



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

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

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

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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**\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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**The following individual(s) may NOT remove my child from the facility:**

<b>Name(s):</b>
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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](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</p> <p>If yes, 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</p> <p>If yes, 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</p> <p>If yes, 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</p> <p>If yes, 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:

**Rahmah Academy**  
**5100 N. Keyv Place, Tucson, AZ 85701 (520) 395-0730**  
**Email: rahmah@mectucson.org**

## **REGISTRATION FORM**

### **CHILD'S INFORMATION**

**Child's Full Name:** \_\_\_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Primary language;** \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

**Mother's Full Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **ext.** \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Pager or Cellular Phone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **ext.** \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Pager or Cellular Phone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**I have read the Parent Handbook and acknowledge the same.**

**Name of Student/Students (please print):**

**Grade**

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**Mother or guardian Signature or Guardian**

**Date**

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**Father or guardian Signature or Guardian**

**Date**

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**Important Note**

**PLEASE RETURN THIS PAGE TO THE FRONT OFFICE STAFF**

# INFANT FEEDING INSTRUCTIONS

Child's name:		Date of birth:
<b>Feeding</b>		
Breastmilk, Type of Milk, or Formula:		Bottle: Yes <input type="checkbox"/> No <input type="checkbox"/>
If child is receiving breastmilk and supply of pumped milk runs out, what do you want staff to do?		
<b>Allergies</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain:	
Does child have any problems with feedings, such as choking or spitting up?		<input type="checkbox"/> No
<input type="checkbox"/> Yes – Explain:		
<b>Foods</b>		
Introduced: See Attached List on page 2.		
<b>Consistency:</b> <input type="checkbox"/> Puree <input type="checkbox"/> Junior <input type="checkbox"/> Table		
Food Likes:	Food Dislikes:	
<b>Method of Feeding:</b>		
<b>Utensils used:</b> <input type="checkbox"/> Cup <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Other:		
Explain:		

**Feeding Schedules and Updates:**

Date	Time	Foods	Amount	Time	Foods	Amount

Comments:	
Date:	Parent's signature:

**Update as new foods are introduced or changes occur.  
Post in kitchen and activity area.  
All feeding instructions must be retained for 12 months (centers).**

## FOODS LIST

Child's Name: \_\_\_\_\_

**Foods and dates introduced at home:**

VEGETABLES					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Carrots		Squash			
Creamed Corn		Potatoes			
Creamed Spinach		Sweet Potatoes			
Green Beans					
Peas					

FRUITS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Apple Sauce		Prunes			
Bananas		Plums			
Peaches		Apple Strawberry			
Pears		Banana Strawberry			
Bananas w/Apples		Apricots			
Prunes w/Apples					

MEATS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Beef		Lamb			
Chicken		Ham			
Turkey		Veal			

MIXED FOODS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Veg/Ham		Mixed Turkey			
Veg/Bacon		Chicken Noodle			
Veg/Turkey		Lasagna			
Apples/Turkey		Spaghetti			
Apples/Chicken		Veg/Pasta			
Pears/Chicken					

CEREALS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Rice					
Oatmeal					
Mixed					

**COMMENTS and Additional Information:**

DATE:

SIGNATURE:

**All feeding instructions must be retained for 12 months (centers).**