



2018-19

Calvary North Preschool Registration Form

Student name _____ Age _____ Birthday _____

Parent name _____ Email address _____

Step #1 Select Attendance

Times: Check all that apply

- Early stay 7:00 a.m. – 8:30 a.m.
- Academic class 8:30 a.m. – 12:00 noon
- Lunch bunch every day 12:00 noon – 1:00 p.m.
- Full day 7:00 a.m. – 6:00 p.m.

Class preference:

- 2's Class (not potty trained/24 months to not yet 3 years old)
- Young Preschool Class (potty trained; 3 years old)
- Older Preschooler Class (4 years old)
- Calvary K Prep Class (private pre-Kindergarten; 5 years by December)

Days of the week you'd like for your child to attend:

Monday Tuesday Wednesday Thursday Friday

Step #2 Hold class space with fee paid

\$150 for one child \$75 for returning families \$125 for each additional child

- Registration fee by check
Payable to Calvary Chapel North Phoenix
- Charge my credit card included in this paperwork

Step #3 Return all forms and deposit back to Calvary Chapel with copy of immunizations and parent photo IDs



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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Child Information Form for NEW students to our preschool

Child's Name _____ Date _____

The following information will help your child's teachers and director become more acquainted with your child as quickly as possible. This form is confidential and does not affect whether your child will be accepted into Calvary North Preschool. Any information given by you will not be shared with anyone except his/her teacher and the director.

I understand the purpose of this form:

Parent: please print name

Family - people living with child:

Name	Relationship to Child	Age

Has your child ever been in another childcare facility? If so, where?

Parents' marital status: (circle one)

Married Separated Divorced Single Widowed

Has your family moved recently? Yes No Date: _____

Has there been illness or recent loss in the family? Yes no

If so, please briefly describe: _____

What does your child like best to do with his/her family?

Any other information you'd like for us to know about family matters:

Physical Development & Medical Information

Does your child have physical limitations of any kind? _____

Describe your child's coordination _____

Is your child currently experiencing speech difficulties? If so, how? _____

Has he/she had a serious illness or operation of any kind? _____

Is your child prone to ear infections? _____ How often? _____

Does he/she have allergies? _____ What kind? _____

Is your child more prone to use the left or right hand? _____

Describe the birth of your child: (include how long carried, what type of birth)

Does your child have problems sleeping, eating or with elimination? Describe:

Do you have any concerns about development either physically or mentally?

Potty habits: Check all that apply

My child is potty trained

My child wears diapers

Potty accidents during naps

My child wears pull-ups

Potty accidents at night

My child only wears underwear

Habits & Fears

Habits? (such as thumb sucking, bedwetting, etc. ...) _____

Is there any behavior in your child that you would like for us to know about?

What types of situations make your child fearful? _____

What is the best way to comfort him/her when anxiety happens? _____

Circle appropriate levels for the following:

Follows directions	always	often	sometimes	never
"Pitches a fit"	always	often	sometimes	never
Cries	always	often	sometimes	never
Physically violent	always	often	sometimes	never
Hyper-active	always	often	sometimes	never
Lethargic	always	often	sometimes	never
Stubborn	always	often	sometimes	never
Resist control/correction	always	often	sometimes	never
Goes to bed after 9:00 p.m.	always	often	sometimes	never
Wakes before 5:00 a.m.	always	often	sometimes	never

Characteristics/Interests

What kind of toys or role play does your child most enjoy? _____

What causes your child to laugh most easily? _____

How quickly does he/she learn a new skill? _____

Are your child's activities more sedentary or active? _____

How would you "label" your child's personality? (shy, outgoing, anxious. . .)

Does he/she enjoy looking at books or written media? _____

Do you read to him/her? _____ How often? _____

How important is music to your child? Explain _____

Would you say your child has trouble sharing? _____

What is your child's favorite food? _____

Skills

On a scale of 1 – 10, rate each of the following: (1 = low skill – 10 = high skill)

Recognition of alphabet _____ Recognition of numbers _____

Recites alphabet correctly _____ Counts in sequence to 20 _____

Draws basic shape of letters _____ Writes words _____

Colors inside the lines using "correct" color choices _____

Remembers things he/she has been taught _____



Options to Pay Tuition

ALL of Calvary North Preschool operating expenses are paid through tuition. Your timely, consistent payments enable us to provide a wonderful place for your child to be! There are several ways to pay:

1. Bank withdrawal:

Tuition will be taken out of your checking or savings account monthly.

\$25 fee for each decline

2. Credit/debit card:

Tuition charged to your credit/debit card each month

\$25 fee for each decline

3. Check made out to Calvary North. This option can only be used if a secondary payment form is supplied with a credit/debit card number.

4. Cash MUST be in an envelope labeled with:

Your name

Your child's name

Amount enclosed

Date of payment

You will receive a cash receipt.

This option can only be used if a secondary payment form is supplied with a credit/debit card number.

Child's first and last name: _____

We will be paying tuition (check one) by:

{ } bank withdrawal { } credit card { } check { } cash

Form BW

"bank
withdrawal"

Calvary North Preschool
Bank Withdrawal Form for Tuition



The following information that you supply will be kept confidential and always in a locked, safe location.

{Please PRINT all information clearly}

Name as it appears on your bank account:

Account number _____

Bank routing number _____

Name of your bank _____

Total amount of tuition each month _____

I am paying _____ tuition
(child/ren's name)

Email address _____

Cell # _____

Signed _____ Date _____

I understand that if the transaction is declined, I will owe an additional \$25 fee.

Initial _____

Calvary North Preschool Credit Card Payment Form

Indicate which applies: This is my *primary* form of paying tuition

I am paying by check or cash, so this is my *required secondary form*

Child(ren)'s Name _____

Parent/guardian name _____

Email address _____

Cell # _____

The information on this form is strictly confidential and will be kept in a locked, secure location. We expect your commitment in consistently paying your tuition for the services we will be giving.

I would like my card charged:

Between 1st and 5th of each month

Between 15th and 20th of each month

Split: half of tuition between 1st and 5th ;
second half between 15th and 20th

This card will be charged if I am unable to bring cash or check

Name as appears on card _____

{ } Visa { } MC { } AmEx { } Discover { } Debit

Debit/Credit Card # _____

Expiration date _____ Code _____

*Note: transactions that are declined result in \$25 fee

_____ Initial

Form CK/CA

"check/cash"

Calvary North Preschool
Tuition Indication Form



My child's name _____

Name of person paying tuition _____

Payer's email _____

Payer's cell phone _____

I will be paying tuition in the form of:

Personal Check Business Check Cash Money order

I will pay tuition:

- Between 1st and 5th of each month
- Between 15th and 20th of each month
- Split: half of tuition between 1st and 5th ;
second half between 15th and 20th

I realize that by choosing to pay tuition by check or cash, I am required to supply a secondary form of payment with a credit card or debit card NOT associated with my bank account. _____ initial

{ } I have filled out the secondary payment form (Form CC)

Parent Information

Why all the questions? Parents are our best resource for sharing experiences, expertise, and culture!

Mother's Name _____

Mother's employer _____

Job Title: _____

What do you do at work? _____

Father's Name _____

Father's employer _____

Job Title: _____

What do you do at work? _____

Hobbies/Interests/Skills: circle all that apply for both/either parent(s)

reading crafting painting musical instrument _____

cycling boating fishing racing flying hiking

cooking dance woodwork gardening pottery knitting

archery photography geocaching video games film making climbing

jogging body build shopping historical reenactment sports

Other _____

Military Affiliation

My child has a relative who served or is serving in the military: yes no

Relation to Kindergartner _____

Branch of military _____

Time served _____ War Veteran? Yes no

Is it okay to contact this person? If so:

Name _____ Contact # _____

Email _____

Ethnic Background

Our family has members from a country other than the United States:

Mom's birth country _____

Dad's birth country _____

Other relatives' birth countries (who now live in Arizona)

We speak _____ language at home

Our child is: (circle one) bilingual only speaks English

 understands the language but doesn't speak it fluently

The following person would be comfortable sharing with the class (or school)

about our culture: mom dad other _____

Best number to reach this person _____

Preschool Permission Form

Child's Name _____ Date _____

Parent's Printed Name _____

Permission to take photographs: (check each item you approve of)

_____ in the classroom

_____ for art projects

_____ in brochures/advertisements for CNP

_____ on the web site

Permission for child to be given treats:

Treats will not be given often, but may occasionally be used for positive reward.

Please check your decision:

_____ I give permission for treats to be given to my child by teachers or director.

_____ I don't mind an occasional treat, but NEVER give my child the following foods _____.

_____ Do NOT give my child treats at any time.

Parent Signature _____

Almost done!

To complete your preschool registration packet, you also need to include:

1. Current Immunization Record or
Signed waiver for non-immunization
2. Non-refundable registration fee of \$150
\$75 Returning families; \$125 second child
3. Copy of parent ID's
4. Signed parent handbook form
(last page of handbook)
5. Return all completed forms and #1-4 to the
church office (9:00 am – 6:00 pm; M – F)
You may also choose to mail or email all items.