

# **New Enrollment Procedures**

1. Tour of the Center, meeting with the Director or Assistant Director.
2. Receive enrollment packet and review the forms needed prior to enrollment.
3. Bring all enrollment forms and the current week's payment 24 hours prior to first day of school. Sorry, but we do not accept enrollment paperwork on the same day you bring your child to school.
4. Don't forget to bring your child's current immunization record as we cannot enroll them without it.

# Tuition Agreement

## Grow with Grace Learning Center

### Registration Fee

The registration fee is \$35.00 per child, \$60.00 per family, and is required to be paid before the child will be enrolled for services. **The registration fee is non-refundable and due annually no later than September 15<sup>th</sup> each year the child is enrolled.** Children newly enrolled in the month of August will not have to pay the annual registration fee until the following September.

### Rates Per Week (rates subject to change with 5 days notice)

Full days:	1 year	2 year – 3 year (not potty trained)	3 year (potty trained) – 5 year
5 Full Days	\$175	\$175	\$145
4 Full Days	N/A	N/A	\$130
3 Full Days	N/A	N/A	\$105
2 Full Days	N/A	N/A	\$85
1 Full Day	N/A	N/A	\$55
<b>½ Day Preschool, 4-5 years, 8-11:30a</b>			
3 days	\$80	2 days	\$70

### Tuition Policy

- Tuition is due in advance for the agreed upon days of service. Payment is due the first day the child enters the preschool, and every Friday by 5:30pm thereafter for the next week’s services. **Tuition payments are considered late when not paid Monday by 5:30pm. Children are not permitted to attend the preschool if tuition is considered late.** \_\_\_\_\_ (parent initials)
- **Late Tuition Fee.** A late tuition fee of \$20 will be added to tuition payments that are considered late. Outstanding tuition balance and late tuition fee is required to be paid prior to children attending the preschool. \_\_\_\_\_ (parent initials)
- **Child Absences.** Tuition is due for every week a child is enrolled, regardless of whether the child attends or not. Tuition is not credited or refunded when children are absent. Our rates are calculated on an annual basis and divided by 52 weeks in a year as a convenience to our families. We have chosen to allow families to pay on a weekly basis, but reserve the right to request a monthly payment. \_\_\_\_\_ (parent initials)
- **Late Pick Up Fee.** If a child is not picked up by 5:35 pm, a \$5.00 per minute per child charge starting at 5:36pm will be applied. \_\_\_\_\_ (parent initials)

**Refund Policy:** Payment for services is due in advance for the agreed upon days of service. All service fees are NON-REFUNDABLE. No refund or credit is given for payment made if a child is unable to attend the agreed upon days of service. \_\_\_\_\_ (parent initials)

### Days of Service

I am enrolling my child(ren) \_\_\_\_\_ for the following days and approximate times of service per week (check the days and list drop off/pick up time):

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:

I understand I am responsible to pay for the agreed upon number of days of service each week while my child is enrolled in the Center. Agreed upon days cannot be changed without the permission of the Director or Owner due to staff to child ratio requirements.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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>	Updated:
<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>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

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

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

### Grow with Grace Learning Center

**Mother/Guardian:**

Mother's Name:			
Cell Phone:			
Home Address:			
Employer:		Work Phone:	
Email:		<b>Best number to contact you while your child is at the Center?</b>	
Do child's parents live in the same house? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Father/Guardian:**

Father's Name:			
Cell Phone:			
Home Address:			
Employer:		Work Phone:	
Email:		<b>Best number to contact you while your child is at the Center?</b>	
Do child's parents live in the same house? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**1<sup>st</sup> Child Enrolled:**

First Name:		Last Name:	
Nickname:		Lives with:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Is there anything you want us to know that would be helpful in caring for your child?			

**2<sup>nd</sup> Child Enrolled:**

First Name:		Last Name:	
Nickname:		Lives with:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Is there anything you want us to know that would be helpful in caring for your child?			

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Photo Release Form

## Grow with Grace Learning Center

### Classroom use (please circle)

Yes

No

I give my permission for my child's photo to be taken for use within their classroom or the Center. My child's photo will not be published or used in any way outside of the Center or in any print or online advertising.

### Online Family Access (please circle)

Yes

No

I give permission for my child's photo to be uploaded to a secure site which all families at the Center would have access to. I understand I would be able to download photos free of charge.

### General Use (please circle)

As we participate in various school/community activities, we have opportunities to provide photos of our students in newsworthy events. Photos may appear in the local newspaper, school promotions, websites, and/or school brochures or fliers. (Names will not appear with pictures)

1. May we use your child's photograph in printed publications that we produce for promotional purposes? Yes   No
2. May we use your child's image on our website? Yes   No
3. May we use your child's first name (publications only)? Yes   No
4. May we use your child's name in the newspaper? Yes   No
5. May we include your child in a class or group photo that is published? Yes   No

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Lip Salve/Sunscreen Permission Form**  
**Grow with Grace Learning Center**

**Lip Salve Permission**

I give Grow with Grace Learning Center permission to apply Vaseline or Aquaphor with a clean applicator to my child's chapped lips as needed.

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

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Sunscreen Permission**

I give Grow with Grace Learning Center permission to apply parent-provided sunscreen to my child's exposed skin as needed.

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

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date