes, please explain.

Is your child allergic to any foods or other substances? If yes, name foods or substances to be avoided.  
Please explain procedure if reaction occurs.

Is your child subject to convulsions, and what should be our procedure if one occurs?

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

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Additional Comments/Other Special Instructions

The above emergency and medical information is provided by:

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

## First Aid Release

Imagine Elementary at West Gilbert  
2061 S. Gilbert Road  
Gilbert, AZ 85295

I hereby give consent for my child to receive the following over-the-counter medications (check all that apply) from the Imagine School staff. Imagine School staff will administer first aid only as needed.

Bandages

Ice Packs

Student's Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

No Medication will be distributed without a Signed Medication Consent form provided by the Health Office upon request



CDC/SGH # or name: \_\_\_\_\_

## Emergency Information and Immunization Record Card

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City):</b>	<b>Home Phone:</b>
Cell Phone (optional):	<b>Business Address (#, Street, City):</b>	<b>Business Phone:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City):</b>	<b>Home Phone:</b>
Cell Phone (optional):	<b>Business Address (#, Street, City):</b>	<b>Business Phone:</b>

I authorize the following individuals to collect my child from the facility if I cannot be located:

<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

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

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

Custody papers have been provided and are on file at the facility.  yes  no

If Medical care is necessary, CALL:

<b>DOCTOR</b>	<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
<b>HOSPITAL</b>	<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>

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. It is understood by me that the expense of this service will be accepted by me.

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

Does your child have insurance coverage?  No  Yes Name of Insurance Company:

Telephone Authorization Code : \_\_\_\_\_ (optional)

**Immunization Information**

For information regarding current immunization requirements go to:  
[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>If yes</b>, 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  <b>If yes</b>, 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  <b>If yes</b>, 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  <b>If yes</b>, 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:

## Student Media Release

Imagine Elementary at West Gilbert  
2061 S. Gilbert Road  
Gilbert, AZ 85295

I hereby agree and give my permission for Imagine Schools, Inc. and/or Imagine Elementary at West Gilbert (the "School") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by Imagine Schools, Inc. and/or the School, including, without limitation, for posting on the Imagine Schools, Inc. and/or School's website and/or for distribution in print or broadcast media. I hereby further agree that Imagine Schools, Inc. is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as Imagine Schools, Inc. and/or the School shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Imagine Schools, Inc. and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for Imagine Schools, Inc. and/or the School, including without limitation Imagine Schools, Inc. and/or the School, in all manner and media, as Imagine Schools, Inc. and/or the School determines in their sole discretion. I also understand that Imagine Schools, Inc. and School shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Imagine Schools, Inc. and the School shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Imagine Schools, Inc. and the School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature  \_\_\_\_\_

Date \_\_\_\_\_

# Pre-Kindergarten Contract 2010-2011

Imagine Charter Elementary School at West Gilbert  
2061 So. Gilbert Road  
Gilbert, AZ 85295

Student \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Gender  Female  Male \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

## Tuition

\$75.00 Application Fee (new enrollees-due with contract)

## Payment Plan

Tuition payments are to be made at **\$475.00** per month. This is based on the number of school days per the current school year.

Payment is due on the **first of each month**. If the payment is not received by the 11<sup>th</sup> of the month the child will be dis-enrolled in the program and you will \_\_\_\_\_ (Please initial)  
have 14 days to find alternative child care.

**THIS AGREEMENT** is entered into by and between Imagine Charter Elementary School at West Gilbert and the parents/guardians whose signatures appear on this contract. In consideration of the mutual promises set forth herein, the parties hereto accept the following terms and conditions governing enrollment and attendance at the school. All admissions are accepted at the sole discretion of Imagine Charter Elementary School at West Gilbert.

**APPLICATION FEE:** A one-time, non-refundable application fee of \$75.00 is charged annually. \_\_\_\_\_ (Please Initial)

**TERMS OF PAYMENT:** All charges are due the 1<sup>st</sup> of the month. Payment can be mailed or paid in person at the school office. The school accepts credit/debit cards, checks and money orders. Students will be subject to dis-enrollment if payments are not received by the 11th day of the month. Your account will also be turned over to our Collections Department. A charge of \$25.00 will be assessed on checks returned by the bank.

\_\_\_\_\_ (Please Initial)

**RULES AND REGULATIONS:** The guardians and the student agree to abide by and uphold and support all policies, rules, regulations, and decisions adopted by the school as set forth currently and such other policies, rules, and regulations as may be implemented by the school. Disregard of the rules and regulations of the school or disruption of the school community is sufficient cause for dismissal.

**ABSENCES OR ILLNESSES:** Refunds or credits will not be given for absences due to illness, vacation or any other reason.

**HOLIDAYS:** The school is closed for the customary holidays and teacher in-service days. Consult the current school year calendar.

**OPTIONAL CHARGES:** There is an additional charge for before and after school care and enrichment activities. Opportunities may arise which require additional fees for some field trips, which will be charged on a per trip basis.

**LATE DEPARTURE:** After school hours are 3:15-6:00 p.m. Parents who have not picked up their children by 6:00 p.m. will be charged an additional \$5.00 per minute late fee, to be paid when the student is picked up, as determined by school time. Late departures due to inclement weather or health emergencies are exceptions. \_\_\_\_\_ (Please initial)

**DISENROLLMENT:** Two week notice is required. Prorated refund available after prior two week notice. \_\_\_\_\_ (Please initial)

This contract is not binding upon the school until executed by the school and is for a period of one academic year. For enrollment to be complete, the following must be fulfilled:

1. Completion of an enrollment contract with signatures
2. Completion of the emergency cards
3. Payment of appropriate fees

The student will be considered enrolled in the school for the grade level set forth above upon acceptance and execution of this contract by the school. Upon acceptance, the school will return one copy of this contract. Legal Guardians are jointly and separately responsible for the student's account. It is the obligation of the below-signed Guardians to make all payments in accordance with the terms of this contract. In the event that payments should become delinquent, guardians are responsible for any legal or other fees incurred. I/We have read, understand and agree with the terms and conditions:

Parent/Guardian Signature

\_\_\_\_\_ Date

Parent/Guardian Signature

\_\_\_\_\_ Date

Imagine Charter School at West Gilbert does not discriminate against any person in admission, employment, or otherwise because of race, color, religion, national origin, disability, sex or age in violation of existing state or federal law or regulation.

\*West Gilbert reserves the right to increase tuition as deemed necessary.

Updated 6/24/09

