

Willow Creek Charter School

2100 Willow Creek Road Prescott, Arizona 86301

Phone: 928-776-1212 Fax: 928-776-0009

Terese Soto, Director

www.willowcreekcharter.com

See Teacher Profiles on file at the front desk and on our website

Please provide a birth certificate and immunization records with your application.

*WCC does not discriminate based on race, creed or gender

FOR OFFICE USE ONLY:

Application Received: _____

First Day of Attendance: _____

Sibling Yes No

IEP Yes No

Records Requested: _____ SPED req _____

Records Received: _____ SPED req _____

Date and Initial Entry into School Master

SAIS # _____

Willow Creek Charter School Student Application

Student name: _____ Home Phone: _____ Cell: _____

Legal last name if different: _____ Sex: _____

Physical Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____ Social Security: _____

Mailing Address: _____ Birth Place: _____

City: _____ State: _____ Zip: _____

Last school attended: _____ Current Grade: _____ Date Withdrawn: _____

Last School Address: _____ City _____ State _____ Zip _____

FAMILY DATA

Full Name Last	First	Student Lives With	Has Legal Custody	Place of Employment	Business phone
Father					
Mother					
Stepfather					
Stepmother					
Legal Guardian					
Foster					

Names and Levels of Siblings attending WCC: _____

How did you hear about our school? _____

Home Language Survey:

What is the primary language of the student? English Spanish Other _____

Medical Survey: List any known allergies _____ Can your child be given cough drops? Yes No

Can your child be given Advil or Tylenol? Yes No Can your child be given Tums? Yes No

Race/Ethnic Background:

American Indian/Alaska Native Black Caucasian (White) Hispanic Pacific Islander or Asia

Does your child have a current I.E.P.? No Yes, if yes, parent must provide copies of this and sign the Records Release form attached.

Has the student ever been retained? No Yes, What year? _____

Expulsion/Suspension: To the best of my knowledge, I am not aware of any expulsion, suspension, or non-compliance with a condition of disciplinary action imposed by another school or school district, or with a condition imposed by the Juvenile Court. True _____ False _____ If False, you must explain _____

As a parent/guardian, I understand that acceptance for enrollment will be revoked upon finding the existence of any of the above conditions. Initials _____

Emergency Contact Info: Please list two names and numbers of people we may call in case of an emergency if the parents or guardians are not available

1. _____

2. _____

Divorce: Yes ___ No ___ If there is a Divorce or Legal Separation, *please provide custody papers.*

We will assume both parents have custody of the child unless indicated to the contrary, and that both parents may pick up the child. If this is not applicable to your situation, please indicate below who MAY and who MAY NOT pick up your child.

<u>MAY:</u>	Name	Relationship	Phone
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

<u>MAY NOT:</u>	Name	Relationship	Phone
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I/WE understand that all portions of this application must be completed for my/our child to be enrolled.

I/WE hereby certify that the information provided in this application is true and complete.

I/WE understand and agree to the provided Parent/Student Handbook and will follow the new attendance policyestablished 2009-2010 school year.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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I hereby authorize _____ school/district, to release all records for _____ and to be forwarded to the Willow Creek Charter School. I understand that any special education records must be separately requisitioned. Thank you for your help.

(Signature)

(Date)

SAIS # _____ Date of Birth _____ First Day of Attendance _____

I hereby release special education records for _____ to be sent to Willow Creek Charter School. Thank you for your assistance.

(Signature)

(Date)

FOR OFFICE USE ONLY:

Date CUM & SPED Requested _____

Date CUM Received: _____ **Date SPED Received:** _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE)
Home Language Survey

This question is in compliance with A.R.S. §15-756. *Identification of English Language*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: _____

Date of Birth: _____

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

(For Office Use Only)

Student ID: _____

SAIS ID:

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Willow Creek Charter School

Responsible Internet Use Contract

These rules help us to be fair to others and keep everyone safe.

- I will ask permission before using the Internet.
- I will use only my own network login and password, which is secret.
- I will only look at or delete my own files.
- I understand that I must not bring software or disks into school without permission.
- I will only e-mail people I know, or my teacher has approved.
- The messages I send will be polite and sensible.
- I understand that I must never give my home address or phone number, or arrange to meet someone.
- I will ask for permission before opening an e-mail or an e-mail attachment sent by someone I do not know.
- I will not use Internet chat.
- I see anything I am unhappy with or I receive messages I do not like, I will tell a teacher immediately.
- I understand that the school may check my computer files and the Internet sites I visit.
- I understand that if I deliberately break these rules, I may not be allowed to use the Internet or computers.

The school may exercise its right to monitor the use of the school's computer systems, including access to web-sites, the interception of e-mail and the deletion of inappropriate materials where it believes unauthorized use of the school's computer system is or may be taking place, or the system is or may be being used for criminal purposes or for storing unauthorized or unlawful text, imagery or sound.

Please sign below that you have read and agree with this policy. This contract is valid for every year this student is enrolled.

Student: _____ Date: _____

Parent: _____ Date: _____

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GENERAL RELEASE FORM

No child will be admitted until all the necessary forms and information have been completed and provided to the school.

1. Willow Creek Charter School (WCCS) may use photographs, reproductions and/or sound recordings of my child(ren). Such use may include website, advertising and publicity purposes.
2. I hereby release, indemnify and hold harmless WCCS and its staff from any loss or damage to toys, clothes or any other personal articles.
3. I hereby warrant WCCS that I am entitled to legal custody and possession of my child(ren), and accordingly am authorized to place my child(ren) in your care and custody and am further authorized to sign this release form.
4. On admission of my child(ren) to WCCS I agree to observe the policies and procedures as set forth by the school.
5. I am aware that WCCS's insurance policy covers students formally enrolled and not other children using its facilities. Therefore, if for any reason I bring to school children other than those enrolled, and in the event they should sustain injuries on said premises, I hereby release and absolve the school completely and totally from all responsibility or blame for any and all such injuries and subsequent consequences thereof if any. The above also pertains to any animals brought onto the premises.
6. I authorize WCCS to accept telephone release authorization of my child(ren) upon verification.

Parent/Guardian Signature

Date

AzEIP Information

What is Early Intervention? Early Intervention is professionals working in partnership with parents and families of children with special needs, to support their children's growth, development, and learning.

Early Intervention happens in places where children and families live, learn, and play; the families' natural environments.

What is the Arizona Early Intervention Program? The Arizona Early Intervention Program, also known as AzEIP (pronounced Ay-zip), is a statewide system of supports and services for families of children, birth to three, with disabilities or developmental delays. The AzEIP system is collaboration of activities by the following State Agencies:

Department of Economic Security (DES)

DES/Arizona Early Intervention Program (AzEIP)

DES/Division of Developmental Disabilities (DDD)

Arizona Department of Health Services (ADHS)

Arizona State Schools for the Deaf and the Blind (ASDB)

Arizona Department of Education (ADE)

Arizona Health Care Cost Containment System (AHCCCS)

Why is Early Intervention important? Research tells us that the first three years of a child's life are critical years for learning. Early care and education have a long-lasting impact on how children develop. During a child's first three years, it is important to focus on a child's developmental needs and take advantage of your child's natural ability to learn.

What happens when my child is referred to AzEIP? When your child is referred to AzEIP, your family is contacted and given information about early intervention services and eligibility. If your family is interested in AzEIP, arrangements are made to meet at a time and place convenient for your family, in order to begin the initial planning process (IPP). The IPP process includes assessment, eligibility determination, and, for eligible children, the development of an Individualized Family Service Plan (IFSP).

During visits with the family, information about your child's development, health, and medical history is gathered, and the family's concerns, interests, and priorities are explored. Information may be gathered by reviewing existing records, observation, and/or formal evaluation measures.

If your child is eligible for the early intervention program, family members, a Service Coordinator, individuals involved in the assessment process, and others you, the family, may wish to include, work as a team to develop desired outcomes related to your child's development. These outcomes are the foundation of the Individualized Family Service Plan. The team members share information and resources, and identify strategies, activities, supports, and services related to these outcomes.

Your family may stay enrolled in AzEIP until your child turns three years of age or your child no longer needs early intervention. As your child nears two and a half years of age, your Service Coordinator will help you determine the next steps for your child. These steps may include a preschool program for children with special needs offered by your local school district, a Head Start program, or a local childcare center.