



**2021 Summer
"FunSchool"**

**Week of June 7 -
Week of July 26
8 Weeks**

**For ages 2 - 5
(entering kindergarten)**

**Faith-based games,
stories, crafts, and
music to keep your
"littles" busy**



Dates 2021	Themes	Subject matter for the week
June 7 – 11	Week #1: Gardening	Seed planting, small plants, trees, herbs, water plants, air plants, succulents, roots, vegetables and all manner of plants that grow!
June 14 – 18	Week #2: Riding	Riding “piggy back,” baby animals and insects riding with mom, steam trains, monorail, gondola, rickshaw and more.
June 21 – 25	Week #3: Dancing	Tap, ballet, break-dancing, square dancing, line dancing, ballroom dancing, crazy free-style dancing
June 28 – July 2	Week #4: Dogs	Different breeds, their “jobs”, veterinarian visit to school, taking care of them, teaching dogs, funny things they do
July 5 – 9	Week #5: Stars	What they are made of, how big? how far? Dot-to-dot constellations, star when Jesus was born, celebrations, sparklers and other twinkly star things
July 12 – 16	Week #6: Little Chefs	Making food, good and “bad” food, sugar, making “pretty” food to eat (veggies, meats, pastas) in shapes, food waste, where does food come from?
July 19 – 23	Week #7: Water	Get wet in sprinklers, water slides, water painting, water blobs, water puddles and small pools
July 26 – 30	Week #8: Fly Away	Dragon flies, hummingbirds, eagles, pterodactyls, geese, bats, lady bugs, flying fish and many other weird flyers.

2021 Summer FunSchool Rates **Per ONE child**

Daily rate

Weekly rate

Monthly rate

Registration fee	Must attend at least 3 days	Paid Monday prior	Paid in advance June 7 or July 5
One Child \$30 Per family \$55			
Option #1: 9:00 - 12:00	\$20 per day/ 2s \$17 per day/ 3s \$15 per day/ 4 & 5s	\$100 per week/ 2s \$85 per week/ 3s \$75 per week/ 4 & 5s	\$400 per month/ 2s \$340 per month / 3s \$300 per month/ 4 & 5s
Option #2: 7:00 - 12:00	\$25 per day/ 2s \$20 per day/ 3s \$18 per day/ 4 & 5s	\$125 per week/ 2s \$100 per week/ 3s \$90 per week/ 4 & 5s	\$500 per month/ 2s \$400 per month/ 3s \$360 per month/ 4 & 5s
Option #3: 9:00 - 3:00	\$30 per day/ 2s \$25 per day/ 3s \$20 per day/ 4 & 5s	\$150 per week/ 2s \$125 per week/ 3s \$100 per week/ 4 & 5s	\$600 per month/ 2s \$500 per month/ 3s \$400 per month/ 4 & 5s
Option #4: 7:00 - 6:00	\$36.25 per day/2s \$35 per day/3s \$33.75 per day/4 & 5s	\$181.25 per week/2s \$175 per week/3s \$168.75 per week/4 & 5s	\$725 - 2's class \$700 - 3's class \$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

Registration fee for family with 2 or more children attending: \$55

[*If your child registered for preschool between January – May, 2021 50% off:
\$15 for one child/\$27.50 for a family]

FunSchool Registration Form
ages 2 - 5 (entering Kinder in fall)

Child's Name _____

Birthday _____ Age _____

Parent/guardian

Mom's name:

Email address:

Cell phone:

Dad's name:

Email address:

Cell phone:



1. Circle days your child will attend:

Mon Tue Wed Thur Fri

2. Check each week your child will attend

- ___ 1. June 7 – 11
- ___ 2. June 14 – 18
- ___ 3. June 21 – 25
- ___ 4. June 28 – July 2
- ___ 5. July 5 – 9
- ___ 6. July 12 – 16
- ___ 7. July 19 – 23
- ___ 8. July 26 - 30

3. Schedule: Circle hours

9:00 – 12:00

7:00 – 12:00

9:00 – 3:00

7:00 – 6:00

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Tuition Payment Form

My child's name: _____

Email address _____

1. I am already signed up with Brightwheel ____ Yes ____ no

2. I will pay tuition with:

_____ credit/debit card _____ bank withdrawal

NO CASH or CHECKS accepted for summer

3. _____ Use the credit/debit info on file or bank info on file OR

Name on card or bank account _____

Credit/debit card # _____

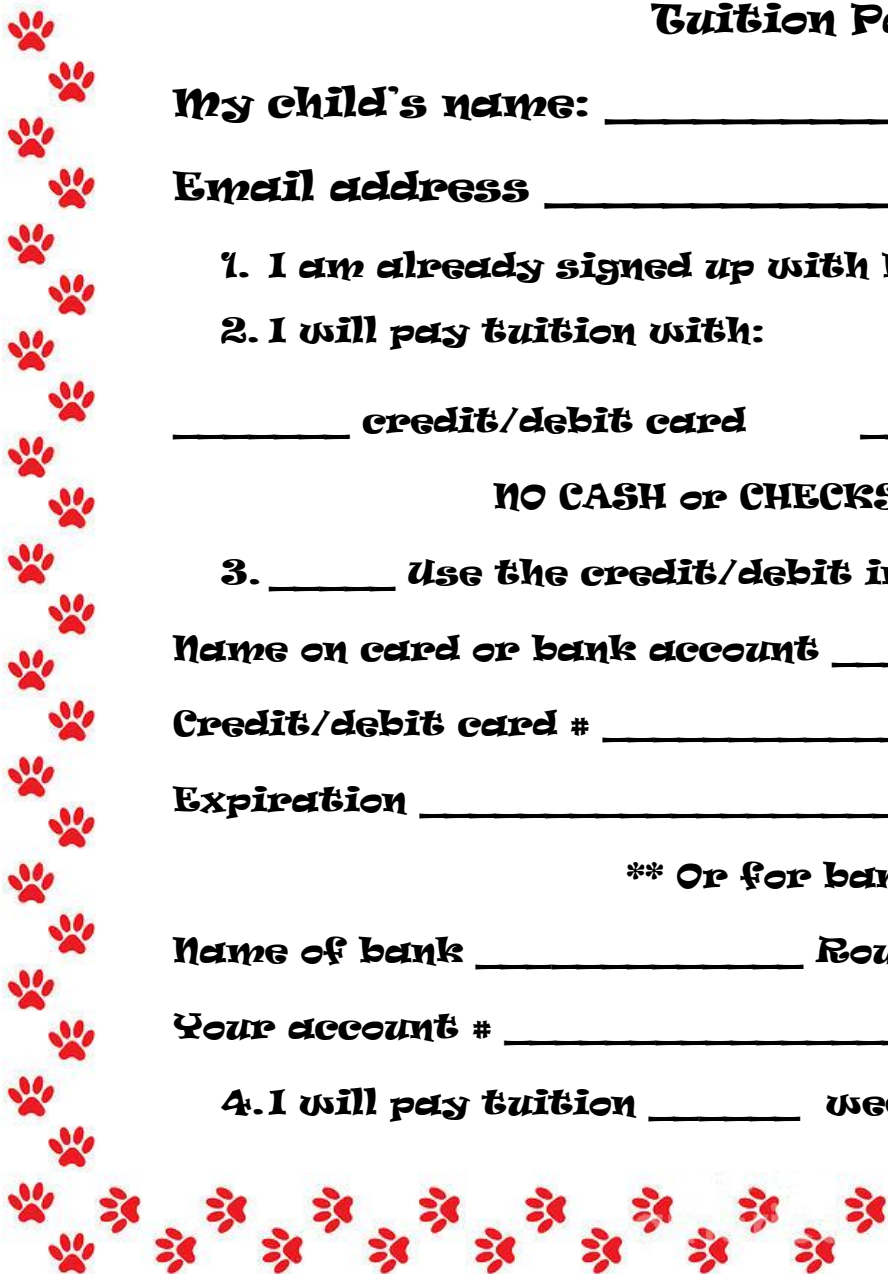
Expiration _____ Code _____

**** Or for bank withdrawal ****

Name of bank _____ Routing number _____

Your account # _____

4. I will pay tuition _____ weekly _____ monthly



Check all that apply for (child's name) _____

_____ My child's immunization record/Waiver is already on file @ CNP

_____ We are a new family Immunization form/waiver attached

**_____ We registered for preschool between Jan-May, 2021.
Summer registration 50% off**

_____ My child will have a sibling also attend FunSchool and/or Camps:

Sibling name _____ Age _____

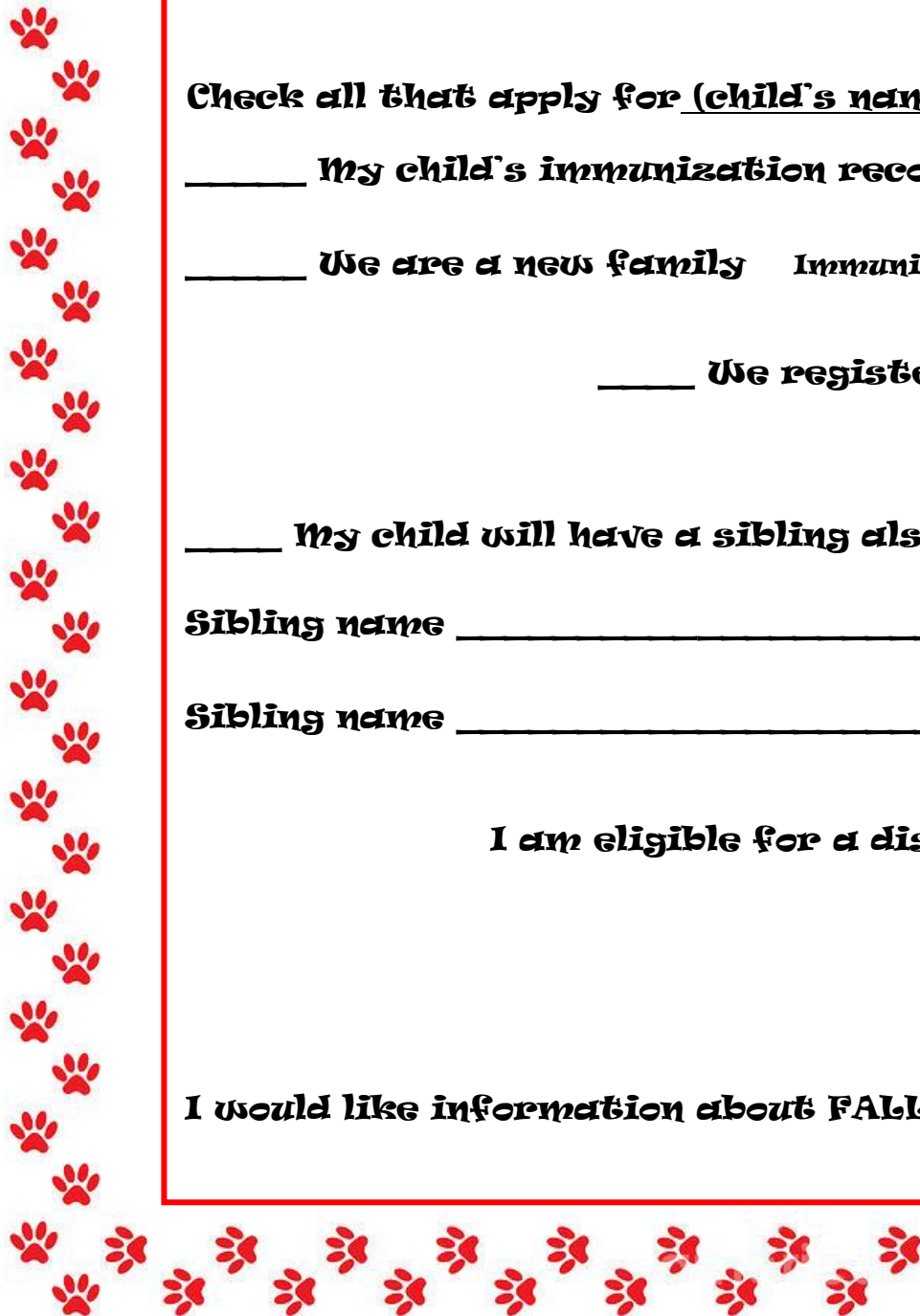
Sibling name _____ Age _____

I am eligible for a discount because: (discounts CANNOT be combined)

_____ 2 or more children attending

_____ Active military or veteran

I would like information about FALL registration _____





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:

G:\Forms\Emergency Information and Immunization Record Card (6/16)

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE :

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Summer FunSchool Permission Form

Child's Name _____ **Date** _____

Parent/guardian signature _____

Print parent name here _____

Photos: _____ **yes, my child's photo may be taken for class projects**

_____ **no, do not take my child's photo**

Food: Please **NEVER** give my child the following food.

Give the reason why. Example - nuts because allergic

Gummy treats - cultural preference

Campus Travel: Building C is our area that is inspected and licensed for our preschool; however, at times, activities will be held in other buildings on campus such as the Fellowship Hall, building B or the Worship Center.

Do you give permission for your child to "travel" among buildings with his/her class accompanied by an adult? _____ **yes** _____ **no**

