

ORACLE SCHOOL DISTRICT
(520) 896-3070
P.O. Box 1720
2618 W El Paseo
Oracle, AZ 85623
www.OSD2.ORG



May 5, 2020

Parents and Guardians of Preschool Students,

When the 2019-2020 school year began, we were filled with great anticipation. We could not anticipate the unprecedented challenges from a global pandemic that resulted in statewide school closures or the transition to learning from home. Despite the unanticipated challenges, I encourage our staff, students, and families to focus on the growth that each student made this school year and the positive memories that we made before any of us even heard the words *Coronavirus* or *social distancing*.

Although we are not able to hold a large ceremony in the school gymnasium for our graduating preschool students, we will mail a Preschool Graduation Diploma and small gift to each of our students that will attend kindergarten next school year. As we conclude this school year and plan for the upcoming school year, I ask that you review the important information below:

- We will not hold a traditional Preschool or Kindergarten Round-Up this year. We will mail registration packets home for each of our current 3 year old students for the 4 year old program and our current 4 year old students for kindergarten. When your child's registration packet is mailed back to Mountain Vista, a welcome kit filled with surprises, activities and small gifts will be mailed to your child.
- We will gladly mail "new student" registration packets to any incoming children that are not currently enrolled in our preschool program. If you know of a child that is interested in enrolling in our preschool program or will be 5 years old by September 1, 2020 and needs to register for kindergarten, please encourage their parent/guardian to email Barb Frost, School Secretary at bfrost@osd2.org.
- We are committed to providing tuition-free, quality preschool programming to our community. In order to continue to invest in early childhood education and cover the rising costs of operating our preschool program, Mountain Vista Preschool will be a 4 year old program for the 2020-2021 school year. Any 3 year old students currently enrolled in our preschool program will be given priority placement in our 4 year old program for the upcoming school year.
- If you have a child that will be 3 years old during the 2020-2021 school year, we look forward to registering your child when they are 4 years old for the 2021-2022 school year!

I thank you for choosing the Oracle Elementary School District and Mountain Vista Preschool for your child's early childhood education experience. I encourage you to follow Mountain Vista K-8 School on Facebook for regular updates this summer and I look forward to seeing you and your child when the 2020-2021 school year begins.

Sincerely,
Crystle Nehrmeyer
Superintendent
520-896-3074
cnehrmeyer@osd2.org

GOVERNING BOARD

STEVE BROWN
(520) 896-3530

LINDA LYON
(520) 818-8024

JEFFREY MCCLURE
(520) 222-6455

JERI TAYLOR
(253) 279-6153

GARY TERRELL
(360) 460-0119

THANK YOU FOR CHOOSING
Mountain Vista PreK-8 School
2020-2021 SCHOOL YEAR

What Makes Mountain Vista Unique?

Excellent and Experienced Teachers

Supportive and Encouraging Staff

Outstanding Volunteers

Small Class Sizes

1:1 Digital Learning for Grades 5-8

Art Education for Grades K-8

Music Education for Grades K-8

Physical Education for Grades K-8

Early Literacy Enrichment in Grades K-2

Positive Behavior Interventions and Supports
(PBIS) for Grades PreK-8

Research-Based Curriculum

Gifted Education Program

Inclusion-Based Special Education Program

After-School Enrichment Programs and Clubs

Community Schools Athletics for Grades K-6

School Athletics for Grades 6-8

Student Council for Grades 6-8

National Junior Honor Society for Grades 6-8

After-School Horsemanship Program

Small Town Roots, Global Expectations.



ORACLE SCHOOL DISTRICT #2
P.O. Box 1720 Oracle, AZ. 85623 (520) 896-3000
Mountain Vista Pre—Kindergarten
2020-2021

STUDENT REGISTRATION FORM

Student Name _____ Grade _____ Home Phone # _____

Email Address _____ Cell# _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

DOB _____ Place of Birth _____ M _____ F _____

According to A.R.S. 15-802(B) School districts are required to obtain verifiable documentation of Arizona residency upon enrollment in an Arizona public school.

Special Education Information:

Was your child enrolled in any Special Education program? If yes, please explain:

Does your child have special needs, Speech or ESL programs? If yes, please explain:

Has your child been suspended or expelled from school for any reason? If so, please provide information:

Ethnic choice: Check One you most closely identify with:

☐ American Indian ☐ Hispanic (Mexican or Spanish origin)
☐ White (Not of Hispanic origin) ☐ Asian or Pacific Islander (Oriental)
☐ African American

FAMILY INFORMATION:

Occupation

Employer

Work Phone #

Cell #

Name of:

Father

Mother

Step Parent

Guardian

Is Parent or Guardian an active member of the Military

Yes _____

No _____

Branch

Start Date

Exit date

PLEASE PROVIDE LEGAL DOCUMENTATION IF GUARDIAN IS OTHER THAN A PARENT.

Is there a non-custodian parent? Yes ___ No ___ If yes, a copy of the court order needs to be submitted to the office.

Parents or Guardians Student Living With:

Person(s) to call if parent cannot be reached:

NAME:

PHONE NUMBER:

RELATIONSHIP

(to student)

I verify the above information to be accurate.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

SCHOOL NAME:

MOUNTAIN VISTA

Date of Entry: _____

Entry Code: _____

Verify DOB: _____

Certified By: _____

() Birth Certificate

() Baptismal Certificate

() Other



**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
- _____ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ 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.



**State of Arizona
Affidavit of Shared Residence**

I 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
- ___ 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 or other identification issued by a recognized Indian tribe.
- ___ 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 Pinal

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

Notary Public

My Commission Expires:



State of Arizona
Department of Education

Office of English Language Acquisition Services



**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

District
Student Name _____ 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 indicate the student's home or primary language. (Revised 01-2019)



State of Arizona
Department of Education

Office of English Language Acquisition Services



Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____
3. ¿Cuál fue el primer idioma que aprendió el estudiante? _____

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

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please indicate the student's home or primary language. (Revised 01-2019)



Permission to Photograph and Publish 2020-2021 School Year

By signing this form, I give the Oracle Elementary School District permission to photograph my child and use my child's photograph, name, and grade level for use in the school yearbook, newsletters, website, local newspapers, and school Facebook account.

I understand that if I do not grant permission to the District, my child's name and/or photograph(s) will not be included in any of the publications listed above.

Legal Parent/Guardian Name: _____

Legal Parent/Guardian Signature: _____

Student Name: _____

Please use the space below for any specific information you would like to share with the school, including for example, if you grant permission for your child to be included in school publications but not local newspapers, etc. Thank you!

ENROLLMENT AGREEMENT
MOUNTAIN VISTA PRE-SCHOOL

2020-2021

****PLEASE READ THOROUGHLY****

Welcome to Mountain Vista Pre-School. We look forward to a healthy and happy relationship with you and your family. The following policies have been created to help ensure the smooth operation of the Pre-School and the safety of all the children enrolled. By **initialing** each paragraph and signing the bottom of this agreement and enrolling my child at Mountain Vista Pre-School, I am acknowledging my understanding and acceptance of the following:

- _____ Pre-school will begin on August 10, 2020
- _____ Children attending the 4 year old program must turn 4 by September 1st.
- _____ Children who attend the Pre-school program are expected to attend at least 3 days per week in order to hold their place.
- _____ No breakfast, lunch, or snack will be provided.
- _____ I understand the hours of operation at Mountain Vista Pre-school.

Pre-school hours are from 8:00 – 10:30 and 12:15 – 2:45 M, T, Th, and F.

Being late to school disrupts class time. Pre-school age children must come to school on time as often as possible. **Please remember, you must sign in at the front office before visiting, dropping off, or picking up your child(ren).**

The Pre-school will be following the Oracle School District calendar throughout the year.

- _____ If you or another authorized person fail to pick up your child and/or contact the Pre-school, and cannot be reached, Pre-school staff within 30 minutes after closing time, or in accordance with state licensing regulations, Pre-school staff may release my child to the custody of Child Protective Services or to a Pinal County Sheriff's Deputy.
- _____ Bus service will be provided. Please contact the transportation office @ 896-3052 for schedules and bus stops.
- _____ The following items are required before your child may attend the Pre-school.
Immunization records must be verified by the school nurse before entering, a copy of their birth certificate proof of residency, completed and signed registration forms and emergency form. Possible screening for hearing, vision, weight and height may be necessary before a preschooler enter the program.

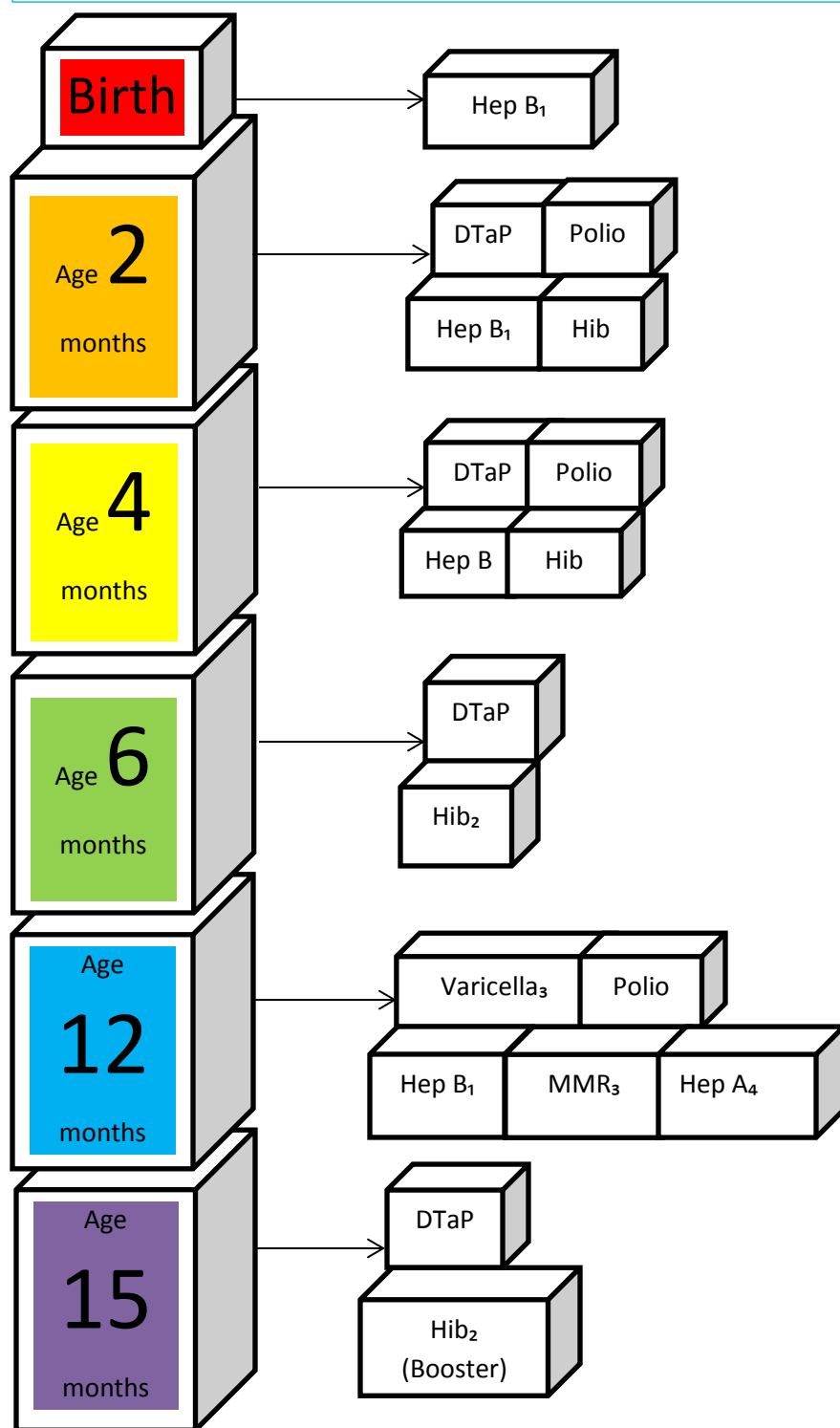
- _____ Field trips are a privilege for students at Mountain Vista. Your child may have the opportunity to participate in special programs or field trips. Any student who is not on their best behavior may not be allowed to attend any field trip or participate in any special function. Notices will be posted in advance and a signed permission slip will be required in order for your child to participate.
- _____ Mountain Vista staff will release your child only to your or to those persons you have listed on the Emergency Form. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you would like an adult who is not on these forms to pick up your child, you must notify Mountain Vista staff in advance, in **writing**. For safety, accuracy and maintenance of records, it is critical to **sign** children **in** and **out** of the building using your assigned PIN number.
- _____ The Pre-school will be open M, T, Th, and F. The procedure for notifying families should severe weather or other condition prevent the Pre-school from opening on time or at all, you will be notified by our automated phone system. **Please note: it is very important to keep the school notified if your phone number changes.**
- _____ **If your preschooler has 10 or more consecutive unexcused absences, he or she will be withdrawn. This will result in you having to re-enroll your child if there is room for them when they return after that withdrawal.**

I have read, understand, and accept all terms and conditions described in this agreement.

Child's Name;_____

Parent/Guardian Signature:_____ **Date:**_____

Parents! Easy Guide to Vaccine Requirements: Birth to Pre-Kindergarten-Child care and Preschool



¹Hep B may be given at birth and is needed for entry into childcare. Required at 2 months of age if not given at birth; if hep b #3 was given before 24 weeks of age, a #4 dose is needed.

²Hib schedules may be for 3 and /or 4 doses depending on brand of Hib vaccine. If PedvaxHib is used, the #3 dose of Hib is not due until 12-15 months of age.

²Hib #4 is not needed if Hib #3 is given at/after 12 months of age. A Hib dose at/after 12 months is required for all children under 5 years. One Hib dose given at/after 15 months of age meets the Hib requirement regardless of the total number of Hib doses received.

³MMR and Varicella must be given on the same day or at least 28 days apart.

⁴ Hepatitis A is required for 1 through 5 years of age in Maricopa County only.

DTaP-Diphtheria, Tetanus, Pertussis
Hep B- Hepatitis B
Hib-Haemophilus Influenzae type b
Varicella- chickenpox
MMR-Measles, Mumps, Rubella
Hep A- Hepatitis A

Summary of vaccines required for children (attending childcare) 15 months-Pre-Kindergarten:

4 DTaP, **3** Polio, **1** MMR, **1** Varicella, **3** Hep B, **3-4** Hib (with 3rd or 4th dose on/after 1st birthday) or

1 Hib (after 15 months of age) and **2** Hep A (Maricopa County only)



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

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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:
-------------------------------	--------------	-------

ORACLE SCHOOL DISTRICT

2019-2020

MEDICAL HISTORY/ Historio Medico

Student's Name (Nombre del estudiante): _____ Date (Fecha): _____
School (Escuela): _____ Birth Date (Fecha de nacimiento): _____
Grade (Grado en escuela): _____

We request that you complete this form entirely. It will help us insure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential.
Es necesario llenar esta forma completamente. Nos ayuda a asegurar que el estudiante reciba ayuda necesario. Esta informacion er mantenida confidencial.

Please check the following if any apply to your son/daughter:

Indique por favor si cualesquiera de estas condiciones medicas se aplican a su hijo o hija

Illness (Enfermedades)	Circle YES or No (Encierra si o no)	Date of Diagnosis MO/ YR (Fecha del diagnostico)	Comments: (Comentario)
Chicken Pox/Varicella disease (Varicela o Viruela loca)	Yes or No		
Asthma (Asma)	Yes or No		
Diabetes (Diabetis)	Yes or No		
Seizure disorders (Convulsiones)	Yes or No		
Heart Condition (Condicion del corazon)	Yes or No		
Urinary problem (Condicion urinario)	Yes or No		
Orthopedic problem (Problema ortopedico)	Yes or No		
Skin condition (Condicion de la piel)	Yes or No		
Hearing problem (Problemas de oido)	Yes or No		
Frequent headaches or migraines (Los Dolores de cabeza o migrana frecuentes)	Yes or No		

Surgeries(Cirugia)	Yes or No		
Wears glasses or contacts (Unsan lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, edications, Other) (Alergia (incluir comida, medicación, Otras cosas que causan alegias),	Yes or No		

Doctor's Name _____ Phone: () _____
 Dentist's Name _____ Phone: () _____
 Preferred Hospital _____

Does student have any medical concerns, allergies, or chronic illnesses: If yes, please specify: _____

Does child take medication on a regular basis? If yes, please specify _____

Incase of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Form completed by: _____ Relationship to Child _____

Parent or legal court ordered guardian signature _____

Date _____