GRACE GARDEN CHRISTIAN PRESCHOOL
10841 S. 48th Street • Phoenix, AZ 85044 • 480-598-5600
Fax 480-598-5640 • www.gracegardenchristianpreschool.com

APPLICATION FORM

GTF #_____ GTP#_____ GF #_____ GP #_____ GI #_____ GS#_____

Child's Name: (last) (first) (middle)			Birthday: / / Sex: M F
Child's Address:			Home phone:
Mother's Name:			Mother Age:
Home Address:			Home phone:
Occupation:			Cell phone:
Employer:			Work Phone:
Mom's E-mail Address:			
Father's Name:			Father Age:
Home Address:			Home phone:
Occupation:			Cell phone:
Employer:			Work phone:
Dad's E-mail Address:			
Does your child speak English?	Yes ___	No ___	Some ___
What language is spoken at home?	English ___	Spanish ___	Other ___
Do your child have a special need?	Language ___	Physical ___	Emotions ___
Please give the name and address of the school your child last attended:			
How did you learn about our school ?__Newspaper__Relatives___Friends___Walk-in___Internet ___Other			
Number of days per week requested: _____ Full day:_____ Half day: _____			

Registration fee: $_____ Deposit: $_____

I certify that the above information is correct. Further, I will inform the center of any changes in the above information within 24 hours.

Parent's signature:_____ Date: _____

Receive by: _____ Date:_____

Remarks:_____ Start Date:_____

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ADMISSION AGREEMENT

I, _____ (parent's name) have read and fully understand my child, _____'s (child's name) enrollment package including the parent handbook and agree to abide by the policies started therein. Furthermore, I acknowledge that for the welfare of my child, I am responsible to report any health problem my child may have as well as any special care or treatment needed in case my child becomes ill while at school.

_____ _____

Director's Signature Parent's Signature

_____ _____

Date Date

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DEPOSIT AGREEMENT

I agree to pay a deposit of _____which will be refunded to me upon withdraw of my child from the school, providing I notify the school two week in advance in written form. I understand that without the two week notification the deposit is not refundable.

Child's name _____ no._____

Parent's signature_____

Date_____

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FINANCIAL AGREEMENT

I agree to pay a two-week tuition of $_____ in advance on **the first day of every 2 weeks or a monthly tuition of $_____ at the beginning of the month. I understand that after a 3 day grace period a late fee of $5.00 per day will apply to my account.**

Upon registration, there will be a $_____ registration fee. I understand that there is no tuition deduction for absence. For our kindergartner, there is a $_____ books and materials fee. If I withdraw my child during school year, I can keep the books and materials I paid for.

I understand that it is very common for anyone, especially young children to be affected by a new environment. It takes time for the immune system to get accustomed to the germs/bacteria it has not encountered previously. Therefore, there will be no tuition refund because my child has become ill (cold, runny nose, sneezing, coughing, fever, chicken pox, German measles and other communicable diseases) while attending the school.

I also agree to notify the school **2 weeks in advance in written form** before withdrawal. I understand that **without the 2 weeks notification**, I will not receive the deposit I submitted upon enrollment.

We have provided a **"Tuition Express Form"** for your convenience. Please see the next page to fill out the form and return to the office.

Child's Name _____. No_____

Parent's Signature_____ Date_____

(SEE TUITION & FEE SCHEDULE)

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STUDENT MEDICAL RELEASE/EMERGENCY INFORMATION FORM

I, the undersigned, give my consent to Grace Garden to administer first aid, to authorize a medical doctor to examine my child, to authorize necessary emergency treatment at a nearby hospital and/or to order ambulance transportation for my child at my expense while he or she is in attendance at Grace Garden and or at a related field activity.

Name of Child: _____Date of Birth: _____

Address:_____ City: _____

State:_____ Zip:_____ Phone: ____-_____-_____

Insured By:_____ ID Number: _____

In case of emergency-First Contact

First Contact_____ Home #:____-_____-_____Work#:____-____-_____

Second Contact_____ Home#: ____-_____-_____ Work#____-____-_____

If we are unable to contact parents please contact:

_____ Home#:____-_____-_____ Work# ____-____-_____

Address:_____ Relationship:_____

If we need to contact child's physician:

Child's Doctor:_____ Phone#:_____

Hospital Name: _____ Address: _____

If we are unable to contact child's physician, contact (check one):

Emergency Hospital_____ Nearest Physician: _____Other:_____

Child's Allergies:_____

_____ _____

Signature of Parent of Guardian Date Signed

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PERMISSION FORM

I hereby give my permission for _____ (child's name) to be delivered and picked up the following persons.

Signature: _____

I give my permission to have _____'s (child's name)

picture taken to be used for educational purposes, (e.g. teacher training or school use)

I understand that my child's name will not be used without my express permission.

Yes : _____No : _____

I give my permission for my name, address, and telephone number to be given to other parents as business referral.

Yes :_____No: _____

_____ _____

Signature of parent Date

CDC/SGH# or name:_____

Arizona Department of Health Services

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:** ☐ **male** ☐ **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:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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? **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	☐ **No** ☐ **Yes**
Is child usually susceptible to infections and if so, what precautions need to be taken? **If yes**, list precautions:	☐ **No** ☐ **Yes**
Is child subject to convulsions and what should be our procedure if one occurs? **If yes**, specify procedure:	☐ **No** ☐ **Yes**
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.)? **If yes**, list precautions:	☐ **No** ☐ **Yes**
Additional comments: n/a	
Other special instructions: n/a	

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:**