



Child's Play Preschool Registration 2015-2016 School Year

Education and Community Services/Office

We only accept checks, cashier check, money order or credit

All payments need to be mailed to:

ECS/ PO Box 426, Cave Creek, AZ 85327

Or dropped off at main office: 33016, N.60th Street Room A-12

**Children must be 3 by August 1, 2015 and potty trained.
(Diapers / pull-ups are not allowed)**

Registration Packet Checklist

- ____ Registration Form
- ____ Info / Permission Packet Completed
- ____ Med/Emergency Form Completed
- ____ Registration Fee \$75.00 per/family (check/money order/credit only)
- ____ Licensing Fee \$13.00 per/student (check/money order/credit only)
- ____ 1st Months Tuition (check/money order/credit only)
- ____ Copy of Immunization Record or Immunization Exemption Form
- ____ Copy of Birth Certificate or Passport

Tuition is based upon total number of days of school offered in a school year. This amount is then divided into 10 equal payments; therefore tuition payments are the same for each month of the school year.

Your registration packet must be complete with non-refundable registration fee, licensing fee and first month's tuition for August 2015. No Tuition Refunds after July 11, 2015.

If accepted, a confirmation letter will be sent out.

2 business days minimum notice is required to start program at time of registration

First Day of class ____ / ____ / ____

- ❖ ***We Do Not Bill Monthly***
- ❖ ***All payments are due the 1st of every month***
- ❖ ***A \$25 late fee will be assessed after the 5th calendar day***
- ❖ ***All NSF checks will be assessed a \$25 fee.***
- ❖ ***No Tuition/Licensing fee refunds after July 11th, 2015***
- ❖ ***After August 1st, a 30 day notice is required to dis-enroll from our ECS program***
- ❖ ***If 30 days' notice is not given, you will be required to pay that month's tuition.***

I have read, signed and understand the requirements of ECS on the parent contract.

Child's Name

Parent/Guardian Signature

____ / ____ / ____
MO/DAY/YR

Times, locations, prices are subject to change due to District priorities.



Child's Play Preschool Registration Form 2015-2016

Child's Name _____ Birthdate _____ Age _____ Sex: M F Home# _____
 Mailing Address _____ City _____ Zip _____ Email _____
 Mother's Name _____ Work# _____ Cell# _____
 Father's Name _____ Work# _____ Cell# _____
 My child is receiving special services through: _____ Employee of Cave Creek? Y N Position _____

*No Tuition/Licensing Fee Refunds after July 11, 2015. *Non-refundable \$75.00 Registration Fee per family ____
 *The August 2015 fee is due upon enrollment. *\$13.00 Licensing Fee per child ____
 *Tuition is on a ten month cycle.
 *30 day notice is required to dis-enroll from our ECS program and must be done in person or over the phone to the ECS office.
 *If 30 days' notice is not given, you will be required to pay that month's tuition & risk being blocked from future programs.
 *ECS reserves the right to drop students if tuition is not received in our office by the 5th of each month.

Please indicate a 1st and 2nd choice: **FEES ARE SUBJECT TO BOARD APPROVAL 2015-2016**

School	Class		Time	Price	Choice	Staff Use
Black Mountain Elementary	Tue / Thur	Full Day	9:10-3:10	\$296.00	_____	_____
Black Mountain Elementary	Mon / Wed / Fri	Full	9:10-3:10	\$407.00	_____	_____
Black Mountain Elementary	Monday - Friday	Full Day	9:10-3:10	\$575.00	_____	_____
ECS Campus	Tue / Thur	AM	8:30-11:30	\$185.00	_____	_____
ECS Campus	Mon / Wed / Fri	AM	8:30-11:30	\$250.00	_____	_____
ECS Campus	Monday - Friday	AM	8:30-11:30	\$395.00	_____	_____
ECS Campus	Lunch (Must be combined with a class)		11:30 -12:30	\$ 97.00	_____	_____
ECS Campus	Tue / Thur	Full Day	8:30-2:30	\$296.00	_____	_____
ECS Campus	Mon / Wed / Fri	Full Day	8:30-2:30	\$407.00	_____	_____
ECS Campus	Monday - Friday	Full day	8:30-2:30	\$575.00	_____	_____
Horseshoe Trails Elementary	Tue / Thur	Full Day	8:30-2:30	\$296.00	_____	_____
Horseshoe Trails Elementary	Mon / Wed / Fri	Full Day	8:30-2:30	\$407.00	_____	_____
Horseshoe Trails Elementary	Monday - Friday	Full Day	8:30-2:30	\$575.00	_____	_____
Desert Sun Academy	Tue / Thur	Full Day	TBA	\$296.00	_____	_____
Desert Sun Academy	Mon / Wed / Fri	Full	TBA	\$407.00	_____	_____
Desert Sun Academy	Monday - Friday	Full Day	TBA	\$575.00	_____	_____

Kid's Club Before & After Care Option

<u>Before School - 6:30 AM to Start of class</u>	Flat Rate Fee	\$ 90.00	_____	_____
<u>After School to 6:00 PM</u>	2 Days per Week	\$ 88.00	_____	_____
	3 Days per Week	\$110.00	_____	_____
	5 Days per Week	\$167.00	_____	_____

<u>Preschool with Before & After School Rates</u>	2 Days per Week	\$462.00	_____	_____
(All inclusive rates)	3 Days per Week	\$595.00	_____	_____
	5 Days per Week	\$819.00	_____	_____

Balance	
Registration \$75 /per family	+
Licensing Fee \$13 /per child	+
Total Payment	=

Persons Responsible for Payment (Print) _____ Date: _____

Person Responsible for Payment (Signature) _____

Office Use Only:

Check# _____ Money Order # _____ Credit _____ Date _____ Time _____ Scholarship _____ Emp _____ DES _____ Staff Initials _____

"Historically, preschool spaces are subject to district priorities therefore, locations are subject to change"



KID'S CLUB / PRESCHOOL / STINGER AFTER-HOUR PARENT CONTRACT & POLICIES

Parent/Guardian Name: _____

Student Name: _____ Additional Student: _____

Kid's Club Site: _____ Child's Play Preschool Site: _____ Stinger After-Hours: STMS

TUITION & FEE POLICIES

1. Fees are collected upon enrollment and on the FIRST day of the month for ongoing programs. ECS does not bill automatically on the 1st of each month for tuition. It is the parent's responsibility to have tuition to the business office no later than the 5th of each month. Payments must be sent to or made at the business office and will not be accepted at individual school sites or locations.
2. All fees must be paid by check, money order or credit card. **NO CASH WILL BE ACCEPTED**. Checks returned by the bank are subject to collection by an outside agency. There is a \$25 charge for any non-sufficient funds check in addition to the principal amount. After one incident of an NSF check, only certified funds will be accepted.
3. **Schedule change fee of \$10 (applies to any class/schedule change per child made by the parent).**

STUDENT DROPS & REFUND POLICIES

1. Accounts must be kept current. ***A CHILD MAY BE DROPPED FROM AN ONGOING PROGRAM IF PAYMENT IS NOT RECEIVED IN OFFICE BY THE 5th DAY OF EACH MONTH.*** A \$25 late fee will be assessed after the 5th day of each month. Parents are responsible for any late charges or legal costs incurred in the collection of accounts.
2. A 30 day notice is required to dis-enroll from any ECS program. The parent remains responsible for all contract charges until notice is given. A \$25 re-instatement fee is required to return if space is available. If **30 day notice** is not given, you will be required to pay that month's tuition and risk being blocked from future ECS programs
3. Parents will be liable for the tuition fee unless the child is formally withdrawn with 30 day notice from the program. Notice must be given to the business office at 480-575-2440 and not at site so that a change form can be processed. It is the parent's responsibility to notify the business office and return any required forms necessary by office to complete change or drop.
4. Early registration fees for following school year will not be refunded after **July 11th**.
5. **ALL** Refunds and deposits that may be due to a student will first be applied to past debts that the student owes ECS.
6. Never attending is not an allowable refund exemption or an excuse of the debt incurred through registration.
7. Annual \$75 Family Registration fee is Non-Refundable.

ECS PROGRAM POLICIES

1. There is no tuition credit or make-up offered for absences due to illness or vacations.
2. If a child is picked up late after a class or after the official closing time of a program, a late fee will be assessed and charged to your account. Late pick-up fees and late payment fees must be paid when invoiced for a child to remain in the program.

I HAVE READ THIS CONTRACT AND THE POLICIES FOR THE PROGRAMS IN WHICH MY CHILD IS ENROLLED, AND I AGREE TO THE TERMS ON THIS DOCUMENT.

Parent's Signature _____ Date _____

Persons Responsible for Payment (Print) _____

Signature of Person Responsible for Payment _____



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

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father 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'S PLAY PRESCHOOL PERMISSION AGREEMENT

You must check "YES" or "NO".

If no choice is given, permission shall be deemed granted if there is no response to the following statements:

- YES NO Permission to photograph and/or film my child for use by the district, individual school websites, news media for the purpose of informing the public of programs provided by our schools.
- YES NO Permission to release my child's name for use by the district, individual school websites, news media, yearbook and school directories for the purpose of informing the public of programs provided by our schools
- YES NO Permission to release address, phone number, and/or email address to be included on a class list which will go out to the families of the other preschool children.
- YES NO Permission to leave the preschool premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I understand that every precaution will be taken for my child's safety. I understand that all field trips will be announced in advance.
(Permission slips will be sent out prior to any field trip involving bus transportation away from the school premises.)
- YES NO Permission for the Director or Lead Teacher to take whatever steps may be necessary to obtain emergency medical care if warranted

- ❖ In the event of a medical emergency, we will call 911, the school nurse, and the parent/guardian listed on the Emergency Information Form, in that order.
- ❖ Parents will be notified if possible, within 30 minutes.
- ❖ First Aid and/or CPR will be administered until help arrives.
- ❖ An incident report form will be filled out and a copy supplied to the parents within 24 hours.
- ❖ Any expenses incurred by the above procedures will be the responsibility of the child's family.
- ❖ The CCUSD or ECS will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

STUDENT'S NAME: _____

PARENT'S NAME (printed) _____

PARENT SIGNATURE: _____ DATE: _____



Preschool Home and Play Experience

Child's Name _____

Birthday _____

List family members living in the home. Include ages of siblings.

What extended family members (grandparents, uncles) live nearby?

What does your child enjoy doing at home?

With his/her mother?

With his/her father?

With siblings?

What group experiences has your child had such as church school, preschool, play groups, etc.? Give names if local.

What about your child gives you the most pleasure?

What about your child causes you the most concern?

What goals do you have for your child this year?

Was your child a premature baby, or has he/she had any serious illnesses? If so, please describe:

Does your child have allergies? If so, what are they?

Does your child take medication regularly? Yes _____ No _____ If so, what? _____
(If your child needs to take medication while at Preschool, you should contact the office for the necessary forms.)

Does your child have frequent ear infections? Yes _____ No _____

Does your child get High Fevers? Yes _____ No _____ If so, how high? _____

How does your child react to separation? How can the teacher best help your child with separation anxiety?

Please briefly explain your basic child-rearing practices and beliefs. What discipline methods do you use?

Does your child have special needs? Yes _____ No _____ Not to my knowledge _____

Left Hand Tendency _____

Right Hand Tendency _____

Other Information:

Business Name _____ Occupation _____ / _____

Business Address _____ City _____ / _____ Zip _____

Do you wish to be a member of The ECS Advisory Council? Yes _____ No _____
Would you be interested in joining a monthly preschool parent group? Yes _____ No _____

Preschool WHY WE ARE A PARTICIPATION SCHOOL

Parent participation enriches the learning environment of all children enrolled in the school.

Parent participation helps create a warm, friendly atmosphere of interaction between parents and children.

Parent participation emphasizes the child's importance by the parent's willingness to spend special time at school just for him/her. This helps develop good self-esteem.

Parent participation allows the parent to be in close contact and communication with the school and have input into the program.

Parent participation gives the parent an opportunity to observe their own child and other children in a preschool setting.

Parent participation gives parents an opportunity to learn good child rearing techniques through observation and practice.

Parent participation gives valuable assistance to the classroom teacher in the daily operation of the classroom.

Parent participation allows the school to keep a low ratio of children to adults which means better quality care and more individual attention to each child while helping keep tuition costs down.

For all these reasons and more, participation is a very important part of our program here at Child's Play Preschool. However, we do understand that there are some parents who are unable to participate due to their work schedules or other special circumstances. Alternatives to participation have been developed for those of you. Please complete the bottom portion of this letter, and return it with your application. Thank You.

I choose the following method of participation:

_____ Volunteer in the classroom

_____ Significant other will participate in my place (grandparent, nanny, etc.)

_____ I will perform a job for the school on a regular basis. This will be worked out with the Coordinator and might include: laundry, cleaning, getting library books.

SIGNATURE

DATE



Child's Play Preschool Vision Statement

Child's Play Preschool believes children should be given an opportunity to create their own knowledge by actively exploring the inside and outside environments. We provide a safe, special place for children, families and staff to grow physically, socially and cognitively through their daily experiences at our center.

CELEBRATION SURVEY

1. How do you feel about celebrating holidays at school?
2. To what extent do you want your child to celebrate holidays at school? (i.e. Halloween Party with/with out costumes, Winter Holiday Party with/with out Santa etc.)
3. Please list area of interest that your child has. (i.e. Art, animals, transportation, books, etc.)
4. Please list any areas of interest or expertise you or other family members may have that you would like to share with your child's class.



Education and Community Services

Tax ID #86-6000-523

Mail Address-

PO Box 426

Cave Creek, AZ 85327

Phone 480-575-2440

Fax 480-575-2590

All payments must be paid at or mailed to ECS main office ONLY by check, money order Credit (Visa, Master Card & Discovery)

*****CASH WILL NOT BE ACCEPTED*****

- ❖ *We Do Not Bill Monthly*
- ❖ *All payments are due the 1st of every month*
- ❖ *A \$25 late fee will be assessed after the 5th calendar day*
- ❖ *All NSF checks will be assessed a \$25 fee.*
- ❖ *No Tuition/Licensing fee refunds after July 11th, 2015*
- ❖ *After August 1st, a 30 day notice is required to dis-enroll from our ECS program*
- ❖ *If 30 days' notice is not given, you will be required to pay that month tuition.*
- ❖ *All Changes and/or Drops need to be done at the Main ECS Office.*

Accounts must be kept current. A child can be dropped from the program if payment or arrangements are not received by the 5th day of the month. Parents are responsible for any late charges or legal costs incurred in the collection of accounts!

***TEACHERS & STAFF:** Please make sure if parents have questions about **accounts, changes or drops** to their child's program that you always refer them to main office (480-575-2440) to give us the information.