

God's Garden Preschool

2022-2023



REGISTRATION INSTRUCTIONS

Registration for the 2022-2023 school year is coming soon! Registration for continuing families begins on February 28th and is first come first serve. Registration for new families begins on March 2nd and is open throughout the school year as long as space permits. Join us for an **Open House** on March 2nd from 9-11AM. Please drop off your paperwork between 9:00AM and 2:00PM daily or email it to us at 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 between 9:00AM and 11:00AM daily
- View our Virtual Tour at https://youtu.be/nW_DeaBgfaM.
- 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.



ACSTO TUITION SCHOLARSHIP PROGRAM

Dear Parents,

Are you interested in enrolling your child in Christian Kindergarten at God's Garden for the 2022-2023 school year, but need help paying for it? I have great news - Your child is eligible for the school tuition tax credit. God's Garden partners with ACSTO, a school tuition organization, to help you afford a private Christian Education for your child. ACSTO uses tax credit donations to award tuition scholarships to Christian School students attending one of their partner schools, like God's Garden. We started this program 2 years ago and we already have scholarship money available for our new Kindergarten students! All you have to do is enroll!

Now is the perfect time to begin this program! If your child is attending Kindergarten at God's Garden in the fall, you may apply for a scholarship as early as the Spring (NOW) prior to when your child starts Kindergarten. Simply submit an application to ACSTO between February 3 and March 31 and any scholarships awarded to your child in the Spring Award Cycle can be sent to the school as tuition becomes due for the upcoming school year. Donors can donate to ACSTO and recommend your child for a scholarship up to one year before your child begins Kindergarten.

How to get started?

1) Apply on the ACSTO website - your child is not eligible for the state tax credit, unless you apply. ACSTO needs a current Scholarship Application for each of your children (K-12 only) enrolled. Your child(ren) must be enrolled at the school listed on the application. You must apply via the parent portal on the ACSTO website (<https://parent.acsto.org/auth/login>). You will be prompted to create an account, apply online, update family information, and create a child narrative.

2) Make a donation and ask friends and family to make a donation

After you have applied, ask your friends and family to make a donation and recommendation for your child. The more donations God's Garden receives, the more scholarships your child is eligible to receive. It is even possible to get your child's tuition completely covered for the entire year! **No need to wait, you can start making donations today.** To make a donation, visit the donor portal on the ACSTO website: <https://donor.acsto.org/>. Donors can also choose to donate by phone at 480-820-0403 or by mail. Mail donations with a donation card to PO Box 6580, Chandler, AZ 85246.

3) Attend an ACSTO Parent Workshop to learn more about the program, find out how much you can donate, and ask Questions! God's Garden is offering an ACSTO Parent Workshop on February 23rd at 6:00pm via Zoom. Contact me for the link.

4) Receive a dollar for dollar credit on your state taxes.

Award Cycles

There are 4 award cycles each year:

1. **Summer** - awarded in September, applications due by July 31st
2. **Fall** - awarded in November, applications due by September 30th
3. **Winter** - awarded in February/March, applications due by January 31st
4. **Spring** - awarded in May, applications due by March 31st

In order to receive tax credit scholarships you must apply on the parent portal by the deadline on the award cycle.

I recommend that you get started with this right away. Scholarships are awarded 4 times per year and the first award cycle is Summer - August. You must apply by July 31st to be eligible for the August (Summer) Award Cycle. But you may apply NOW.

Please visit the ACSTO website www.acsto.org for more information or watch a short video to see how it works - <https://youtu.be/vi4gSZOInyl>.

In the meantime, if you have any questions, please contact me or ACSTO directly at 480-820-0403.

Michelle Rhodes, *PhD*



Director
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God's Garden Child Development Center

Registration Form

2022-2023 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 | \$355 | \$300 |
| Age _____ Birthdate _____ | Toddler 2's MWF morning 8:45AM – 11:45AM | \$405 | \$345 |
| Age _____ Birthdate _____ | Preschool 3's MWF morning 8:45AM – 11:45AM | \$420 | \$360 |
| Age _____ Birthdate _____ | Preschool 3's, 4's, and 5's Full Day M-F 8:45AM – 2:45PM | \$650 | \$550 |
| Age _____ Birthdate _____ | Pre-K 4's MWF morning 8:45AM – 11:45AM | \$435 | \$370 |
| Age _____ Birthdate _____ | Pre-K 4's MTWTH 8:45 – 11:45AM *extended T/Th to 1:45PM* | \$545 | \$465 |
| Age _____ Birthdate _____ | Pre-K 4's M-F 8:45 – 11:45AM *extended T/Th to 1:45PM* | \$620 | \$530 |
| Age _____ Birthdate _____ | Kindergarten Full Day M-F 8:45AM – 2:45PM | \$630 | \$535 |
| Age _____ Birthdate _____ | Stay and Play Extended Care M-F 2:45PM – 5:45PM | \$585 | \$500 |
| Age _____ Birthdate _____ | Preschool Full Day + PM Extended Care M-F 8:45AM – 5:45PM | \$1050 | \$895 |
| *Registration & Supply Fee – Per Child – Returning Families | | \$200 | \$170 |
| *Registration & Supply Fee – Per Child – New Families | | \$220 | \$190 |

I have read, understand, and agree to adhere to the GGCDC 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 _____

For office use:

P/D _____

A _____

N _____

Date: _____

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 2022-2023 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 first day of school.
- _____ I understand that tuition is due on the 1st of each month, August – May. Tuition is late if received after the 5th. 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**

| | | |
|---|-----------------------|---|
| 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: |
|------------------------------|--------------|----------------------------------|

*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: | |
|---|--|

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: |
| | | |