

# God's Garden Preschool

## 2021-2022



### REGISTRATION INSTRUCTIONS

Registration is open throughout the school year as long as space permits. Please drop off your paperwork between 9:00AM and 2:00PM daily or you may email it to us at [godsgarden@horizonchurch.com](mailto:godsgarden@horizonchurch.com). All required documents and fees MUST be received in order to hold your child's spot.

#### Please submit the following documents to REGISTER your child:

- Completed Registration Form
- Completed Parent Participation Agreement
- Registration Fee (\$220/child for new students, \$200/child for returning students)
- Emergency Form (please submit an updated form)
- Immunization Record (please submit an updated copy)
- Birth Certificate (bring original – we will copy for you)

#### Required Immunizations include:

- DtaP: minimum 4 shots
- Polio (IPV/OPV): minimum 3 shots
- Hib: minimum 3 shots
- Hep B: minimum 3 shots
- Hep A: minimum 2 shots
- Varicella: minimum 1 shot

#### Important Reminders:

- Tours by Appointment only on Tuesdays and Thursdays between 9:00AM and 1:00PM.
- View our Virtual Tour at [https://youtu.be/nW\\_DeaBgfaM](https://youtu.be/nW_DeaBgfaM).
- Classes begin August 2<sup>nd</sup>, 2021 and end on May 19<sup>th</sup>, 2022.
- Tuition is due on the first of each month.
- Check your spam folder in your email to make sure you haven't missed any important emails from [godsgarden@horizonchurch.com](mailto:godsgarden@horizonchurch.com).

# God's Garden Child Development Center Registration Form 2021-2022 School Year

**\*A non-refundable Registration Fee is due at registration to hold your child's spot.**

Program Preference Mark the appropriate age (must be of age on or before Aug. 31)	Programs Offered Morning Preschool times are staggered *Extended hrs are 8:45AM - 1:45PM on days/classes indicated	Monthly Payment	15% Sibling Discount
Age ___ Birthdate _____	Toddler 2's T/TH morning 8:45AM - 11:45AM	\$340	\$290
Age ___ Birthdate _____	Toddler 2's MWF morning 8:45AM - 11:45AM	\$390	\$330
Age ___ Birthdate _____	Preschool 3's MWF morning 8:45AM - 11:45AM	\$405	\$345
Age ___ Birthdate _____	Pre-K 4's MWF morning 8:45AM - 11:45AM	\$425	\$365
Age ___ Birthdate _____	Pre-K 4's MTWTH morning 8:45 - 11:45AM *extended T/Th *	\$525	\$445
Age ___ Birthdate _____	Pre-K 4's MTWTHF morning 8:45 - 11:45AM *extended T/Th *	\$610	\$520
Age ___ Birthdate _____	Kindergarten MTWTHF 8:15AM - 2:15PM daily	\$670	\$570
<b>*Registration &amp; Supply Fee - Per Child - Returning Families</b>		<b>\$200</b>	<b>\$170</b>
<b>*Registration &amp; Supply Fee - Per Child - New Families</b>		<b>\$220</b>	<b>\$190</b>

I have read, understand, and agree to adhere to the GG CDC childcare program and payment policies (see back).

\*All fees and tuition payments are non-refundable.

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office/alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Horizon Church Member \_\_\_\_\_ Current Student \_\_\_\_\_ New Student \_\_\_\_\_

<p><i>For office use:</i></p> <p>P/D _____</p> <p>A _____</p> <p>N _____</p> <p>Date: _____</p>
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### CHAPEL T-SHIRT ORDER FORM

Every child that registers will receive a God's Garden Chapel T-shirt.

Please circle T-shirt size:    Youth XS       Youth Small       Youth Med

## God's Garden Child Development Center 2021-2022 Parent Participation Agreement

**Please read and initial the following statements. If you have questions, please do not initial any item until you have had your question answered by the GGCDC staff and understand it completely.**

- \_\_\_\_\_ I understand that all scheduled preschool programs must meet minimum enrollment requirements of 8 children or more and are subject to change or cancellation due to low enrollment.
- \_\_\_\_\_ I understand that I must maintain updated medical information annually and be current on all immunizations required by the AZ Department of Health Services.
- \_\_\_\_\_ I understand that registration & supply fees and paid tuitions are non-refundable and non-transferable under any circumstance. Registration & supply fees cover the cost of Chapel t-shirts, Administrative fees, Licensing fees, Teacher Training, and consumable curriculum supplies for your child's classroom including, but not limited to paint, paint brushes, paper, crayons, markers, glue, glitter, and other consumable curriculum supplies. These fees help us maintain the level of high-quality care that sets us apart from others.
- \_\_\_\_\_ I understand that all tuition is based on a yearly amount and is payable in ten equal installments from August through May. Tuition payments are due on the 1st of the month. A 15% tuition discount will be applied to a second child enrolled in the same family. A 10% Discount may apply to families who wish to pay a full-year of Tuition in Advance by August 4<sup>th</sup>, 2020.
- \_\_\_\_\_ I understand that tuition is due on the 1<sup>st</sup> of each month, August – May. Tuition is late if received after the 5<sup>th</sup>. I understand that I will be assessed a \$15 late fee for payments received or postmarked after the due date and \$15 late fee for NSF checks.
- \_\_\_\_\_ I understand that I may mail or hand deliver my check made out to God's Garden to the church office or classroom in order to meet the deadline. I may also enroll in automatic bill pay through my bank or pay online via the God's Garden Website via Paypal (please note: when paying via Paypal, please add in a 3% service charge or one will be added to your next month's bill).
- \_\_\_\_\_ I acknowledge receipt of the Parent Handbook and Parent Information Packet. I understand it is my responsibility to read and understand all the information provided to me by GGCDC.
- \_\_\_\_\_ I understand that GGCDC is not responsible for providing a year-end total of child care expenses. We will provide a Tax ID number and monthly receipts upon request.
- \_\_\_\_\_ I understand that my child will be released **ONLY** to those individuals whose names are listed on the DHS health form. I understand it is my responsibility to add any additional approved individuals to the DHS health form before your child will be released to them.
- \_\_\_\_\_ I understand that my child may be released from the program if he/she cannot benefit from the program or presents a danger to self or others as determined by teacher(s) and Director. God's Garden will do everything possible to prevent expulsion, including, but not limited to: requesting an observation from a Developmental Pediatrician or Therapist, creating a Behavior Support Plan, and providing me with Resources.
- \_\_\_\_\_ I understand that a **30-day paid notice** is required if I decide to withdraw my child from the program after an initial two-week trial period. A withdrawal form must be completed 30 days prior to my child's last day. Registration fees and paid tuition cannot be pro-rated or refunded under any circumstance.
- \_\_\_\_\_ I give God's Garden my permission to use my child's photograph for classroom purposes.
- \_\_\_\_\_ I give God's Garden my permission to use my child's photograph on Social Media (i.e., Facebook, Instagram)
- \_\_\_\_\_ I give God's Garden my permission to use my child's photograph and/or name for publicity purposes.

Yes/No My family attends worship services on a regular basis. Name of Church: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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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](http://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: