



Liberty Traditional Saddleback: Douglas  
3715 N Washington Ave, Douglas, AZ 85607  
Phone (520) 364-6311  
Fax (520) 364-6312

2017-2018 Re-Enrollment Packet

Date: \_\_\_\_\_

**Applicant Information** *(Please print neatly)*

**Legal Name** \_\_\_\_\_  
Last/Family/Sur (Enter name exactly as it appears on official documents) First/Given Middle (Complete) Jr. etc

**Has there been any change in student's residency since the initial enrollment?**  Yes  No  
*If yes, please complete below. If no, please leave blank.*

**Current Mailing Address:** \_\_\_\_\_  
Number & Street Apartment #

City/Town County/Parish State/Province Country Zip/Postal Code

Phone Number: \_\_\_\_\_

**Emergency Contact Information**

**Contact 1**

\_\_\_\_\_  
Last/Family/Sur First/Given Middle

**Relationship to Student** \_\_\_\_\_

**Telephone:**

**Home** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Work** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Is this person authorized to release student?**  Yes  No

**Contact 2**

\_\_\_\_\_  
Last/Family/Sur First/Given Middle

**Relationship to Student** \_\_\_\_\_

**Telephone:**

**Home** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Work** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Is this person authorized to release student?**  Yes  No

**Contact 3**

\_\_\_\_\_  
Last/Family/Sur First/Given Middle

**Relationship to Student:** \_\_\_\_\_

**Telephone:**

**Home** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Work:** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Is this person authorized to release student**  Yes  No

**Contact 4**

\_\_\_\_\_  
Last/Family/Sur First/Given Middle

**Relationship to Student:** \_\_\_\_\_

**Telephone:**

**Home** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Work:** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Is this person authorized to release student?**  Yes  No

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**2016-2017 Paquete de Re-Inscripcion**

Fecha: \_\_\_\_\_

**Informacion del aplicante (por favor escriba claramente)**

**Nombre Legal:**

\_\_\_\_\_ Apellido, primer nombre, Segundo nombre. (por favor escriba el nombre y apellido como aparece en documentos legales)

***Ha habido cambios en la residencia del estudiante desde la inscripcion inicial?***  **Si**  **No**  
*En caso afirmativo complete abajo, si NO deje en blanco*

**Direccion postal actual:** \_\_\_\_\_  
Calle y numero Apartamento

\_\_\_\_\_  
Ciudad Condado Estado Pais Codigo Postal

Numero de telefono: \_\_\_\_\_

***Informacion de los contactos***

**Contacto 1**

\_\_\_\_\_  
Apellido Primer Nombre 2do. nombre

**Relacion con el estudiante** \_\_\_\_\_

**Telefono:**  
**Casa** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area, o codigo de ciudad

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area, o codigo de ciudad

**Trabajo** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area o codigo de ciudad

**Esta perosna esta autorizada para sacar al estudiante?**  Si  
 No

**Contacto 2**

\_\_\_\_\_  
Apellido Primer Nombre 2ndo.Nombre

**Relacion con el estudiante** \_\_\_\_\_

**Telefono:**  
**Casa** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area o codigo de ciudad

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area o codigo de ciudad

**Trabajo** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area o codigo de ciudad

**Esta perosna esta autorizada para sacar al estudiante?**  Si  
 No

**Contacto 3**

\_\_\_\_\_  
Apellido Primer Nombre 2do. nombre

**Relacion con el estudiante** \_\_\_\_\_

**Telefono:**  
**Casa** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area, o codigo de ciudad

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area, o codigo de ciudad

**Trabajo** (\_\_\_\_\_) \_\_\_\_\_  
Numero de area o codigo de ciudad

**Esta perosna esta autorizada para sacar estudiante?**  Si  No

# Liberty Elementary

## STUDENT EMERGENCY INFORMATION FORM 2017/2018

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

Date of Birth \_\_\_\_\_ Male or Female \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (_____) _____	
Mother Name _____	Mother Work Phone (_____) _____ Cell Phone (_____) _____
Father Name _____	Father Work Phone (_____) _____ Cell Phone (_____) _____
Guardian Name _____	Guardian Work Phone (_____) _____ Cell Phone (_____) _____
Emergency Contact _____ (Other than parent/guardian)	Relation to Student _____ Phone (_____) _____

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_ I.D. Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please Note: There is not a school nurse on campus.

**Does this student have any medical, physical, or mental health conditions the school should be aware of?**  No  Yes  
If yes, please explain. \_\_\_\_\_

**Does this student need to take any medications?**  No  Yes: Medication(s) \_\_\_\_\_  
Dosage and Time of Day \_\_\_\_\_

**If yes, will these medications be taken during school hours:**  No  Yes

**Is the student allergic to any medication?**  No  Yes: Medication(s) \_\_\_\_\_

**Is the student allergic to any foods?**  No  Yes: Foods(s) \_\_\_\_\_

**I authorize a school representative to dispense my student's prescription medication according to the instructions. If my student's medication changes, I will notify the school immediately. I understand students are not to keep their own prescription medications. I will notify the school in advance if my student requires an inhaler during school hours**

I hereby give permission for my student listed above to be transported by Liberty Elementary for the purpose of school related activities.

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

I also give agents of Liberty Elementary permission to authorize any emergency medical treatment that may become necessary while my student is in school in the event that I cannot be reached. Furthermore, I realize that any expenses related to medical attention given are my responsibility.

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

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aide as might be required at the time, for his/her health and safety. I understand that the expense of this service will be my responsibility.

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

# Liberty Elementary

## Informacion de emergencia del estudiante y permiso de transportacion 2017/2018

Nombre del estudiante: \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_\_ sexo femenino/masculino \_\_\_\_\_ edad \_\_\_\_\_

Nombre del padre o tutor legal: \_\_\_\_\_

Direccion \_\_\_\_\_ Codigo postal \_\_\_\_\_

Telefono casa (_____) _____	
Nombre madre: _____	Telefono del trabajo (_____) _____ Cellular (_____) _____
Nombre Padre: _____	Telefono del trabajo (_____) _____ Cellular (_____) _____
Nombre del tutor _____	Tutor telefono trabajo (_____) _____ Cellular (_____) _____
Contacto de emergencia: _____ (Otro que no sean los padres/tutor)	Relacion con el estudiante _____ telefono (_____) _____

Compania de seguro medico \_\_\_\_\_ Numero de poliza: \_\_\_\_\_

Nombre del asegurado \_\_\_\_\_ No. de identificacion: \_\_\_\_\_

Nombre del Medico \_\_\_\_\_ Telefono \_\_\_\_\_ Hospital preferente \_\_\_\_\_

Por favor tome en consideracion **que NO tenemos enfermera en la escuela**

**Tiene el estudiante alguna condicion medica, fisica o mental, que la escuela debe saber?**  No  SI  
Si es SI explique: \_\_\_\_\_

**Necesita el estudiante tomar medicamentos?**  No  Si: Medicamentos: \_\_\_\_\_  
Hora y dosis diaria \_\_\_\_\_

**Si contesta Si, tiene que tomar medicamentos durante horas de escuela?:**  No  SI

**Es el estudiante alergico a algun medicamento?**  No  Si: Medicamento(s) \_\_\_\_\_

**Es el estudiante alergico a algunos alimentos?**  No  Yes: alimento(s) \_\_\_\_\_  
\_\_\_\_\_

**Autorizo a un representante de la escuela para dar medicamentos recetados mi hijo (s) de acuerdo a las instrucciones. Si el medicamento de mi hijo tiene cambios, voy a notificar a la escuela inmediatamente. Yo entiendo que los estudiantes NO deben de mantener sus propios medicamentos recetados con ellos. Notificare a la escuela de antemano si el estudiante necesita usar el inhalador durante el horario escolar.**

Yo doy permiso a mi hijo(a) para que sea transportado por la escuela Liberty Traditional, para actividades relacionadas con la escuela

**Firma del padre/tutor:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

Tambien autorizo para que se le de a mi hijo tratamiento medico de emergencia, en caso que sea necesario mientras mi hijo este en la escuela y en caso que no pueda llegar a tiempo. Ademas se que los gastos relacionados con la atencion medica son mi responsabilidad.

**Firma del padre/Tutor:** \_\_\_\_\_ **Fecha** \_\_\_\_\_

En caso de lesiones o enfermedad repentina, yo doy autoridad a cualquier hospital o doctor para que lo atiendan de inmediato como puede ser neesario para su seguridad y salud. Entiendo que el costo de este servicio será mi responsabilidad

**Firma del padre/tutor** \_\_\_\_\_ **Fecha** \_\_\_\_\_



## Hermanos

Brother(s) & Sister(s) Names	Age	Grade	School Attending

## Grupo de padres Voluntarios

Liberty Elementary PTSO padres que les gustaria estar informados de nuestros eventos de la escuela, favor de proporcionar Correo electronico y numero de celular.

Le gustaria hacer trabajo voluntario en la escuela?             Si    No

Le gustaria que una persona de la Sociedad de Padres lo contacte cuando se necesiten voluntarios?  Si    No

\_\_\_\_\_  
Nombre de la madre/padre

\_\_\_\_\_  
Correo Electronico

\_\_\_\_\_  
Numero de telefono y/o celular

\_\_\_\_\_  
Nombre padre/madre

\_\_\_\_\_  
Correo electronico

\_\_\_\_\_  
Numero de telefono y/o celular

Firma del padre: \_\_\_\_\_

Fecha: \_\_\_\_\_

**Vea la oficina para la toma de huellas dactilares, durante el registro de la semana de inscripcion, esto se hace una vez al ano y es para las excursions y voluntariado en nuestra escuela!**



# Liberty Traditional Charter School Saddleback

School Year 2017-2018

## Extended Care Enrollment Form

Hello and welcome to a new school year! If you are participating in the Extended Care Program, please fill out this form (one per child) and return it to the front desk as soon as possible. In addition, all students will need a completed blue emergency sheet and a copy of current immunizations.

STUDENT NAME (PLEASE PRINT)

GRADE LEVEL

\_\_\_\_\_

\_\_\_\_\_

### **Before-School Schedule**

7:30 – 8:15 a.m.

Children may not be dropped off before 7:30 a.m. as no supervision is provided.

### **After-School Schedule**

3:15 – 6:00 p.m. / 11:30 a.m. – 6:00 p.m. (Tuesdays only)

### **Late Pickup**

The parent/guardian must pick up their child by 6:00 p.m. Parents picking up their child after 6:00 p.m. will be charged a dollar a minute (no exceptions).

### **Behavior Policy - Three Strikes You're Out!**

The behavior policy will be strictly enforced; children who misbehave and interrupt the learning process will be given three warnings. After a total of three strikes, the child may be permanently withdrawn from the program.

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Liberty Traditional Charter School Saddleback

Año Escolar 2017-2018

## Forma de inscripción para el programa después de la escuela

Bienvenidos a un nuevo año escolar! Si su hijo/a va a participar en el programa, por favor llene esta forma (una por cada estudiante) y devuélvala a la oficina lo más pronto posible. Su hijo/a también tiene que completar una forma de emergencia y una copia de las vacunas.

Nombre del Estudiante (con letra de imprenta)

Grado

\_\_\_\_\_

\_\_\_\_\_

### **Horario antes de la escuela**

7:30 – 8:15 a.m.

No pueden dejar a sus hijos antes 7:30 a.m. no hay supervision a esa hora.

### **Horario despues de la escuela**

3:15 – 6:00 p.m. /11:30 a.m. – 6:00 p.m. (martes solamente)

### **Cuando los recogen tarde**

El padre o guardian tiene que recoger su hijo/a para las 6:00 p.m. Los padres que recojan a sus hijos despues de las 6:00 p.m. se les cobrara un dólar por minuto (sin excepciones).

### **Póliza de Mala Conducta - Tres veces y fuera!**

La Póliza de Conducta va ser esforzada estrictamente; los estudiantes que no sigan los procedimientos y interrumpen la clase se les dará un advertencia. Después de que el estudiante tenga tres advertencias será removido del programa permanentemente.

\*Firma del Padre: \_\_\_\_\_ Fecha: \_\_\_\_\_



# Liberty Traditional Saddleback

3715 N. Washington Ave.  
Douglas, Arizona 85607  
520-364-6311

**2017-2018**

**Liberty Traditional Saddleback** offers healthy meals every school day and follows the nutrient standard menu planning system. Breakfast will be served **before school starts from 7:30 to 8:25 a.m.** Breakfast will not be offered in the classroom. Lunch and breakfast menus are available in the school office. The cost for Breakfast is **FREE**, the cost for lunch is **\$2.75** a day. The lunch price is subject to change according to federal regulations. Your children may qualify for free lunch meals or for the reduced price of \$.40 per meal. The food service staff will **ONLY** make food or milk substitutions or modifications for students with disabilities. Substitutions or modifications for students with disabilities must be based on a prescription written by a licensed physician. Please contact the Food Service office for more information.

Please remember that it is the parent's responsibility to make sure that the Food Service manager receives your application. A new application must be completed each school year. Students with approved applications on file from the previous school year, and any additional siblings will receive the same free or reduced-price meal benefits until a new application is received and approved. **ALL NEW** applications must be received by **September 16, 2017**. After that, any family who has not submitted a new application will have their meal benefits terminated and will be charged \$2.75 per meal. Each application can take up to 10 days to process. If you have sent in your application and do not receive a letter of approval within 10–14 days, please call Teri Brown at (520) 364-6311. Please remember, for a faster response time it is best to submit the application as early as possible and not on the first day of school. On average, we process over 1,000 applications at the beginning of each school year. If you prefer to mail-in your application, you may send it to the following address:

Liberty Traditional Saddleback  
3715 N. Washington Ave.  
Douglas, Arizona 85607  
Attn: Food Service

We urge you to take advantage of our prepayment plan. Also, you may place money in your child's account at any time. Students may be extended up to 3 meal loans to be repaid immediately by the parents. **Food Services will not be able to extend further credit to any student beyond 3 meal loans.** Parents will be advised of a student loan by written notice that is sent home with the student from the school's cafeteria. Once loans have been repaid in full, the student will again be eligible for the 3 meal loan policy as stated. Students requesting a meal who have expired their 3 meal loans are referred to school administration. If you take advantage of our prepayment plan and your child's account is running low then we will place a stamp on your child's hand for grades kindergarten through 2<sup>nd</sup> grade as a reminder that your child needs lunch money. You may call Suzanne Stokes at (520) 364-6311 for your child's account balance.

Thank you,  
Suzanne Stokes