

New Enrollment Procedures

1. Tour of the Center, meeting with the Director or Assistant Director. Enrollment forms are found online at ww.gwgrace.com or picking up at the front desk.
2. We recommend saving your child's spot by paying the \$35 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 (select send to a business and use our business name Grow with Grace Learning Center) to kim@gwgrace.com, Apple Pay to 602-321-5893, or by cash or check. No debit or credit cards accepted.

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 year	2 year – 3 year (not toilet trained)	3 year– 5 year (toilet trained)
Full days:			
5 Full Days	\$200	\$200	\$165
4 Full Days	N/A	N/A	\$145
3 Full Days	N/A	N/A	\$120
2 Full Days	N/A	N/A	\$95

AM ½ Day Preschool, 3-5 years, 8-11:30a

2 days: \$75 3 days: \$85 4 days: \$95 5 days: \$105

Tuition Policy (the full Tuition Policy is in the Statement of Services)

- 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 <input type="radio"/>	Tuesday <input type="radio"/>	Wednesday <input type="radio"/>	Thursday <input type="radio"/>	Friday <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/Guardian 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

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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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:	
Email: (for important notifications)		Best number to contact you while your child is at the Center?	
Do child's parents live in the same house? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
Email: (for important notifications)		Best number to contact you while your child is at the Center?	
Do child's parents live in the same house? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Child's Info:

Name:			
Nickname:		Lives with:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> 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



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

Lip Salve/Sunscreen/Toothbrush Permission Form

Grow with Grace Learning Center

Lip Salve 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

Toothbrushing Permission

I give permission for my child to brush their teeth, with children's toothpaste provided by Grow with Grace Learning Center. I understand I can provide my own toothpaste for my child to use.

☐ Yes ☐ No ☐ I will provide own toothpaste

Child's Name

Parent Signature

Date