

God's Garden Preschool 2026-2027



REGISTRATION INSTRUCTIONS

Registration for the 2026-2027 school year is now underway. Please drop off your paperwork anytime between 8:00AM and 3:00PM daily or email it to us at godsgarden@horizonchurch.com. **All required documents and fees MUST be received to hold your child's spot.**

Please submit the following documents to REGISTER your child:

- Completed Registration Form
- Completed Parent Participation Agreement
- Registration and Supply Fee (\$325 per child via Brightwheel)
- Emergency Form (please submit an updated form)
- Immunization Record (please submit a current copy – unless nothing has changed from your previous record that we already have on file)
- Birth Certificate (if we don't already have one on file)

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 between 9:00AM and 11:00AM daily
- Tuition is due on the first of each month via www.brightwheel.com
- Check your spam folder in your email to make sure you haven't missed any important emails from godsgarden@horizonchurch.com.

God's Garden Child Development Center
Registration Form
2026-2027 School Year
Updated 04/16/2026

***A non-refundable Registration Fee is due at registration (Via Brightwheel App)**

Program Preference Mark the appropriate age (must be of age on or before Aug. 31)	Programs Offered	Monthly Payment (eldest child)	15% Sibling Discount (2 nd child)
Age <u> </u> DOB <u> </u>	*Full Day hrs are 8:45AM – 2:45PM on days indicated. SNP is offered before school starting at 7:30AM and after school until 4:30PM		
Age <u> </u> DOB <u> </u>	Little Sprouts Toddler (2's & 3's) MWF morning 8:45AM – 11:45AM	\$475	\$405
Age <u> </u> DOB <u> </u>	Ladybugs Preschool (3's & 4's) MWF morning 8:45AM – 11:45AM	\$515	\$440
Age <u> </u> DOB <u> </u>	Rainbow Room Preschool (3-5) M-F full day 8:45AM – 2:45PM	\$900	\$765
Age <u> </u> DOB <u> </u>	Butterflies Pre-K (4's & 5's) MW 8:45AM-11:45AM AND T/Th 8:45AM-2:45PM	\$725	\$615
Age <u> </u> DOB <u> </u>	Tiger Cubs Pre-K (4's & 5's) MWF morning 8:45AM – 11:45AM	\$600	\$510
Age <u> </u> DOB <u> </u>	Sunshine Room Kindergarten Full Day M-F 8:45AM – 2:45PM	\$950	\$810
Age <u> </u> DOB <u> </u>	Extended Care – AM or PM or BOTH – additional fee	TBD	TBD
*Registration & Supply Fee – Per Child		\$325	\$275

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

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

Child's Name: _____ Nickname(s): _____

Gender: Male or Female Age: _____ DOB: _____ Potty Trained? Yes or No

Parent's Name(s): _____

Home Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian Signature _____ Date _____

Horizon Church Member? Yes or No Name of Home Church: _____

My family is looking for a home church and would like to be contacted by Horizon Church: Yes or No

CHAPEL T-SHIRT ORDER FORM

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

T-shirt size: Youth XS Youth Small Youth Med

God's Garden Child Development Center (GGCDC) 2026-2027 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 10 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. **MY CHILD MAY NOT ATTEND GGCDC UNTIL THEY HAVE RECEIVED AN IMMUNIZATION RECORD OR EXEMPTION AFFIDAVIT.**
- _____ 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 is posted in Brightwheel monthly. 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 \$25 late fee for payments received after the due date.
- _____ I understand that I must pay tuition online via the Brightwheel App, monthly. I will have the option to pay via credit card or my bank account (There is a 2.9% fee for credit cards and a \$.90 fee for ACH payments). I will be able to set up autopayments monthly if I choose to do so. **NO CASH OR CHECK ACCEPTED.**
- _____ I acknowledge receipt of the Parent Handbook, Back to School Information Packet, and Classroom Handbook. 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 AZDHS health form. I understand it is my responsibility to add any additional approved individuals to the AZDHS health form before your child will be released to them.
- _____ I understand that my child may be expelled or withdrawn 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 therapist, creating a Behavior Support Plan, and providing me with access to resources, therapy, and/or training.
- _____ I understand that a **30-day paid notice** is required if I decide to withdraw my child from the program. 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.

Parent Signature _____

Date: _____



**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

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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 If yes, list precautions:
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:



Dear Parents,

We are excited to announce this year we will continue to use brightwheel as our online billing system for tuition payments, daily Sign-in and Sign-out, attendance, communication, photos, videos, and so much more!

Directions

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

Getting Started:

1. **Create a free brightwheel account.** After 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 it is used 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 save time for us and gives you advanced tools and reporting. Please add your payment information to your profile.

Daily usage:

Use the mobile app on your phone to scan the QR code at your child's class kiosk daily to sign your child in and out of school. This replaces the paper and pencil version of signing in and out daily.

We're so happy to be using this state-of-the-art billing system here at God's Garden. We hope you enjoy using it. Please let us know if you have any questions or need help getting your app set up.

Thank you,

God's Garden Front Office Staff



Scholarship Opportunities

God's Garden Child Development Center offers scholarship opportunities, yearly. Scholarships help families afford high quality early care and education for their young children. There are several different scholarship programs available, and we will help you determine which scholarship best meets your family's needs.

Available Scholarships (Parents must exhaust all other scholarships prior to being considered for the Horizon Church Scholarship):

- 1) Quality First Scholarship (birth to 5 years, not including kindergarten)
- 2) ACSTO Scholarship (Kindergarten only)
- 3) ESA (Empowerment Scholarship Account) Program by the AZ Dept of Ed. (Kindergarten only)
- 4) Horizon Church Scholarship (birth to Kindergarten)

1) The Quality First Scholarships are awarded to eligible families with children ages 0-5 based on family eligibility criteria as determined by First Things First. Please visit the following website for an application: <https://www.qualityfirstaz.com/participant-benefits/financial-incentives/quality-first-scholarships/> or contact your school's director.

2) ACSTO Scholarship is a school tuition tax credit. ACSTO uses tax credit donations to award tuition scholarships to Christian School students (grades K-12) attending one of their partner schools, like God's Garden. Please visit www.acsto.org for more information and to enroll.

3) ESA Scholarship refers to the Empowerment Scholarship Account Program. An ESA is an account administered by Arizona Department of Education (ADE) and funded by state tax dollars to expand educational opportunities for eligible students outside of the public school system in Arizona. Preschool students with identified special needs and/or K-12 students are eligible for this scholarship. ESA provides public funding to pay for private school tuition, educational therapies, tutoring, and more. You must apply on the website: <https://azsbe.az.gov/empowerment-scholarship-account-esa-program>.

4) The Horizon Church Scholarship grants up to \$100 of the total monthly tuition cost. It is awarded on a first-come, first-serve basis and is tied to family income levels and/or financial hardship. It is available for parents who may be working, looking for work, or improving their work skills through training or education. Other eligibility requirements may apply. The initial deadline to apply for Scholarships is August 7th, but applications may be submitted throughout the school year if funds are available. Only if you do not qualify for any of the other scholarships should you apply for this scholarship, or this scholarship may be used to offset the balance left unpaid by the other scholarships.

***Please Note:** In order to receive a scholarship, families must complete an application and submit required documentation which includes one month of recent pay stubs and current tax records, written statement from current employer, or public assistance (AHCCCS, Food Stamps, etc.) letter, etc. You must also provide proof of legal residency for your child.

Contact our Director with questions at directorgodsgarden@horizonchurch.com or 480-460-0081.

