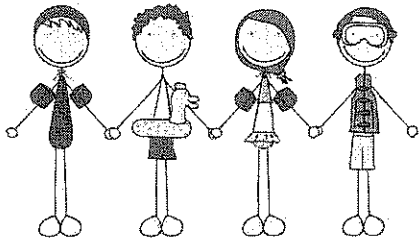
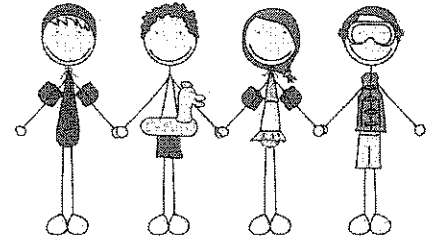


Liberty Elementary School District #25



Dates and Times

May 23– July 28
Monday –Friday
6:30 a.m-6:30 p.m



**For Liberty students K - 8th grade
2017-18 Kindergarten students are welcome!**

Cost:

\$80 Registration Fee
\$250 for each pre-paid two week block
\$150 per week if paid weekly
\$50 a week for non-attending weeks
(to hold your spot)
Please see attached pay schedule

LEAP into SUMMER

- Arts and Crafts
- Technology-Nintendo Wii
- Daily Sports
- Buckeye Aquatic Center
- Movies at Harkins
- Elevate Trampoline Park
- Ape Index



Location:

Las Brisas Academy
18211 W Las Brisas Dr. Goodyear, AZ



Childs Name Grade Shirt Size

Childs Name Grade Shirt Size

Childs Name Grade Shirt Size

Office Use Only

Date Received _____

Payment Received _____

Check # _____

Parent Name

Phone Number

Signature Date

<input type="checkbox"/> May 23-May 26	<input type="checkbox"/> June 26-30
<input type="checkbox"/> May 30-June 2	<input type="checkbox"/> July 3-7 (4th closed)
<input type="checkbox"/> June 5-9	<input type="checkbox"/> July 10-14
<input type="checkbox"/> June 12-16	<input type="checkbox"/> July 17-21
<input type="checkbox"/> June 19-23	<input type="checkbox"/> July 24-July 28

Welcome to Summer LEAP!

Required documents for Registration

- Completed Registration/Emergency forms
- A copy of the child's immunization record
- Payment of the registration fee and 1st Summer Session Payment
- Payment of any outstanding balance due on the family account

Enrollment is on a first come, first served basis, spaces are limited.

Tuition for Summer LEAP is \$150 a week and due by the dates below.

Tuition can be paid in two week block sessions for a discounted price of \$250 every two weeks. If payment is not received in full by the Early Pay Discounted Due Date, tuition will default to the full price tuition of \$150 per week. If payment is not received by the due date, your child may not attend the program until your account is paid in full.

If there is a week you will not be using the program, a payment of \$50 a week will be required to save your space in the program. This payment must be received by the regular due date for that week.

Payments can be mailed or dropped off at the Liberty Elementary School District Office.

Make check payable to Liberty Elementary School District or LEAP.

19871 W. Fremont, Buckeye AZ 85326. Operating hours are: 8:00 a.m.-4:30 p.m.

Liberty Elementary School District Parents may pay on-line using your Parent Portal Account

For any questions please contact Jacy Daley 623-474-6623 jdaley@liberty.k12.az.us

Summer LEAP Payment Schedule

Dates	Due Date For Early Pay Discount	Amount Due	Due Date Weekly Tuition	Amount Due
Summer Session 1				
May 23-26	Monday, May 15, 2017	\$250.00	Friday May 19, 2017	\$150.00
May 30-June 2			Friday, May 26, 2017	\$150.00
Summer Session 2				
June 5-9	Monday, May 29, 2017	\$250.00	Friday, June 02, 2017	\$150.00
June 12-16			Friday, June 9, 2017	\$150.00
Summer Session 3				
June 19-23	Monday, June 12, 2017	\$250.00	Friday, June 16, 2017	\$150.00
June 26-30			Friday, June 23, 2017	\$150.00
Summer Session 4				
July 3-7 (closed 4th)	Monday, June 26, 2017	\$250.00	Friday, June 30, 2017	\$150.00
July 10-14			Friday, July 7, 2017	\$150.00
Summer Session 5				
July 17-21	Monday, July 10, 2017	\$250.00	Friday, July 14, 2017	\$150.00
July 24-July 28			Friday, July 21, 2017	\$150.00

APEINDEX

Our online procedure is pretty simple, and can be done from a phone, tablet, or computer.

The parent should follow this link...

<https://app.rockgympro.com/waiver/esign/apeindex/7c1cd963-b10b-4812-bdba-d95633f21f88>

... or go to the website ApeIndex.Net, and

Click on the button that say's "Waiver". This will take them to an alternate site/portal where they...

Type in the information for the child,

Enter a valid email,

E-Sign

Confirm submission at the email address entered

Parents: Please follow the instructions above to complete the waiver for your child to participate on June 19th at APE Index Rock Climbing Gym

If you do not complete the waiver online, prior to the fieldtrip your child will not be able to participate.

- Elevate Trampoline Park -

PARTICIPANT AGREEMENT, RELEASE, WAIVER AND ASSUMPTION OF RISK ELEVATE TRAMPOLINE PARK

PLEASE READ THIS DOCUMENT CAREFULLY; BY SIGNING IT, YOU ARE GIVING UP LEGAL RIGHTS. IF A PARTICIPANT IS UNDER THE AGE OF 18, THIS WAIVER MUST BE SIGNED BY THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN. BY SIGNING THIS DOCUMENT AND CHOOSING TO PARTICIPATE IN THE ACTIVITIES, YOU AGREE TO ITS TERMS AND YOU AGREE TO GIVE UP LEGAL RIGHTS.

In consideration for being permitted in and on the premises of Elevate Trampoline Park and permitted to participate in the use of the trampoline equipment, obstacle course equipment, other recreational and sporting equipment, and related activities (collectively, "Activities") being conducted by and at Elevate Trampoline Park:

ASSUMPTION OF RISK: I understand and agree that I and/or my child/ward will be taking part in the Activities offered by Elevate Trampoline Park and I/we do so voluntarily. I, on behalf of myself and/or my child/ward, assume all risk involved with my participation or the participation by my child/ward in the Activities, including but not limited to all risk of physical injury, emotional injury, bodily injury, death, or disability to myself and/or my child/ward that may result from participation in the Activities, or any damage, loss, or theft of any personal property which may be incurred by me and/or my child/ward. I understand that these Activities include but are not limited to the use of the facilities, equipment and the premises. I understand that the Elevate Trampoline Park facility has trampolines, obstacle course equipment, and other recreational and sporting equipment and related activities that have inherent risks, which include the risk of serious physical injury, emotional injury, bodily injury, death, and disability. I understand these risks and have explained them to my child/ward. In spite of the above and clearly stated risks, I elect to participate freely and elect to allow my child/ward to participate of my own free will and accord and as such I assume all responsibility for any injury, death or disability that I or my child/ward may incur.

RELEASE OF LIABILITY: I understand and agree that I and/or my child/ward will be engaging in an inherently risky recreational activity while participating in the Activities and using the Elevate Trampoline Park facility and that Elevate Trampoline Park is a "trampoline court" as defined by Arizona law (at A.R.S. § 41-2170.21). To the fullest extent allowed by law, I voluntarily agree on behalf of myself and my child/ward and our personal representative, successors, heirs, and assigns to hold Elevate Trampoline Park, Elevate Trampoline Park LLC, and their affiliates, instructors, officers, directors, agents, employees, designers, licensors, and members, as well as the property owner and tenants of the property and the owners, manufacturers and installers of the equipment comprising the Elevate Trampoline Park facility (collectively, the "Releasees") harmless from any and all liability, claims, demands, or causes of action whatsoever arising out of or relating in any way to my and/or my child's/ward's participation at the Elevate Trampoline Park facility. To the fullest extent allowed by law, I expressly and voluntarily release and forever discharge Releasees from any and all liability, claims, demands, or causes of action whatsoever arising out of any damage, loss, physical injury, emotional injury, bodily injury, disability, or death to me or my child/ward, while participating, or due to my or my child's/ward's participation, in any of the Activities offered at the Elevate Trampoline Park facility; including, without limitation, use of trampolines, use of the obstacle course equipment, use of other recreational and sporting equipment, participation in other related activities, receiving instruction, strenuous bodily movement, and any other Activities in and around the Elevate Trampoline Park facility. To the fullest extent allowed by law, this release is valid and effective whether the injury, damage, loss, disability or death is a result of any negligent act or omission on the part of any of the Releasees or from any other cause. This waiver and release of liability includes, without limitation, injuries, or accidents, which may occur as a result of the: (i) use or misuse of the facility in any way by anyone, (ii) instruction or supervision, or (v) slipping, tripping and/or falling while in the facility or on the surrounding premises. This release of liability also expressly includes a release for any and all claims arising out of Arizona Revised Statute § 41-2170.24.

GRANT OF RIGHT TO USE LIKENESS: I further grant Elevate Trampoline Park the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

REPRESENTATIONS AND ACKNOWLEDGMENTS: (1) I will inspect the portions of the facility that I or my child/ward intend to use prior to our using and will immediately report any defect to Elevate Trampoline Park management. (2) I and/or my child/ward are in good physical condition; sufficient for the Activities in which we will be participating. (3) I certify that I and/or my child/ward do not have any medical condition that may preclude us from safely participating. (4) I agree on behalf of myself and my child/ward that we will follow all of the rules that are posted or provided by Elevate Trampoline Park pursuant to A.R.S. § 41-2170.24(D). (5) I agree that I will follow the requirements of patrons established in A.R.S. § 41-2170.24(D) and that it is my responsibility to ensure that my child/ward will follow the requirements, which are: (i) to exercise good judgment and act in a reasonable manner while using a trampoline court and to obey all oral or written warnings before and during participation; (ii) that I or my child/ward will meet height, weight and age restrictions imposed by Elevate Trampoline Park to participate in the Activities; (iii) not to participate in the Activities when under the influence of drugs or alcohol; and (iv) not to participate in the Activities if I or my child/ward is pregnant, has had recent surgery, has a preexisting medical condition, circulatory condition, heart or lung condition, back or neck condition or history of spine, musculoskeletal or head injuries or has high blood pressure. (6) I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE RULES POSTED OR PROVIDED TO ME, THAT I

- Elevate Trampoline Park -

UNDERSTANT THE RISKS INHERENT IN MY AND/OR MY CHILD'S/WARD'S PARTICIPATION IN THE ACTIVITIES OR WHICH RISKS THE ORDINARY PRUDENT PERSON IS OR SHOULD BE AWARE. I FURTHER ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAJVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY CHILD/WARD TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY, DEATH OR LOSS OF ANY KIND AGAINST ELEVATE TRAMPOLINE PARK. (7) Should any claim be made, I understand and agree that I will be responsible for all attorney fees and defense costs incurred by Elevate Trampoline Park in connection with or in the defense of that claim. (8) This agreement specifically contains an indemnity agreement whereby I agree to reimburse Elevate Trampoline Park against any damages (including attorney's fees and costs) incurred as a result of any lawsuit, claim, or action brought by myself, my child/ward, or any other party, related in any way to my or my child's/ward's use of the Elevate Trampoline Park facility. (9) I further understand that no person has permission to use the Elevate Trampoline Park facility without an effective and validly signed Waiver, Release and Assumption of Risk for myself and a parental/guardian signed Waiver, Release and Assumption of Risk for each child/ward participating in the Activities.

RIGHT TO DENY ENTRY: Elevate Trampoline Park maintains the right to deny any person entry and participation in their sole discretion and pursuant to A.R.S. § 41-2170.24(C), Elevate Trampoline Park may deny a person entry if they believe that entry may jeopardize the safety of the person or any other patron.

GOVERNING LAW AND FORUM. Any lawsuit arising from participation in the Activities and/or use of the facility shall be brought in a court in Maricopa County, Arizona, and Arizona law shall apply.

Participant:

Print Name of Participant _____ Date of Birth _____

Signature of Participant if 18 or older _____
Date _____

Address _____

Phone _____ Email _____

Parent/Guardian:

Print Name of Parent/Guardian _____ Check One Parent
 Guardian

Signature of Parent/Guardian _____ Date _____

Address _____

Phone _____ Email _____

If Guardian, provide evidence of legal guardianship attached with this form.



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

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father 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:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

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

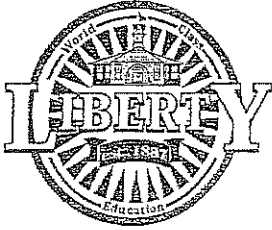
Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

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:
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COMMITTED TO STUDENT SUCCESS

Parent/Guardian Media Consent Form

This "Media Consent" form allows Liberty Elementary School District to video-tape and photograph your child with his/her teacher this school year. The purpose of the video and/or photographs is to provide a resource of reflection.

Liberty Elementary
623-327-2810 Office
623-327-2819 Fax

Estrella Mountain
Elementary
623-327-2820 Office
623-327-2829 Fax

Rainbow Valley
Elementary
623-327-2830 Office
623-327-2839 Fax

Westar Elementary
623-327-2840 Office
623-327-2849 Fax

Freedom Elementary
623-327-2850 Office
623-327-2859 Fax

WEB/INTERNET PUBLISHING

1. Image - Make one selection only:

A. I will allow my child's image (including photograph and video) to be published on the school and/or District website.

B. I will *not allow* my child's image to be published on the school and/or District website.

2. Schoolwork-- Make one selection only:

A. I will allow my child's schoolwork (including photograph and video) to be published on the school and/or District website.

B. I will *not allow* my child's schoolwork to be published on the school and/or District website.

District Publishing (for use by the District)

3. Make one selection only:

A. I will allow my child's image (photo, audio and video), to be used by the District for promotional purposes. Photos may be published in the form of print, electronic presentations or video materials created for District use and/or community-wide distribution.

B. I will *not allow* my child's image to be used by the District for promotional purposes.

Please read, sign below and return to your child's school. Thank you.

I understand that, in the event the school or district uses photographs and/or video footage of my child, that no compensation will be made to me for this use. I also understand that this form is applicable only for the duration of my child's enrollment at the school mentioned below and that I will be required to complete a new form to make changes or when my child enters a new school. I acknowledge by my signature below that I understand the above stated information.

Student's Name: (please print) _____

Student's Grade: _____

Print name of Parent/Guardian: (print) _____

Teacher's Name: _____

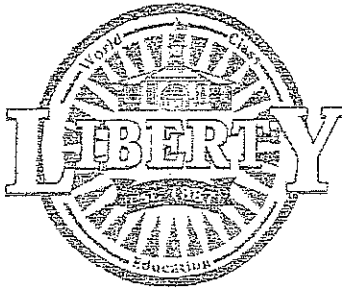
Signature of Parent/Guardian: (sign) _____

Date: _____

Relation to Student: _____

THE LIBERTY SCHOOL DISTRICT

19871 West Fremont Road · Buckeye, AZ 85326 · Office (623) 474-6600 · Fax (623) 474-6629



BUILDING WORLD CLASS SCHOOLS IN YOUR NEIGHBORHOOD

Dr. Andrew L. Rogers, Superintendent

Governing Board

Mr. Mike Greenfield

Mr. Daniel Higgins

Mr. Paul Jensen

Mr. Mike Newman

Dr. Kathy Shelton

On occasion LEAP Extended Day will be showing PG rated movies that are age appropriate. Movies to be shown on the given day will be posted at the sign-in desk along with the movie rating. The below form gives your child permission to view PG rated movies. If you turn in the form below and decide there is a movie you do not want your child to watch, please notify a staff member. We will find an alternative activity for your child to do during this time.

I _____ give permission for my child(ren)

_____ Can watch PG movies Cannot watch PG movies
Child's Name

_____ Can watch PG movies Cannot watch PG movies
Child's Name

_____ Can watch PG movies Cannot watch PG movies
Child's Name

_____ Can watch PG movies Cannot watch PG movies
Child's Name

Parent Signature

Date

THE LIBERTY SCHOOL DISTRICT

19871 West Fremont Road • Buckeye, AZ 85326 • Office (623) 474-6600 • Fax (623) 474-6669

Arizona Department of Health Services
Bureau of Child Care Licensing

MEDICATION CONSENT FORM

First & Last Name of CHILD:			
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:
Start date:	End Date:	Times & frequency:	
REASON:			
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.			
Date of authorization:	Signature (parent/guardian):		

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

* Injections: Attach health care provider's written authorization.

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:	YES	NO
Is the medication consent form complete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full name of the child on the container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the prescription or over-the-counter medication current?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?	<input type="checkbox"/>	<input type="checkbox"/>
Staff Initials: _____		

Please use the second page to document administration of the medication.



ACKNOWLEDGEMENTS AND VERIFICATIONS

This form must be returned to your LEAP Site within 10 days.

Child's Name (Print) _____

Child's Name (Print) _____

Child's Name (Print) _____

Child's Name (Print) _____

Parent/Guardian's Name (Print) _____

By signing below you acknowledge and verify that you have received and taken the responsibility to review the L.E.A.P Parent Handbook. The procedures were designed to create an orderly environment that is safe for all children and the staff. The rules are reasonable and fair and they are the same at all of the L.E.A.P. sites. We ask that you read this handbook carefully.

Please note: Federal privacy laws prohibit L.E.A.P. Staff from naming students involved in disciplinary actions and from revealing the consequences of those actions to the parents of other students.

Signature of Parent/Guardian _____ Date _____

Signature of Child _____ Date _____

Signature of Child _____ Date _____

Signature of Child _____ Date _____



TEXT MESSAGE PERMISSION FORM

LEAP Parents,

Your children and their safety are of the utmost importance to us. It is imperative that we know which days to expect your children, as well as which days they will be absent from the program. Please notify your site leader by phone or email the days your children will be attending or subsequently the days they will be absent. In the event your child does not attend the program, on a scheduled day, we will be sending a text message to notify you as soon as roll call has been completed. If your child should be with us, please contact us immediately so we can help with the process of locating them. Please complete the form below with the most reliable cell phone information. If you prefer a different method of notification, please indicate below.

Parent/caregiver details

Name:

Cell phone number:

Students

Name:

Name:

Name:

Name:

Please contact me via text message in conjunction with my child's/children's attendance.

I Do Not give LEAP Extended Day permission to contact me via text message. Please contact me via _____

Date: _____

Signature of parent/guardian: _____