

2024 Summer Program Rates for ages 3 - 5 year old children

	Daily Rate 3 or more days	Weekly rate (July 4 wk pro-rated)	Monthly rate
Option #1 7:00 a.m. - 12 noon	\$30 per day	\$147 per week (July 4 wk: \$90)	\$588 June/\$530 July
Option #2: 9:00 a.m. - 3:00 p.m. (Early stay CANNOT be added to this option)	\$34 per day	\$168 per week (July 4 wk: \$102)	\$672 June/\$605 July
Option #3: 7:00 a.m. - 6:00 p.m. Your child does not have to stay all 11 hours	\$42 per day	\$210 per week (July 4 wk: \$126)	\$840 June/\$756 July

Discounts for multiple siblings or military:

Child attending half day (options #1) 10% off total

Child attending extended or full (options #2 or #3) 15% off total

Limited
Availability

2024 Preschool Summer Registration: Ages 3 – 5 years old (going to Kindergarten in the fall)

Date	Child's name		
Registration fee \$30 one child \$55 two or more kids	⇒ Circle your choice:	credit/debit card	bill to BW app
Child's Birthdate	Parent name(s)		
Mom's cell	Mom's Email		
Dad's cell	Dad's Email		
Circle days* to attend	Circle time-frame to attend	Check weeks to attend	
*No 2-day option Must attend 3 or more			
M T W TH F	7-12:00	9-3:00	7-6:00 [] June 3rd-7th
M T W TH F	7-12:00	9-3:00	7-6:00 [] June 10th-14th
M T W TH F	7-12:00	9-3:00	7-6:00 [] June 17th-21st
M T W TH F	7-12:00	9-3:00	7-6:00 [] June 24th-28th
M T W 3-day tuition rate	7-12:00	9-3:00	7-6:00 [] July 1st-3rd
M T W TH F	7-12:00	9-3:00	7-6:00 [] July 8th-12th
M T W TH F	7-12:00	9-3:00	7-6:00 [] July 15th-19th
M T W TH F	7-12:00	9-3:00	7-6:00 [] July 22nd-26th
<ul style="list-style-type: none"> • Preschool CLOSED with no classes from July 29th – August 9th 			
<ul style="list-style-type: none"> • New school year begins Monday, August 12th 			

Child's Name:

Date completed:

Child Information Form

The following information will help your child's teachers and director become more acquainted with your child as quickly as possible. This form is confidential and does not affect whether your child will be accepted into Calvary North Preschool. Any information given by you will not be shared with anyone except his/her teacher and the director.

I understand the purpose of this form:

1. _____

Parent: please print name

2. Family - people living with child (including parents):

Name	Relationship to Child	Age
	Father	
	Mother	

3. Has your child ever attended childcare? _____ [] home care [] facility care

If so, where? _____

4. Parents' marital status: (circle one)

Married Separated Divorced Single Widowed

5. Has your family moved recently? Yes No Date: _____

6. Has there been illness or recent loss in the family? Yes no

If so, please briefly describe: _____

7. What does your child like best to do with his/her family?

8. Any other information you'd like for us to know about family matters:

--

Physical Development & Medical Information

9. Does your child have physical limitations of any kind? _____

10. Does he/she speak or understand another language? _____
11. Is your child currently experiencing speech difficulties? If so, how?

12. Has he/she had a serious illness or operation of any kind? _____

13. Is your child prone to ear infections? _____ How often? _____
14. Does he/she have allergies? _____ What kind? _____
15. Is your child more prone to use the left or right hand? _____
16. Describe the birth of your child: (include how long carried, what type of birth)

17. Does your child have problems sleeping, eating or with elimination? Describe:

18. Are you concerned about developmental delays that you intend to have evaluated?

19. Potty habits: Check all that apply
- [] My child is potty trained (has no accidents during the day, at nap or during the night)
- [] My child wipes his/her own bottom after a bowel movement and/or urination
- [] My child wears underwear, but a parent wipes him/her after potty time (both pee and poop)
- [] He/she has potty accidents during naps and/or at night
- [] My child only wears underwear even while sleeping and/or napping
- [] My child wears diapers or pull-ups at all times
- [] We have not begun the potty training process yet
- [] My child will tell someone or go to the bathroom independently without reminders

20. Habits? (such as thumb sucking, bedwetting, etc. ...) _____

21. Is there any behavior in your child that you would like for us to know about?

22. What types of situations make your child fearful? _____

23. What is the best way to comfort him/her when anxiety happens? _____

24. Circle appropriate levels for the following:

Follows directions	always	often	sometimes	never
"Pitches a fit"	always	often	sometimes	never
Cries (without being hurt)	always	often	sometimes	never
Physically violent	always	often	sometimes	never
Hyper-active	always	often	sometimes	never
Lethargic	always	often	sometimes	never
Stubborn	always	often	sometimes	never
Resist control/correction	always	often	sometimes	never
Bites or scratches when mad	always	often	sometimes	never

25. My child is put to bed at _____ (time, on average); He/she is asleep by _____ (time, on average). I wake my child at _____.

26. My child sleeps in his/her own room. If not, please explain:

27. My child can self-soothe to go to sleep _____ yes _____ no

28. He/she will not go to sleep unless we _____

29. How many hours of sleep do you think your child needs (including naps)?

30. What kind of toys or role play does your child most enjoy? _____

31. What causes your child to laugh most easily? _____

32. Are your child's activities more sedentary or active? _____

33. How much time (in minutes) does your child spend on an ipad, cell phone app or other electronic device **per day**? _____

34. Do you read to him/her? _____ How often? _____

35. Does your child dance and/or sing to music? _____

36. Would you say your child has trouble sharing? _____

If so, what does he/she do? _____

37. How much interaction does your child have with children 2 or more years older than him/her? _____

38. What type of discipline/guidance is used at home for unacceptable behavior?

Circle all that apply: verbal admonishment loud voice "time out"

Privileges taken away toys/treasured items taken away behavior chart

stickers/rewards spanking separation withheld food and/or treat

other _____

39. Skills: on a scale of 1 - 10, rate each of the following: (1 = low skill - 10 = high skill)

Sounds out letters _____ Recognition of numbers _____

Recites names of letters _____ Counts in sequence to 20 _____

Draws basic shape of letters _____ Names shapes & colors _____

Listens without interrupting _____ Sits at the table to eat meals _____

Speaks in full sentences _____ Gets along with kids his/her age _____

40. When my child gets angry or frustrated, he/she will (circle all that apply even if it doesn't happen frequently): yell stomp cry hit bite

throw things scratch go "hide" somewhere try to run away from adults

Child's Name:

Parent Information

Why all the questions? Parents are one of our best resources for sharing experiences, expertise, and culture!

Mother's Name _____

Mother's employer _____

Job Title: _____

What do you do at work? _____

Father's Name _____

Father's employer _____

Job Title: _____

What do you do at work? _____

Hobbies/Interests/Skills: circle all that apply for both/either parent(s)

reading crafting painting musical instrument _____

cycling boating fishing racing flying hiking

cooking dance woodwork gardening pottery knitting

archery photography video games film making climbing

jogging body build shopping historical reenactment sports

Other _____

Child's Name:

Ethnic Background

Our family has members from a country other than the United States:

Mom's birth country _____

Dad's birth country _____

Language

We speak _____ language at home

Our child is: (circle one) bilingual only speaks English

understands our language but doesn't speak it fluently

Parent Participation

The following person would be comfortable sharing with the class (or school) about our culture: mom dad

Other relative _____

Military Affiliation

My child has a relative who served or is serving in the military:

yes no

Relation to child _____

Branch of military _____

Time served _____ War Veteran? Yes no

Is it okay to contact this person? If so:

Name _____ Contact # _____

Email _____

Child's Name:

Date Completed:

Permission Form

Parent's Printed Name _____

1. Photos:

Permission to take photographs (check each item you approve of) to be used

- _____ in the classroom _____ for art projects
- _____ in brochures/advertisements for CNP _____ on the web site
- _____ for slide shows to be shown at events

2. Chapel: (initial blank line)

_____ I am aware that my 3 year, 4 year and Kinder age child will attend chapel in the church worship center (building E) which means leaving the C building and walking with a teacher to chapel. Chapel is held on a rotating schedule Mondays - Fridays.

3. Treats:

Treats will not be given often, but may occasionally be used for positive reward. Please check your decision:

- _____ I give permission for treats to be given to my child by teachers and/or the director
- _____ I don't mind an occasional treat, but NEVER give my child the following foods _____
- _____ Do NOT give my child treats at any time.

Parent Signature _____

There will be separate permission forms for field trips

Handbook Agreement:

Summer 2024

Go to Calvarynorth.com

Click "school" at the top of the page

Click "packets, forms, handbook", Click "Parent Handbook"

Please read ALL policies carefully

If you need additional information or explanation about any of our school policies, please contact Andrea Semintendi, assistant director.

andrea@calvarynorth.com

Office: 602-992-6922, ext. 10

*****cut off this signed portion and return*****

Return this form with registration paperwork

I have read all of the CNP parent handbook. I understand all school rules and agree to abide by those rules, so my child(ren) and family have a positive, safe, and fair experience while participating in this program.

Mom print name _____

Date _____

Dad print name _____

Date _____

Child's name _____

Tuition Payment and Fees Information

Important:

You are allowed to pay your child's summer tuition **weekly or monthly**.

You can register for less than 5 days, but the daily rate must be paid at the beginning of the week.

For example:

If you register for 3 days per week at a rate of \$31 per day, you would need to pay \$93 on Monday of that week.

Absence from illness:

If your child gets sick and was not able to attend the days you paid for, you may request a make-up day; however, **it is your responsibility to let us know your child is out sick** through the Brightwheel app or by emailing the assistant director:

Andrea andrea@calvarynorth.com

Make-up day forms can be found on the last page of the parent handbook.

July 4th week is prorated, NO make-up days will be approved for that two-day closure.

How to pay tuition

Tuition will be paid by debit/credit card or bank withdrawal through our Brightwheel app—no cash or checks accepted

You will supply your debit/credit card number or bank information in TWO places

1. On the paper form included in this registration: Form #4
2. Enter in the Brightwheel app under the billing portion

You can choose in the BW app to pay "auto." The amount will be charged to your card or withdrawn from your bank account either weekly or monthly as you've chosen. We cannot guarantee the amount will be taken on certain days, so if you need the money to be charged/withdrawn on a particular day (every Monday, for example), you'll need to choose the next option of NOT setting it to auto.

If you do NOT set the BW app to auto, but then YOU MUST go into the app to pay tuition each time.

NOTE: each child will have a separate bill/account. We do not bill family rates.

Tuition Payment:

Summer 2024

Child's name _____

Person paying tuition _____

Contact phone number _____

Contact email _____

We are choosing to pay (summer only) weekly monthly

We will set our tuition to auto charge/withdrawal in Brightwheel

no auto in Brightwheel app

We will pay with debit card credit card bank withdrawal

Please supply the following AND put the information into the billing section of the Brightwheel app

Already on file with the preschool

1. Credit/debit card

Name on card _____

Card number _____

Exp. Date _____ Security code _____

.....
Or 2. Bank withdrawal

Name on account _____

Routing number _____

Name of bank _____

Your personal account number _____



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

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

Parent 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.**

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.

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

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:

2024 Summer Registration checklist

All of the following must be returned to secure your child's spot!
Check off each one, so you don't miss anything.

- o Registration (registration fee will be billed to Brightwheel)
- o Child Information form (2 pages-front and back)
- o Parent Information form/Ethnic background/Military affiliation
- o Permissions form
- o Tuition information
- o Tuition payment info
- o Handbook agreement (sign and return half sheet)
- o ADHS licensing form
- o Immunization record or signed waiver (request waiver, if needed)

