

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 15th 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	\$155	\$155	\$130
4 Full Days	N/A	N/A	\$115
3 Full Days	N/A	N/A	\$90
2 Full Days	N/A	N/A	\$70
1 Full Day	N/A	N/A	\$40
½ Day Preschool, 3-5 years, 8-11:30a			
	3 days \$65		2 days \$55

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 5:35pm, 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 this 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**

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

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

Parent 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.

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

<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:
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Family Registration Form

Grow with Grace Learning Center

Mother/Guardian:

First Name:		Last Name:	
Home Phone:		Cell Phone:	
Home Address:			
Employer:		Work Phone:	
Email:		Custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No, relationship to child:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
What is the best number to contact you during the hours your child is at the Center?			

Father/Guardian:

First Name:		Last Name:	
Home Phone:		Cell Phone:	
Home Address:			
Employer:		Work Phone:	
Email:		Custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No, relationship to child:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
What is the best number to contact you during the hours your child is at the Center?			

1st 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?			

Family Registration Form

Grow with Grace Learning Center

2nd 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?			

3rd 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?			

4th 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?			

Name(s) of person responsible for payment of tuition, and relationship to child:

Will tuition be subsidized through DES or some other program? Yes No

If Yes, parent is responsible for paying any fees the subsidy does not cover. This can include the registration fee, absences from the Center and the difference between the Center's daily tuition rate and the amount paid by subsidy.

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

Student Name/Photo Release Form

Grow with Grace Learning Center

Classroom use (please circle)

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

Yes **No**

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**

Conditions of Use

- This form is valid for three years from the date you sign it. The consent will automatically expire after this time
- We will not re-use any photographs after this time.
- We will not include personal information with the photo
- We may use group or class photographs.

Student Name

Parent Name

Parent Signature

Date