



Preschool Registration Form

2020-21

Student name _____

Age at registration _____ Birthday _____

Parent/Guardian name(s) _____

Email

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Cell phone _____

Step #1 Select days & times to attend

- Times: Check all that apply
- Half day 8:30 – 12:00 Add early stay 7:00 – 8:30
 - Extended day 8:00 – 3:30 Add early stay 7:00 – 8:00
 - Full day 7:00 am – 6:00 pm

{No lunch bunch this year}

Days of the week you'd like for your child to attend: (circle days)

Monday Tuesday Wednesday Thursday Friday

Step #2 Hold class space with fees paid

New students to our school: \$150 registration fee per child + \$25 event fee per child = \$175

Returning family: \$75 registration fee per child + \$25 event fee per child = \$100

I am paying the registration fees: by check (Payable to Calvary Chapel North Phoenix)
 by cash charge my credit card included in this paperwork

Note: Registration fee is non-refundable

Step #3 Start date

I would like my child to start preschool on _____



New 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:

1. _____

Parent: please print name

2. Family - people living with child:

Name	Relationship to Child	Age

3. Has your child ever been in another 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:

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Physical Development & Medical Information

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

10. Does he/she speak another language? _____

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. Are you concerned about developmental delays that you intend to have evaluated?

19. Potty habits: Check all that apply

My child is potty trained and has no accidents

My child wipes his/her own bottom after a bowel movement and/or urination

My child wears underwear, but a parent wipes him/her after potty time (both pee and poop)

He/she has potty accidents during naps and/or at night

My child only wears underwear even while sleeping

My child wears diapers or pull-ups

We have not begun the potty training process yet

Habits & Fears

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

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

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

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

24. 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

More about my child

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

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

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

28. How much time (in minutes) does your child spend on an ipad, cell phone app or other electronic device? _____

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

30. Does your child dance and/or sing to music? _____

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

If so, what does he/she do? _____

32. How much interaction does your child have with children 2 or more years older than him/her? _____

33. What type of discipline/guidance is used at home for unacceptable behavior?

Circle all that apply: verbal admonishment loud voice "time out"
 privileges taken away toys/treasured items taken away behavior chart
 stickers/rewards spanking separation withheld food and/or treat
 other _____

34. Skills: on a scale of 1 – 10, rate each of the following: (1 = low skill – 10 = high skill)

Sounds out letters _____ Recognition of numbers _____

Recites names of letters _____ Counts in sequence to 20 _____

Draws basic shape of letters _____ Names shapes & colors _____

Listens without interrupting _____ Sits at the table to eat meals _____

Expresses him/herself in full sentences _____

35. When my child gets angry or frustrated, he/she will (circle all that apply even if it doesn't happen frequently): yell stomp cry hit bite

throw things scratch go "hide" somewhere try to run away from adults

2020-2021

Tuition Form

Tuition is due from August – May by monthly payments.

There are no refunds, reimbursements or pro-rated rates if your child is out sick, for school calendar closings, family vacations or other reasons for absence.

We do offer make-up days (see policies for make-up days on a separate page).

1. Child/children attending

Child's name _____

2nd child _____

2. Name of person/people responsible for tuition

Name	Relation To child	Paying? Partial, half or full	Phone	Email
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3. I will pay my child(ren)'s tuition by: (please check one option)

OPTION #1: [] CASH

Your name _____

Two (2) late or non-payments will result in automatic disenrollment

Each late payment = \$25 fee

I will pay by cash { } 1st of each month

{ } 15th of each month

{ } half at the 1st / 2nd half at the 15th

OPTION #2: [] CHECK

Your name _____

Two (2) late or non-payments will result in automatic disenrollment.

Each late payment = \$25 fee

I will pay by check { } 1st of each month

{ } 15th of each month

{ } half at the 1st / 2nd half at the 15th

Child's name _____

Page 2: Tuition Form

Tuition is due from August – May by monthly payments.

OPTION #3: [] CREDIT/DEBIT CARD

Late payments result in \$25 fee

Two (2) late or non-payments will result in automatic disenrollment.

I will pay { } 1st of each month

{ } 15th of each month

{ } half at the 1st / 2nd half at the 15th

Name on card _____

Card number _____

Expiration date _____ Code _____
Month / Year

OPTION #4: [] BANK WITHDRAWAL (ACH)

Insufficient funds will result in \$25 fee

Two (2) insufficient funds will result in automatic disenrollment.

I will pay { } 1st of each month

{ } 15th of each month

{ } half at the 1st / 2nd half at the 15th

Name on bank account _____

Bank routing number _____

Name of bank _____

Bank account number _____

Parent Information

Why all the questions? Parents are one of our best resources 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 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 child _____

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 _____

1. Photos:

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

2. Chapel: (initial blank line)

_____ I am aware that my 3 year – Kinder age child will attend chapel in the church worship center (building E) which means leaving the C building and walking with a teacher to chapel. Chapel is held on a rotating schedule Tuesdays – Fridays.

3. 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 and/or the 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 _____



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:

Registration Completion Check List for 2020-21

Child's name _____

I would like for my child to begin preschool _____

Date

All of the following items must be completed and returned to the office at least 48 hours prior to the first day a child attends. If the items are returned on Friday, a child cannot begin preschool until Tuesday.

Check each item you have completed or included:

	Preschool Registration Form
	Child Information Form for new students only
	Tuition Form (page 1 or page 2)
	Parent Information
	Preschool Permission Form
	ADHS Emergency, Information and Immunization Form
	Immunization record or waiver for election of non-immunization
	Digital copy of photo IDs of parents sent to Cindy@calvarynorth.com
	Registration fee: \$175 per new student; \$100 per returning student Payment by cash, check, debit/credit card