

# God's Garden Preschool

## Summer 2026

### REGISTRATION INSTRUCTIONS

God's Garden Preschool is offering 5 weeks of camp this Summer + VBS Week:

- VBS Week is June 1-4. This class is offered from 8:45am – 11:45am. The cost is \$45. No Stay and Play is offered this week. **Children must be 3-years-old and potty trained to attend VBS week.**
- There are 5 weeks of Summer Camp. Part-time and full-time care is offered for children ages 2- to 8-years old. Children do not have to be potty-trained to attend these weeks.
- Our program includes a discovery-based curriculum with a new theme weekly.
- Summer Stay and Play offered Monday - Thursday from 11:45am – 2:45pm for additional charge (must be potty trained to attend), except during VBS week. Cost is \$15/hour.
- Registration is required – No Walks in accepted. You must register in advance - by the Friday before each week of camp - to secure your spot. There is a one-time registration fee of \$35/child for all 5 weeks of summer camp. You may email or drop off documents daily.
- Tuition is due weekly via the Brightwheel App (see attached Instructions).
- 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).

You **MUST** submit the following to REGISTER your child:

- Completed Registration Form
- Registration Fee - \$35 per child
- Completed Emergency Form (if not already on file)
- Immunization Record (if not already on file)
- Birth Certificate (if not already on file)



We use brightwheel for **online bill pay, daily sign in and out, attendance, communication, photos, videos, and much more!**

Download the  **brightwheel** app on your phone to use at school!

### Getting Started:

1. **Create a free brightwheel account.** When you receive an invitation via email or text, please create a free parent account using either the [web](#) or [mobile app](#). Make sure to use the same [email address](#) or [cell phone number](#) that the invitation was sent to.
2. **Confirm your child's profile.** You will see your child's profile after you create an account - you can confirm information such as birthday, allergies, and additional contacts. If you do not see your child's profile, please contact us with the email address or phone number you used to sign up. You will not see updates within brightwheel until we start to use it regularly.
3. **Set your account preferences.** You can adjust your notification preferences within your profile settings on the app.
4. **Add your payment information.** Brightwheel offers secure, automated online payments that saves time for us and gives you advanced tools and reporting. Please add your [payment information](#).

### Signing In/Out:

- Use the **mobile app on your phone with the QR code** at your child's class Kiosk
- Use the **ipad at the classroom kiosk** to sign in and out
- Use the **ipad at the front desk counter** to sign in and out

Please let us know if you have any questions or difficulty getting set up.

Thank you,  
God's Garden Office



# 2026 SUMMER REGISTRATION

**PART-TIME CAMPS**  
 5 weeks of Summer Camp  
 Plus an extra week of VBS!  
 Ages 2-8, except for VBS  
**Monday - Thursday**  
**8:45am - 11:45am**  
 Part-Time Cost: \$150/week  
 June 8<sup>th</sup> - July 16<sup>th</sup>  
**VBS Cost: ONLY \$45/week**

**STAY AND PLAY\***  
 5 weeks of Extended Care  
 Ages 2-8  
**Monday - Thursday**  
**11:45am - 2:45pm**  
 SNP Cost: \$15/hour  
 June 8<sup>th</sup> - July 16<sup>th</sup>  
*\*Not available VBS week*

**FULL-TIME CAMPS**  
 5 weeks of Summer Camp  
 Ages 2-8  
**Monday - Thursday**  
**8:45am - 2:45PM**  
 Full-Time Cost: \$230/week  
 June 8<sup>th</sup> - July 16<sup>th</sup>  
*\*Not available VBS week*

ALL OPTIONS REQUIRE A ONE-TIME \$35 REGISTRATION FEE PER CHILD. PLEASE COMPLETE ONE FORM PER CHILD.

\*Registration due weekly - Friday before 1st day of camp - to secure your child's spot.

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

Parents' Names \_\_\_\_\_ Is your child potty trained? Yes or No

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Yes/No I give God's Garden my permission to use my child's photograph/video on Social Media and Website.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>MONDAY - THURSDAY</b> 8:45AM – 11:45AM	<b>Mark an X to Register</b>	<b>Is your child 3-years-old &amp; potty trained?</b>	<b>NO EXTENDED CARE THIS WEEK</b>
VBS Week: June 1-4 – Vacation Bible School			<b>**NOT AVAILABLE THIS WEEK**</b>

PLEASE MARK AN "X" NEXT TO THE CAMP WEEKS THAT YOU ARE INTERESTED IN ATTENDING

WEEK/THEME MONDAY – Thursday 8:45AM – 11:45AM	FULL-TIME M-Th 8:45AM-2:45PM	PART-TIME M-Th 8:45AM-11:45AM	STAY AND PLAY (SNP) M-Th 11:45AM-2:45PM \$15/HR (Circle days your child will attend)	# HOURS ATTENDING SNP M-Th 11:45AM-2:45PM
Week 1: June 8-11 – All Things Dinosaurs			M T W Th	
Week 2: June 15-18 – Bugs! Bugs! Bugs!			M T W Th	
Week 3: June 22-25 - Construction			M T W Th	
– NO SCHOOL – Jun 29-July 2 – NO SCHOOL –				
Week 4: July 6-9 – Down on the Farm			M T W Th	
Week 5: July 13-16 – At the Doctor's Office			M T W Th	

\*ADVANCED REGISTRATION FOR SUMMER CAMP IS REQUIRED. TO SECURE A SPACE FOR YOUR CHILD, PAYMENT IS DUE THE FRIDAY BEFORE CAMP STARTS. NO WALK-INS ACCEPTED!

# GOD'S GARDEN PRESCHOOL 2026 SUMMER CAMPS



## JUNE 1-4: VACATION BIBLE SCHOOL (VBS)

Kick off your summer with Vacation Bible School, hosted by Horizon Church and God's Garden Preschool. Join us for a week of fun-filled activities, songs, and lessons that help your child build a relationship with God.

**Children must be 3 years old AND potty-trained to attend VBS Week. NO STAY AND PLAY AVAILABLE.**

## WEEK 1: JUNE 8-11: ALL THINGS DINOSAURS

Join us for a week of Dino-diggin' fun as we explore all things dinosaurs. Has your child ever wanted to see how big a T-Rex footprint really is? The children will learn all about these prehistoric animals through hands on exploration and science discovery. They will read, create, observe, dig, measure, stomp and dance their way through many fun dinosaur activities.

## WEEK 2: JUNE 15-18 – BUGS! BUGS! BUGS!

Explore nature this week by learning about bugs in your backyard! Children will be having fun and getting dirty by searching for bugs. We will be going buggy learning about so many different kinds of bugs!

## WEEK 3: JUNE 22-25 - CONSTRUCTION

Ready to build, dig & wheel? Plunge into construction with robots, sky scrapers, dump trucks and more. Grow your imagination while you become carpenters, architects, and engineers this week! Come enhance your child's fine motor skills, problem solving, cooperation, and creativity.

## WEEK 4: JULY 6-9: DOWN ON THE FARM

Come down on the Farm with us. Farms are busy places every day of the year. There is always something to do down on the farm – animals are born, fields are plowed and planted, and crops are harvested. Learn all about farms with us!

## WEEK 5: JULY 13-16 – AT THE DOCTOR'S OFFICE

Feeling a bit under the weather? Pull out your lab coats and stethoscopes and explore the doctor's office with us. Learn about the human body, how to stay healthy, and taking care of others. Our students will build their imaginations as they pretend to be doctors, nurses, lab techs, paramedics, and so much more!

**\*VBS is for children ages 3- to 8-years-old.** Summer Camps are for children ages 2- to 8-years-old. Children **do not** have to be potty-trained to attend weekly Summer Camps, but they **must be** potty-trained to attend Stay and Play extended care. Advanced Registration is required. Space is limited.



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:
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