

# New Enrollment Procedures

1. Tour of the Center, meeting with the Director or Assistant Director. Enrollment forms are found online at [ww.gwgrace.com](http://ww.gwgrace.com) or picking up at the front desk.
2. We recommend saving your child's spot by paying the \$50 registration fee AND the first week's tuition. We do not hold spots and the first family to pay is given the spot. Registration and tuition fees are non-refundable.

## To enroll:

- Bring all enrollment forms and the payment 24 hours prior to first day of school. We do not accept enrollment paperwork on the same day you bring your child to school.
- Current immunization record. Any needed shots must be completed within 2 weeks of enrollment.
- Payment can be made by Zelle through online banking, not the Zelle app. Select send to a business and use our business name Grow with Grace Learning Center. Send to [kim@gwgrace.com](mailto:kim@gwgrace.com), Apple Pay to 602-321-5893, or by cash or check. No debit or credit cards accepted.

Send money with Zelle®

Scan in your banking app  
to pay

**GROW WITH GRACE  
LEARNING CENTER LLC**

at [kim@gwgrace.com](mailto:kim@gwgrace.com)



**zelle®**

**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>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female
<b>Home Address:</b>		
<b>Date of Birth:</b>	<b>Date Disenrolled:</b>	<b>Updated:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address:</b>
<b>Phone:</b>	<b>Email Address:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address:</b>
<b>Phone:</b>	<b>Email Address:</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 and R9-5-716, 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>
------------------------------	--------------	----------------------------------

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

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.**

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

The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
-----------------

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:

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-home> 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, other substances, or needs a modified diet? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided or modified, 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:
-------------------------------	--------------	-------

# Tuition Agreement

## Grow with Grace Learning Center

**Registration Fee:** \$50.00 per child, \$70.00 max per family. **The registration fee is non-refundable and due annually September 1st 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 15 days notice)

**1 or 2 year old:** \$240.00                      **3 year olds not toilet trained:** \$240.00

### 3-5 year olds (toilet trained)

#### Full Day:

5 days - \$205.00  
4 days - \$180.00  
3 days - \$155.00  
2 days - \$125.00

#### AM, 8:00-12:00 Preschool/Pre-K:

5 days - \$140.00  
4 days - \$130.00  
3 days - \$120.00  
2 days - \$105.00

### Tuition Policy (the full Tuition Policy is in the Parent Handbook)

- 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.** \_\_\_\_\_ (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. \_\_\_\_\_ (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. \_\_\_\_\_ (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 5:30pm will be applied. \_\_\_\_\_ (initials)
- **DES payments.** If payment will be made to the Center by DES for your child's care, parent/guardian is responsible to pay any fees listed in the Tuition Policy that DES does not pay. \_\_\_\_\_ (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 \_\_\_\_\_ 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, whether my child attends or not. Agreed upon days cannot be changed without the permission of the Director or Owner due to staff to child ratio requirements.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Family Registration Form

## Grow with Grace Learning Center

**Mother/Guardian:**

Mother's Name:			
Cell Phone:		I agree to receive text notifications of alerts and important information. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Work Phone:	
We like to send information such as classroom updates and the newsletter through email to families. Please let us know your preference: <input type="checkbox"/> Email _____ Print <input type="checkbox"/>			
Do child's parents live in the same house? [ ] Yes [ ] No			

**Father/Guardian:**

Father's Name:			
Cell Phone:		I agree to receive text notifications of alerts and important information. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Work Phone:	
We like to send information such as classroom updates and the newsletter through email to families. Please let us know your preference: <input type="checkbox"/> Email _____ Print <input type="checkbox"/>			
Do child's parents live in the same house? [ ] Yes [ ] No			

**Child's Info:**

Name:			
Nickname:		Lives with:	
Gender:	[ ] Male [ ] Female	Date of Birth:	

Please provide any additional that would be helpful to us 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 only families at the Center would have access to. I understand I would be able to download photos free of charge. My child's photo will not be published or used in any print or online advertising.

**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 online or printed materials that we produce for advertising purposes? **Yes No**
  
2. May we use your child's image on our website? **Yes No**
  
3. May we include your child in a class or group photo that is published? **Yes No**

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

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

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

\_\_\_\_\_  
Date

# Aquaphor and Sunscreen Permission Form

## Grow with Grace Learning Center

### **Aquaphor Permission**

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

Yes     No

### **Sunscreen Permission**

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

Yes     No

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

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

\_\_\_\_\_  
Date



Date \_\_\_\_\_

RE: Milk or Fruit Juice with Meals

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

As the parent/guardian of the above-named child, I will provide milk or fruit juice for my child on the days I wish them to have either beverage. If I do not provide milk or fruit juice it is my choice for my child not to have these beverages.

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

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