



Desert Springs
 Christian Preschool
 www.coolpreschool.com

16215 North Tatum Blvd., Phoenix, AZ 85032, (602) 788-5060

2017 - 2018 Registration Packet

Please keep a copy of all completed forms for your records

We are honored that you chose to enroll your child at Desert Springs Christian Preschool. We are proud to serve you and strive to provide a fun, enriching, and stimulating first school experience.

NEEDED AT THE TIME OF REGISTRATION

_____ Registration Form completed

_____ **\$150.00** non-refundable/non-transferable Registration Fee

.....

Tuition Express Enrollment Form to be returned by April 15, 2017 or at time of registration, whichever is later.

_____ One-month non-refundable/non-transferable tuition will be withdrawn on May 1, 2017
(This is your May 2018 tuition payment)

.....

MUST BE RETURNED by August 15, 2017

_____ Completed "Emergency Information and Immunization Record Card" (blue card in the registration packet)

Please note: See "Instructions/Checklist for completing the Emergency Information and Immunization Record Card"

_____ Copy of child's current Immunization Record from doctor's office attached to "Emergency Information and Immunization Record Card" above

_____ Medical Policy Form – requires doctor's signature (in the registration packet)

**Checks or money orders should be made payable to DSCP
 (Desert Springs Christian Preschool)**



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2017-2018 Registration/Agreement Form

Child's First Name: _____ Child's Last Name: _____

Name to be used in school: _____ Date of Birth: _____ Sex: M F

Language (dialect) spoken at home: _____ Today's Date: _____

Family Status: ___ Current ___ Alumni ___ DSBC ___ MOPS/MOMsnext ___ New

How did you hear about us? _____

Do you currently have a church home Yes No Where? _____

Circle who the child primarily lives with: Both Parents Father Only Mother Only Joint Custody Legal Guardian

GENERAL INFORMATION:

Please fill in the following information by printing clearly and legibly.

Address:	City:	Zip:
Home phone:	Father's cell phone:	Mother's cell phone:
Father's name (first and last):	E-mail address:	
Mother's name (first and last):	E-mail address:	

CLASS PREFERENCE (Check one):		Days of Class	Monthly Tuition
<input type="checkbox"/>	Three Year Olds (3 years old before 9/1/17)	2 Day Class Tuesday & Thursday	\$200.00
<input type="checkbox"/>	Three Year Olds (3 years old before 9/1/17)	3 Day Class Mon., Wed. & Fri.	\$260.00
<input type="checkbox"/>	Pre-K Four and Five Year Olds (4 years old before 9/1/17)	3 Day Class Mon., Wed. & Fri.	\$260.00
<input type="checkbox"/>	Pre-K Four and Five Year Olds (4 years old before 9/1/17)	4 Day Class Mon., Tues., Wed., Thurs.	\$305.00
<input type="checkbox"/>	Pre-K Four and Five Year Olds (4 years old before 9/1/17)	5 Day Class Mon., Tues., Wed., Thurs., & Fri.	\$350.00

All classes are subject to availability.

Teacher requests may be made, but will not be guaranteed.

All children must be **independently potty trained** to attend classes.

Desert Springs Christian Preschool admits students of any race, color, and national or ethnic origin.

Fees

Registration Fee - non-refundable/non-transferable - due at time of registration

At time of registration, a \$150.00 non-refundable fee per preschool student will secure placement. A \$140.00 non-refundable fee will secure placement for additional preschool siblings. If registering after December, the registration fee will be prorated at \$75.00.

Wait List

If a class is full at the time of registration, the student can be placed on a waiting list. If you plan on being unavailable for and extended part of the summer, please leave a name and phone number of a person we can contact in your absence should a space open. You will have 48 hours to respond or the spot will be forfeited.

One-month Tuition - non-transferable

One-month tuition is due May 1, 2017. This will secure placement for your child in a classroom and will be applied towards May 2018 tuition. **Space will be forfeited if NO TUITION PAYMENT is received by May 10, 2017. If registering after May 1, 2017 you may pay within 30 days of registration.** If you withdraw your child before July 31, 2017, and your child's spot can be filled within 30 days of withdrawal notice, the first monthly installment will be refunded. Otherwise the fee is non-refundable.

Monthly Tuition Payments - non-refundable/non-transferable

Payments are due on the 1st of each month, starting as early as July 1, 2017 depending on the payment option you choose.

Recurring Automatic Payment is preferred. In our efforts to keep tuition rates as low as possible, our preferred method of payment is a recurring transfer from your bank account. You may also set up a recurring payment or a month-to-month payment by debit card. With the convenience of our automatic payment options, tuition will be automatically deducted from your account on the 1st of the month. Other methods of payment are still available. Please inquire at the Preschool office for details. Payment is considered late after the 10th of the month, when a \$5.00 late fee is charged. A late notice will go out on or after the 11th, followed by a second notice on or after the 19th. A withdrawal notice will be sent out on the 26th due to non-payment. If the total outstanding balance is not received within 10 days the child's class seat may be forfeited.

Tuition payment amounts for Preschool are based on a full 9 month preschool school year and the tuition is divided equally into 9 or 11 payments depending on the option you choose. Any enrollment after July will automatically default to the 9 month payment plan. Some months may have more or less class days than others, but the monthly fee is designed to allow for equal monthly payments.

Payment Options

The monthly tuition fee is due by the first of each month. 9 and 11 month payment options are available.

2 day 3's = \$200 x 9 = \$1,800		
9 mos.	\$200	May, Sept-April
11 mos.	\$150 May	\$165 July-April

4 day 4's = \$305 x 9 = \$2,745		
9 mos.	\$305	May, Sept-April
11 mos.	\$245 May	\$250 July-April

3 day 3's & 3 day 4's = \$260 x 9 = \$2,340		
9 mos.	\$260	May, Sept-April
11 mos.	\$190 May	\$215 July-April

5 day 4's = \$350 x 9 = \$3,150		
9 mos.	\$350	May, Sept-April
11 mos.	\$250 May	\$290 July-April

Please indicate your choice of payment options from the following:

9 month

11 month*

***11 month payment options are not available if registering after July 2017**

Media Release / Classroom Roster

DSCP Families:

Throughout the school year opportunities will arise to photograph/video-record students actively engaged in fun and learning inside and outside of the classroom. Their pictures/videos may be used for a variety of purposes including, but not limited to, design, social media, advertising. Student names will never be associated with photos or postings.

If, for any reason, you object to your student's photograph being used during his/her time at DSCP, please mark 'No Media' below. Otherwise, please indicate your consent below.

Media Release (please indicate your choice by initialing the appropriate box/es):

All Media: Yes, my student may appear in all media, including social media, as noted above.

Limited Media: My student may appear only in password-protected classroom site (hosted by Shutterfly)

No Media: My student may not be pictured in any media including the password-protected classroom site (hosted by Shutterfly)

DSCP Classroom Roster (please indicate your choice/s by initialing the appropriate box/es):

The classroom roster is prepared for sole purpose of facilitating communication within class community, specifically regarding classroom related activities and for social activities outside of school (such as playdates, birthday parties) you may choose your student to participate in. It is prohibited to use or to supply any information in the classroom roster to any individual or organization for the purposes of solicitation of business or any other commercial purpose via email, mail or any other means.

Phone: You may include my preferred phone number: _____.

Address: You may include my family's address in the classroom directory.

E-mail: You may include my preferred email address _____.

No Listing: Please do not include any of my family's contact information in the classroom directory.

Parent Agreements - Please initial next to each statement below

I agree to pick my child up on time at the end of each class and understand that a late pick-up penalty of \$5.00 for every 10 minutes may be imposed.

The Telephone Authorization Code provided at the bottom of the first page of the "Emergency Information and Immunization Record Card" is required for phone authorizations. For example, if someone will be picking up my child from Preschool who is not listed on his/her "Emergency Information and Immunization Record Card", I will be responsible for calling the Preschool office and authorizing the pickup by providing this code. Otherwise, I understand my child will not be released to that individual. If advance notice is given in writing to my child's teacher, phone authorization will not be required.

I understand that Desert Springs Christian Preschool has the authority to require to see a valid Arizona Driver's License or other picture I.D. from the person picking up my child.

In order to keep the overall tuition cost affordable to everyone, parents are asked throughout the year to donate snack items and miscellaneous classroom supplies. Teachers will post Wish List items throughout the year as needed.

I understand that the Preschool will be using emails to distribute information on a regular basis. I agree to provide my email address and add the coolpreschool@desertsprings.com to my "safe sender list".

The Arizona State Department of Health Services requires parental permission for children leaving unlicensed areas of the school. My child has permission, on occasion, to attend programs that may be held upstairs in the Education Building, the Worship Center, the Activity/Student Center, the Prayer Garden, or the grassy areas outside of the classrooms.

It is vital that the Preschool has current emergency information for my child. I agree to notify the Preschool office of any changes that are made during the school year.

I understand that I need to give the Preschool 30 days written notice prior to withdrawing my child. For example, if notice is given on December 3rd that your child's last day will be December 7th, you will owe tuition through January 3rd.

I understand that Desert Springs Christian Preschool reserves the right to cancel the enrollment of a student for non-payment of tuition or other fees, not observing the rules of the Preschool as outlined in Parent Handbook and/or verbal or physical abuse of staff or children by a student or his/her parent or guardian.

I agree to read and follow all of the policies outlined in the DSCP Parent Handbook which is available online at www.coolpreschool.com under the "Parents" section (a hard copy may be requested).

I understand and agree to the terms of this agreement.

Signature: _____ Date: _____
Parent/Guardian's Signature

Please print Name: _____

Signature: _____ Date: _____
Parent/Guardian's Signatur

Please print Name: _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

_____		_____	
Cardholder Name		Phone #	
_____		_____	_____
Cardholder Address		City	State Zip
_____		_____	
Account Number		Expiration Date	
_____		_____	
Cardholder Signature		Date	

SECTION B (Bank Account)

_____		_____	
Your Name		Phone #	
_____		_____	_____
Address		City	State Zip
_____		_____	
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
_____		_____	
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____		_____	
Authorized Signature		Date	

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____ \$	Attach Voided Check Here	
_____ Dollars	Deposit slips not accepted	
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of





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Medical Information

Please note that the American Academy of Pediatrics recommends that children between the ages of 2-6 should have an annual physical examination. Please have this done prior to first day of school.

Please have medical doctor sign and return to school by August 15, 2017.

To the best of my knowledge, _____
(Patient's Name)

is in good health and can actively participate in a preschool program.

If this child has limitations, please list them below:

(Doctor's Name)

(Date)

(Doctor's Signature)

(Doctor's Address)

(Doctor's Phone Number)

Updated 1/2017

Desert Springs Christian Preschool
Phone: 602-788-5060
Email: coolpreschool@desertsprings.com
www.coolpreschool.com



ADHS

Arizona State Immunization Requirements: Birth to 5 Years of Age - Child Care and Preschool

Because children who attend child care are at greater risk of exposure to illness, Arizona state law requires that some immunizations be completed at the beginning of the age range listed on the recommended immunization schedule found at <http://www.cdc.gov/vaccines/schedules/index.html> . Exceptions, minimum intervals and a “catch up” schedule are on the back of this handout. Updates to these requirements will be posted at <http://www.azdhs.gov/phs/immun/back2school.htm>.

Required at: Birth	Hep B #1 Note: Hep B #1 is the only shot babies under 2 months must have for child care.			
Required at: 2 months	DTaP #1	Polio #1	Hib #1	Hep B #1 (if not obtained at birth)
Required at: 4 months	DTaP #2	Polio #2	Hib #2	Hep B #2
Required at: 6 months	DTaP #3	Hib #3 If Pedvax Hib or Comvax is used, the 3rd dose of Hib is not due until 12-15 months of age.		
Required at: 12 months	Polio #3	Hep B #3 If Hep B #3 was given before 24 weeks of age, a 4th dose is needed.	MMR #1 Note: MMR and Varicella must be given on the same day or at least 28 days apart.	Varicella #1 (Chicken Pox Vaccine) Note: MMR and Varicella must be given on the same day or at least 28 days apart.
Required at: 15 months	DTaP #4	Hib #4 (Booster) Hib #4 is not needed if Hib #3 is given at/after 12 months of age. A Hib dose at/after 12 months is required for all children under 5 years. One Hib dose given at/after 15 months of age meets the Hib requirement regardless of the total number of Hib doses received.		
Summary of vaccines required for all children: 15 -24 months of age	<p>All of these doses are required as of 15 months of age: 4 DTaP, 3 Polio, 1 MMR, 1 Varicella, 3 Hep B and 3-4 Hib (with 3rd or 4th dose on/after 1st birthday) or 1 Hib dose given at/after 15 months. <i>(Hepatitis A is required for 1 through 5 year olds in Maricopa County only)</i></p>			
Summary of vaccines required for all children: 2-5 years of age	<p>Must have: 4 DTaP, 3 Polio, 1 MMR, 1 Varicella, 3 Hep B and 3-4 Hib (with 3rd or 4th dose on/after 1st birthday) or 1 Hib dose given at/after 15 months. <i>(+2 doses of Hepatitis A in Maricopa County only)</i></p>			
Kindergarten Entry	<p>At <u>kindergarten entry</u> must have: 5 DTaP*, 4 Polio*, 2 MMR, 1 Varicella & 3 Hep B *Children who received DTaP #4 and/or Polio #3 on/after the 4th birthday do not need additional doses to enter kindergarten. <i>(Hepatitis A and Hib are not required for kindergarten)</i></p>			

Exceptions and Conditions to the Rules

Parents whose religious beliefs do not allow immunization must sign a **religious exemption** form. A **medical exemption** form must be signed by the child's physician or nurse practitioner if there is lab evidence of immunity or a medical reason why the child cannot receive a particular vaccine(s). A copy of the lab results should be attached to the medical exemption form and kept on file with the immunization record to prove the child's immunity.

- A child who is missing vaccines required for his age can start child care but must get a dose of each vaccine due within 15 days of enrollment and bring a copy of the immunization record completed by the clinic to the child care setting. **After 15 days, the child may not attend child care without documentation that the child has received the required vaccinations or has a valid medical or religious exemption.**

- **CATCH UP SCHEDULE** for children missing immunizations:

DTaP: The 2nd dose is due 1 month after the 1st dose; the 3rd dose is due 1 month after the 2nd dose; the 4th dose is due 6 months after the 3rd dose.

Polio: The 2nd dose is due 1 month after the 1st dose; the 3rd dose is due 1 month after the 2nd dose. If the child is 4+ years of age, the 3rd Polio may qualify as the child's final dose and a 6 month space is needed between the last two Polio doses.

Hep B: The 2nd dose is due 1 month after the 1st dose; the 3rd dose is due 2 months after the 2nd dose; however, there must be at least 16 weeks (4 months) between dose 1 and dose 3. If Hep B #3 was given before 24 weeks of age, a 4th dose is needed.

Hib: If child is less than 1 year, doses are given 2 months apart. If child is at least 15 months old and less than 5 years, a single dose is needed to catch up.

MMR*: The 1st dose is required at 12 months of age. A 2nd dose is required for kindergarten entry.

Varicella*: The 1st dose is required at 12 months of age. **Children must have proof of immunization, or a valid exemption for medical reasons, lab evidence of immunity or religious beliefs. As most children now enrolling/attending child care, preschool or Head Start were born 9/1/11 or after, parental recall of chickenpox disease is no longer acceptable as proof of immunity.**

Hep A: Maricopa County Only Children 1 through 5 years of age are required to obtain dose #1 within 15 days of enrollment in child care, preschool or Head Start. Dose #2 is due 6 months after dose #1.

***Important note:** MMR and Varicella may be given on the same day. If they are not given on the same day, they must be separated by at least 28 days.

- Children who are missing required shots must stay on the above "catch up" schedule to attend child care. A 15-day notice must be given to parents whose children fall behind. If they do not provide proof of shots after 15 days, the child must be excluded from care until proof is given.
- **What proof of immunization is needed?** Copies of an Arizona Lifetime Immunization Record, shot records signed or stamped by the healthcare provider, and/or records from the Arizona State Immunization Information System (ASIIIS) are acceptable forms of records and must be kept on file at the child care facility.

INSTRUCTIONS/CHECKLIST
for completing the
EMERGENCY INFORMATION AND IMMUNIZATION RECORD CARD

- Make sure all fields on the form are completed. If not applicable, please write N/A.**
- The “I authorize the following individuals to collect my child from the facility if I cannot be located” section needs at least **two emergency contact people from different households** with different telephone numbers in town.
- The Telephone Authorization Code at the bottom of the first page is required for phone authorizations. For example, if someone will be picking up your child from Preschool who is not listed on your "Emergency Information and Immunization Record Card", you will be responsible for calling the Preschool office and authorize the pickup by providing this code. Otherwise, your child will not be released to that individual.
- Immunization Information
- The enclosed form titled “Immunization Requirements for Preschool and Childcare” lists those immunizations that are required.
 - Attach the doctor’s verification of these immunizations.
 - Please use the most recent doctor who gave the immunizations.
 - Proof of your child's immunizations needs to be provided to the Preschool prior to your child's first day of school.
 - Immunizations Records will be submitted to the Arizona State Health Department for verifications. If any immunizations are missing, you will be notified. You will need to provide proof that your child received the missing immunizations within 15 days.
 - After 15 days, the child may not attend until documentation of these immunizations is received.
- Please complete the “Medical Information” section with caution and put N/A for not applicable if your child has none of the conditions mentioned.
- One parent’s printed name, signature, and date need to be completed at the bottom of the form to verify all information.



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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