

2022 Summer Preschool Rates for ages 2 - 5 year old children

Non-refundable registration fee due with registration:

One Child = \$30 Per family = \$55 (2 or more kids)

	Daily rate	Weekly rate	Monthly rate
	Must attend at least 3 days		
Option #1: 9:00 - 12:00	2s class: \$20 per day	\$100 per week/ 2s	\$400 per month/ 2s
	3s class: \$17 per day	\$85 per week/ 3s	\$340 per month / 3s
	4&5s class: \$15 per day	\$75 per week/ 4 & 5s	\$300 per month/ 4 & 5s
Option #2: 7:00 - 12:00	2s class: \$25 per day	\$125 per week/ 2s	\$500 per month/ 2s
	3s class: \$20 per day	\$100 per week/ 3s	\$400 per month/ 3s
	4&5s class: \$18 per day	\$90 per week/ 4 & 5s	\$360 per month/ 4 & 5s
Option #3: 9:00 - 3:00	2s class: \$30 per day	\$150 per week/ 2s	\$600 per month/ 2s
	3s class: \$25 per day	\$125 per week/ 3s	\$500 per month/ 3s
	4&5s class: \$20 per day	\$100 per week/ 4 & 5s	\$400 per month/ 4 & 5s
Option #4: 7:00 - 6:00	2s class: \$36.25 per day	\$181.25 per week/2s	\$725 - 2's class
	3s class: \$35 per day	\$175 per week/3s	\$700 - 3's class
	4&5s class: \$33.75 per day	\$168.75 per week/4 & 5s	\$675 - 4-5 Year Class

Discounts for multiple siblings or military:

Child attending half day (options #1 and #2) 10% off total

Child attending extended or full (options #3 or #4) 15% off total

Tuition Payment and Fees Information

Important:

You are allowed to pay your child's summer tuition **weekly or monthly**.

You can register for less than 5 days, but the daily rate must be paid at the beginning of the week.

For example:

If you register for 3 days per week at a rate of \$20 per day, you would need to pay \$60 on Monday of that week.

Absence from illness:

If your child gets sick and was not able to attend the days you paid for, you will receive a refund; however, **it is your responsibility to let us know your child is out sick** through the Brightwheel app or by emailing my administrative assistant, Andrea (pre-admin@calvarynorth.com).

No refunds will be given after the end of the week for which your child is registered if you don't notify us. In other words, if you register for a certain week, your child gets sick and can't attend but, you didn't let us know during the registered week, you will not be refunded.

Make up days are NOT available during the summer session.

How to pay tuition

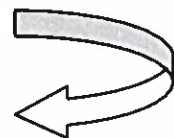
Tuition will be paid by debit/credit card or bank withdrawal – no cash or checks accepted

You will supply your debit/credit card number or bank information in TWO places

1. On the paper form included in this registration
2. Enter in the Brightwheel app under the billing portion

You can choose in the BW app to pay "auto." The amount will be charged to your card or withdrawn from your bank account either weekly or monthly as you've chosen. We cannot guarantee the amount will be taken on certain days, so if you need the money to be charged/withdrawn on a particular day (every Monday, for example), you'll need to choose the next option of NOT setting to auto.

You can NOT set the BW app to auto, but then YOU MUST go into the app to pay tuition.




NOTE: each child will have a separate bill/account. We do not bill family rates.

2022 Preschool Summer Registration: Form #1

for Ages 2 - 5 years old

Box for school use

[please complete a packet for EACH child]

Date	Child's name				
Registration fee included  \$30 one child/ \$65 2+kids	Circle your choice: Cash check credit/debit card bill to BW app				
Child's Birthdate	Parent name(s)				
Mom cell	Mom Email				
Dad cell	Dad Email				
Circle days to attend	Circle time-frame to attend				Check week your child will attend
M T W TH F	9-12	7-12:00	9-3:00	7-6:00	[] June 6 - 10
M T W TH F	9-12	7-12:00	9-3:00	7-6:00	[] June 13 - 17
M T W TH F	9-12	7-12:00	9-3:00	7-6:00	[] June 20 - 24
M T W TH F	9-12	7-12:00	9-3:00	7-6:00	[] June 27 - July 1
T W TH F 4-day tuition rate	9-12	7-12:00	9-3:00	7-6:00	[] July 5 - 8 (4-day week)
M T W TH F	9-12	7-12:00	9-3:00	7-6:00	[] July 11 - 15
M T W TH F	9-12	7-12:00	9-3:00	7-6:00	[] July 18 - 22
M T W TH F	9-12	7-12:00	9-3:00	7-6:00	[] July 25 - 29
Preschool closed with NO classes from August 1 - August 12					
New school year begins Monday, August 15					
Registration for fall is required for every child whether returning or new					

Questionnaire: Form #2

Please answer ALL of the following questions

Summer 2022

Child's Name _____

1. My child attended preschool during the fall 2021/spring 2022 year	Yes	No
2. We have the Brightwheel app for this child I am registering	Yes	No
3. I plan to pay tuition (daily is NOT an option)	Weekly	Monthly
4. I will pay tuition with (cash or check NOT accepted to pay tuition)	Debit/credit	Bank withdrawal
5. Mom or Dad is active/retired military or law enforcement	Yes	No
6. Mom's workplace: Job description:	Work Hours	
7. Dad's workplace: Job description:	Work Hours	
8. We will have other children attending summer preschool (besides this registration):	Name	Name
9. CNP has permission to take my child's photo for (circle) (Brightwheel app can only be accessed by registered parents)	Class projects	Brightwheel app
10. I have supplied photo IDs for (circle) (Any other person picking up on a regular basis will also need to have an ID on file) If you are a returning family and you know we already have your IDs, you don't need to send them again.	Mom	Dad
11. I have supplied/am supplying my child's immunization record My child is not immunized, so we sign a waiver (waiver must be on file)	Yes Yes	[Required] No
12. I have completed the AZ state childcare licensing form called "Emergency Card" Even if your child attended preschool last year, you MUST fill out a new form	Yes	Need new form
13. (For 2-3 year olds: My child is completely potty trained meaning he/she pulls his/her own clothes up and down, wipes after pee & poop, washes hands, does not need constant reminders to go, does no wear pull up at nap or during the day)	Yes	No
If NO, please explain:		
14. I give permission for my child to "travel" with his/her class and teacher(s) to different buildings and playgrounds on the Calvary North campus.	Yes	No
15. I understand that this is a Christian program thus my child will be taught Christian principles and about Jesus Christ using the Old/New testaments of the Christian Bible Calvary North is a non-denominational church whose beliefs can be found on our website Calvarynorth.com	Yes	No
16. We plan to register our child for fall preschool	Yes	No

Handbook Agreement: Form #3

Please read our parent handbook, sign the bottom of the page and return it with your registration packet

Go to Calvarynorth.com

- 1. Click "school" at the top of the page**
- 2. Click "preschool"**
- 3. Click the rectangular box "Parent Handbook" for the PDF version of the handbook**

If you need additional information or explanation about any of our school policies, please contact

Cindy Joiner, director

cindy@calvarynorth.com

Work cell: 602-706-5643

Office: 602-992-6922, ext. 25

It is very important that you have read and understand all of our school policies! This is what keeps our school safe and running smoothly!

*******cut off this signed portion and return*******

Return this form with registration paperwork (both new and return families)

I have read all of the CNP parent handbook. I understand all school rules and agree to abide by those rules, so my child(ren) and family have a positive, safe, and fair experience while participating in this program.

Mom print name _____ Date _____

Dad print name _____ Date _____

Child's name _____

Form #4 Tuition Payment

Child's name _____

Person paying tuition _____

Contact phone number _____

Contact email _____

We are choosing to pay [] weekly [] monthly

We will set our tuition to [] auto charge/withdrawal in Brightwheel [] no auto

We will pay with [] debit card [] credit card [] bank withdrawal

Please supply the following AND put the information into the billing section of the BW app

1. Credit/debit card

Name on card _____

Card number _____

Exp. Date _____ **Security code** _____

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Or 2. Bank withdrawal

Name on account _____

Routing number _____

Name of bank _____

Your personal account number _____



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):

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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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Registration checklist -

**All of the following must be returned to secure your child's spot!
Check each one, so you don't miss anything**

- Form #1 - Registration**
- Form #2 - Questionnaire**
- Form #3 - Handbook agreement (even RETURNING families, please)**
- Form #4 - Tuition payment**
- #5 AZ Emergency Form**
- #6 Immunization record or signed waiver**
- #7 Photo IDs of Mom and Dad (if we don't already have them) Also send IDs for anyone who will regularly pick up your child like a grandparent or nanny.**
- #8 Non-refundable registration fee (\$30 one child/\$55 two or more kids)**

Please charge my registration fee

to the credit/debit card I have provided on Form 4