



a ministry of
Calvary Chapel North Phoenix
14201 N. 32nd Street
Phoenix, AZ 85032

Tuition for 2017 - 2018:

8:30 - 2:00	Kindergarten only	\$225 mo.
7:00 - 8:30	Add early stay	\$ 15 mo.
2:00 - 6:00	Add late stay	\$125 mo.

REACH Kindergarten Registration 2017-18

Child's Name _____ Birthday _____

Parent(s) Name _____

Email _____

Cell phone _____

Home address _____

City _____ Zip _____



My child will attend: (check all options that apply)

8:30 a.m. – 2:00 p.m. Kindergarten
Flat rate - \$225/mo.

Early Stay 7:00 – 8:30 a.m.
additional charge – flat rate \$15/mo.

Late Stay 2:00 p.m. – 6:00 p.m.
additional charge – flat rate \$125/mo.

I am paying my \$50 registration and \$150 curriculum fee by:

cash personal check debit/credit card PayPal



I understand that an updated immunization record must be on file BEFORE my child is allowed to begin kindergarten.

Reach Kindergarten at Calvary North
Emergency and Information Form

Please print clearly!

Child's Name: _____ Birthday _____

Home address: _____

City _____ Zip _____

Mailing address (if different)

Mother/Guardian Name:	Cell Phone Number:	Other Number (home/work):
Father/Guardian Name:	Cell Phone Number:	Other Number (home/work):

Email address: **(Please print clearly!)**

The following people are authorized to pick up the child - name in green box:

Name: Relationship to Parent/Guardian Cell #/Home#/Work#

Name:	Relationship to Parent/Guardian	Cell #/Home#/Work#

The following person/people MAY NOT pick up this child:

Medical Care Information

Is child allergic to food or other substances? Please list each one: Please describe reaction that occurs:	Yes	No
Is child particularly susceptible to infections? Please describe:	Yes	No
Has child had convulsions/seizures? If so, how often? When was the last episode?	Yes	No
Is there any physical condition that we should be aware of? Such as heart condition, severe skin condition, impairment of hearing or speech, hernia, etc. . .	Yes	No
Additional comments and/or special instructions: (this includes need for inhaler, Epi pen, etc. . .)		

If medical care is deemed necessary because of an extreme accident, situation or injury, we will take immediate action for the safety and well-being of your child:

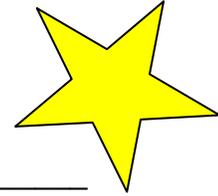
Name	Address	Phone
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DOCTOR			
HOSPITAL			
Insurance Company*	We have medical coverage: YES NO	*We will not contact your carrier.	

I hereby give authority to any emergency personnel if the above ones named cannot be reached, to render immediate aid as required for the health and safety of my child. I understand the expenses for these services will be my responsibility:

Sign	Date	Print name
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Child Information Form



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 REACH Kindergarten. Any information given by you will not be shared with anyone except his/her teacher and the director.

1. I understand the purpose of this form:

(Parent: please print name)

2. Family - people living with child:

Name	Relationship to Child	Age

3. Has your child ever been in a childcare facility? If so, where?

4. Parents' marital status: (circle one)

Married Separated Divorced Single Widowed

5. Has your family moved recently? Yes No Date: _____

6. Has there been illness or recent loss in the family? Yes No

If so, please briefly describe: _____

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

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

Physical Development & Medical Information



9. Does your child have physical limitations of any kind? _____

10. Describe your child's coordination _____

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

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

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

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

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

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

17. Does your child have problems sleeping, eating or with elimination?

Describe:

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



Habits & Fears

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

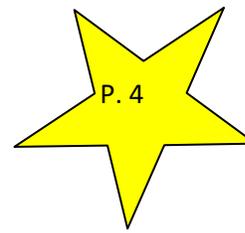
20. Is there any behavior in your child that you would like for us to know about?

21. What types of situations make your child fearful? _____

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

23. 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 pm	always	often	sometimes	never
Wakes before 5:00 am	always	often	sometimes	never



Characteristics/Interests

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

25. What causes your child to laugh most easily? _____

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

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

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

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

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

31. How important is music to your child? Explain _____

32. Would you say your child has trouble sharing? _____

33. What is your child's favorite food? _____

34. 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 100 _____

Draws basic shape of letters _____ Writes words _____

Writes name _____ Can "sound out" words _____

Understands adding _____ subtraction _____

Remembers things he/she has been taught _____

Returning Child Information Form

(To be completed by families whose children have been in our preschool.)

This form is a supplement to the original "Child Information Form" you initially filled out when your child was enrolled with us for preschool. It is designed to give us any new information about him/her or your family that might influence his/her time with us in kindergarten.

Child's name _____ Date _____
Age today _____

1. His/her teacher at Calvary North Preschool has been (her name)

Areas that might affect your child's "world."

2. Have you moved recently? [] yes [] no
3. Has there been a death of a relative or pet? [] yes [] no
4. Has there been a job loss or change? [] yes [] no
5. Has there been a new baby born or pregnancy? [] yes [] no
6. Has your child had any serious or recurring illnesses? [] yes [] no

Explain: _____

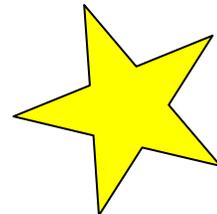
7. Has your child had an injury? [] yes [] no

Explain: _____

8. Have you added a new pet to your family? [] yes [] no

What kind? _____

9. Any other changes?





What's new with your child?

10. Food he/she now likes _____
11. Food he/she does not like any more _____
12. Places he/she visited _____
13. Activities he/she likes to do now _____
14. Fears he/she has developed _____
15. Skills he/she has now mastered _____
16. Emotions that are now more frequent _____
17. Inches he/she has grown _____ Weight loss/gain _____
18. Habits broken or developed _____
19. New allergies or sensitivities _____
20. Any other new areas you'd like for us to be aware of in your child:

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 _____

Options to pay tuition

ALL of Calvary North Preschool and Kindergarten 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 – this information is strictly confidential. Tuition will be taken out of your checking or savings account as any other automated bill (such as cable, electric) each month. You choose from three date options.
2. Credit/debit card – this information is strictly confidential. You supply a personal debit or credit card number (Visa, MC, AMEX, Discover), and tuition is taken out as you choose. New this year – if you choose this form of payment, a 3% fee will be added to tuition to offset the cost we are charged for this service. For example: If your monthly tuition is \$170, your card will be charged for \$170 + \$5.10 (3%) = \$175.10 total.
3. Check made out to Calvary North. This option is allowed on a trial basis. If your check does not reach us by the 2nd or 16th, you will no longer be able to pay in this way. In addition, a late fee of \$25 will be added to your next payment.
4. Cash is also accepted, of course; however, it 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 is also allowed on a trial basis.

Please note: For options #1-3, your bank/credit card statements will serve as your receipt.

Calvary North Preschool & Kindergarten

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 _____

Please check one option:

Take tuition out between the 1st - 5th of each month

Take tuition out between the 15th - 20th of each month

Take half tuition out between the 1st - 5th of the month and the remainder out between the 15th - 20th of each month.

Total amount of tuition for each month _____

Signed _____

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

Date _____ Cell # _____

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

Tuition Payment Form



Date _____

Parent/guardian name _____

Kindergartner's name _____

The information on this form is strictly confidential and will be kept in a locked, secure location. We are committed to the very best kindergarten experience we can provide for your child. We expect your commitment in consistently paying your tuition for the services we will be giving.

Please charge my card on _____ day of the month

Name as appears on card _____

Visa MC AmEx Discover Debit

Debit/Credit Card # _____

Expiration date _____ Code _____

Zip code that corresponds to billing address for card _____

*Note: late payments will result in penalty fees.

Tuition reminders and/or invoices will not be provided unless requested



REACH Kindergarten 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 and/or REACH K

_____ 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.

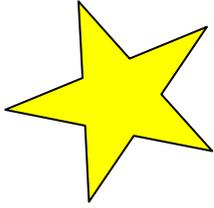
Please check your decision:

_____ 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 _____



To complete the REACH Kindergarten registration packet, you also need to include:

- 1. Current Immunization Record**
- 2. Copy of Birth Certificate**
- 3. Non-refundable registration fee of \$50**
- 4. Curriculum fee of \$150**