



Enrollment Application

OUR MISSION:

*To Love, Protect, Teach and Serve All Children
As We Honor Our Lords Command to Take the
Good News to the World*



Glendale @ Faith Bible Church
17230 N. 59th Ave
Glendale, AZ 85308
602-682-7020

El Mirage @ Streams Church
6532 N. El Mirage Rd.
Glendale, AZ. 85307
623-335-1414

Goodyear @
13380 W. Van Buren St.
Goodyear, AZ 85338
623-932-9940

www.GreatBeginningsAZ.com

EDUCATIONAL PHILOSOPHY

We believe that children can learn foundational life truths that can forever positively affect the course of a young life. For that reason, we believe that our work is a ministry. Our ministry is to provide the highest quality care and age appropriate learning experiences through excellence in:

Teacher Selection:

We choose experienced and qualified teachers who know the educational and developmental needs of children. We partner with local area churches and other industry professionals to recruit committed teachers who love the Lord and love children. Stringent screening and interviews are conducted and all staff is required to be certified in CPR and First Aid with 6 months of hire. In addition, teachers must be registered, fingerprinted, and complete a criminal affidavit when hired. Complete background checks are done on each staff member at both the state and federal level to ensure the safety of our children. The majority of all people we screen are not granted an interview and a high percentage of those interviewed do not meet our high standards and are not hired.

Programs and Education:

Great Beginnings Preschool offers a variety of programs for children ages one to five years old. Our year-round programs include full-time, part-time, part-day and summer camp. Please ask your Center Director for information on current program availability. Our educational philosophy emphasizes basic skills involving letter and number recognition, pre-reading skills, science and health, social skills, music, art, American history and physical development. We incorporate Bible teaching and stories as the “hub” of all learning. Our commitment is to teach basic biblical concepts about God and His love for each of us. We live in an age of fear and uncertainty and our children have questions that apart from God’s Word cannot be adequately answered. The Bible tells us to “train up a child in the way he/she should go and when they are old they will not depart from it”. This is a promise from God and we are committed, therefore, to teach children about God and His Word. We hope you share this commitment. We are a non-denominational organization who welcomes students and families from every walk of life.

A Healthy Environment:

Safety, supervision, cooperation, sharing, respect, and positive words are the standard for each of our preschools. Our professional, caring staff, is trained, motivated and tested, and is required to continue education in their field. We are licensed and inspected by the State of Arizona. The greatest care is given in providing an environment of safety and an atmosphere of love and positive relationships. Unconditional love is taught and practiced at Great Beginnings. If a child’s behavior is wrong, then he/she will be disciplined with a “time out” or “loss of privilege”. Love will always be spoken and reinforced in the life of each child. We emphasized positive reinforcement of good behavior and reward children with praise and privilege.

Our children are the future leaders, mothers, fathers, and business people of the world. We have a special privilege and responsibility to give our children the very best. Our business is building young lives into responsible, caring people who will lead happy, meaningful lives.

Signature: _____ Date: _____

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The enrollment process is very important. Each form must be filled out completely with a signature and date.

This application will be reviewed carefully by one of our school directors. Please take your time in reading and completing each form. Please do not hesitate to let us know if you have questions or if you need assistance in any way.

We are confident that you will find wonderful care for your child at Great Beginnings. We welcome any suggestions that you might have to help us improve the quality of our care.

The following is a checklist to assist you in the completion of the enrollment process. Please initial each item as you complete it and return this sheet with your enrollment forms.

NEW ENROLLMENT CHECKLIST:

ALL FORMS MUST BE FULLY COMPLETED & SIGNED

Please initial beside each item after completing and signing the appropriate forms.

- _____ Enrollment Record
- _____ Policy Agreement
- _____ Child's Personal Record
- _____ Medical / Emergency Record
 - * Including at least 2 emergency contacts. (State Law requires 2).
 - * I have answered all questions relating to the medical information.
- _____ Tuition Express Form for automatic payments.
- _____ Expulsion Policy Form / Biting Policy Form

Please initial next to each item after providing copies of the following:

- _____ State issued Photo Identification (mother & father/legal guardians)
- _____ Current Immunization Record or Exemption Form for each child
- _____ Custody Papers (if applicable)

What to Bring on the First Day for your child:

- _____ Lunch box (labeled w/ child's name) with a nutritious lunch and 2 snacks
- _____ A sippy cup (labeled w/ child's name)
- _____ Small backpack (labeled w/ child's name)
- _____ Crib sheet and blanket that fit entirely into the backpack
- _____ A large Ziploc bag with extra clothes including-
 - _____ a shirt
 - _____ a pair of shorts/pants
 - _____ underwear
 - _____ socks

(Children 2 and under)

- _____ Diapers/Pull ups (labeled w/ child's name)
- _____ Wipes (labeled w/ child's name)

Signature: _____ Date: _____

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Policy Agreement

Child(rens) Name(s)	Child Age	Tuition Amount (Office Staff)

Attendance Schedule

Great Beginnings hours of operation are Monday – Friday from 6:30am – 5:30pm.
Full time children may be at the center for a “maximum” of 10 hours a day.

Day	Time-In	Time-Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Enrollment Start Date: _____

Enrollment: The legal parent or guardian must fill out all enrollment forms and emergency information completely and accurately and sign each signature line. The parent or guardian is required to notify the office immediately of any changes in emergency information, especially addresses and phone numbers.

Enrollment Trial Period: We offer a two-week trial period upon enrollment for full-time students, or a total of 10 attendance days for part-time students, to allow families to acclimate to our environment and program. Childcare may be terminated by either the provider or the parent(s) during this trial period without advance notice. Great Beginnings Preschool reserves the right to terminate this enrollment contract for the following reasons: *The child(rens) behavior was destructive, uncontrollable, violent or threatening to the other children or providers at the care facility. This decision is based on the sole discretion of the provider. *If childcare fees are two-weeks delinquent. *If a child's needs exceed our staff's capacity to provide appropriate care, we reserve the right to reassess their enrollment. *If we find our resources or expertise insufficient, or if fundamental alterations need to be made to our program to accommodate a child's special needs, enrollment may be terminated in the child's best interest. Our commitment remains to maintain an inclusive and supportive environment for all children.

School Withdraw Notice: We require a full one week (7 day) notice in writing of your intent to withdraw your child from our school. Failure to give a full week 7 day notice will result in the full tuition payment being due still.

Enrollment Fee: \$125 per child (\$250 max per family)
(this enrollment fee will be charged again if you temporarily withdraw and re-enroll)

Signature: _____ Date: _____

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Charges, Fees & Payment Requirements: An enrollment fee is charged to enroll in school. Enrollment fees will be charged for anyone who withdraws and then re-enrolls. Enrollment fees are non-refundable “unless” the provider or parent has made the decision to withdraw a child within the 10 day trial period. In this case the enrollment fee will be refunded in full on the condition that the parent has paid all other childcare tuition costs prior to withdraw. In addition, there are “supply” fees for the summer program charged in June and a Fall “supply” fee charged in November. These fees are annual fees for each enrolled child; this money helps the school pay for classroom supplies and school activities throughout the year. School supply fees are non-refundable.

Annual School Supply Fees: **Fall (1st Monday of November.):** \$50 (per child)

Summer (1st Monday of June): \$50 (per child)

Weekly Tuition:

Payment is due for services in advance for each week. Our billing program is called Tuition Express. Through Tuition Express (ACH) your payment will be safely and securely processed electronically each Monday for the coming week. Payment choices include: Electronic funds Transfer from your Checking Account, Debit or Credit from any Major credit card. Weekly tuition can also be paid with cash or check at the front desk.

Tuition Costs Per Age Group:

Our tuition structure varies according to age groups. The toddler program (ages 1-2 years) incurs a slightly higher tuition rate compared to our pre-k programs (ages 3-5 years). This pricing difference reflects the specialized care required for toddlers and the smaller teacher-to-child ratios in these classrooms. Upon reaching the age of three, children transition to our three-year-old pre-k program, where the daily tuition rate decreases. However, if a child is not completed potty training by their third birthday, they will remain in the toddler classroom until fully trained. During this period, the child's tuition rate will remain consistent with the toddler program pricing until they are ready to transition to the pre-k program.

Non-Sufficient Funds Policy:

Returned checks or funds will be subject to a \$30.00 NSF fee. A pattern of non-sufficient funds will result in the withdrawal/termination of enrollment.

Summer Program Activity Fee: \$5.00

There is a weekly activity fee charged in the summer months for scheduled activities that go on in our school. The center director will make you aware of that charge at the beginning of the summer program. This weekly summer charge is for all ages.

Reserved Space Payment Policy

There are many costs associated with every child enrolled, some of which are: liability insurance, student accident coverage, staff salaries, property leases, utilities and a variety of other fixed and variable costs. These costs are incurred each day regardless of whether a child is actually in attendance or not. For this reason, all tuition is based on “reserved space” and not actual attendance. Upon enrolling at Great Beginnings Preschools you will be required to provide the days and approximate hours that your child will attend. Your requested days and hours are then reserved for your child and payment is required. Weekly attendance is required to hold your child’s reserved spot and there is a “2 day minimum” that your child will need to attend for each week. In the event a family is absent on a particular week tuition will still be due for that week.

Diaper & Wipes Fee: Parents with toddler children enrolled in our ones or twos program that require diaper changing will need a supply of diapers and wipes to cover their entire school day. In the event that a child runs out of diapers or wipes, the school will provide a diaper or pull for a \$3 fee (per diaper). If a child runs out of wipes the school will provide wipes at \$1 fee (per diaper change). These fees will be marked on the child's diaper log and will be charged to your account.

Signature: _____ Date: _____

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Late Payment Policies:

Late Payments will receive a \$25 late charge for the week.

Late Pick-Up Policies:

Your child must be picked up by the close of the school day. We close at 5:30pm. Late pick-ups will be charged \$1 per minute per child for every minute that a parent is late. After one hour (if the parent or emergency contacts cannot be reached) we are required by law to call the Police Department and/or Child Protective Services. Please be sure to always inform us by phone if you know you will be late. If late pick up becomes regular or excessive it could result in school withdrawal.

Suspended Service Policy:

Services will be suspended when an account becomes two weeks days past due on payment. Services will remain suspended until the account is brought current. If services are suspended the reservation of that spot is also suspended and re-enrollment is based on current space availability.

Absence Policy:

If the child is absent for one week without reasonable explanation and payment has not been made, services will be suspended and the child's reserved space will become available to the next child on the waiting list. Please be sure to call in all absences by 9:00am.

Child Admission and Release Requirements: Children must be in attendance no later than 10:00 AM daily. Arrangements for late arrival must be approved by the school Director.

Children are required by law to be signed in and signed out by the parent, legal guardian, or authorized person each day. Each child has their own "Sign In" page which must be signed each day. Using a first initial is permitted, but the last name must be signed in full in accordance with state law. Each child must be accompanied safely by their parent, legal guardian, or authorized person to their classroom. Do not for any reason pull up and let your child out in the parking lot. If the Director or Teacher does not recognize an adult picking up a child, the adult will be required to present proper picture identification. Any person attempting to pick up a child must have I.D. and be listed in the child's record as an authorized to pick up.

Visitors:

Visitors will be required to check in/sign in at our reception area and will be supervised by the Director or other designated staff person while in our facility.

Lunch, Snacks, and Rest Policy:

A nutritious lunch and two healthy snacks should be brought in each day in a lunch box. Each lunch box should contain:

- A label with the child's first and last name
- Adequate ice packs for the food
- "Ready-to-Serve" foods for the morning snack, lunch, and afternoon snack
- Milk or Juice for lunch – no sugary drinks or soda
- Utensils

No candy or soda is allowed to be brought into the school. Please notify the Director during the registration process if your child has allergies.

There will be a quiet time in the Preschool each afternoon for all preschool age children. Children are expected to rest quietly on mats or to engage in quiet teacher directed activities, allowing those who need to rest or sleep, the opportunity to do so.

Signature: _____ Date: _____

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Things from Home Policy:

Please bring an old set of clothes, a small blanket for naptime and a crib size sheet (for preschool children), a lunchbox/sippy cup and disposable diapers and wipes or pull-ups for those in training. Please mark all your child's belongings so they can be readily identified. All of your child's items must be brought home to be laundered weekly. Please remember to also occasionally wash backpacks and lunchboxes. Children are not allowed to bring toys from home. Please help us enforce this policy. Lost or broken treasures make for very sad children. Children can bring these items on our scheduled "Show & Tell" days.

Behavior Policy/ Suspension and Expulsion Policy:

Every effort will be made to care for any behavior problems through redirection or loss of privileges. Once a child is brought to the office you may be called at work to assist us with the correcting the behavior. If poor behavior/ aggressive behaviors towards other children or staff is a repeated issue with your child the director will meet with you and together a behavior plan will be developed. Every effort will be made to prevent suspension or withdrawal of the child. When challenging behaviors arise with a child, our staff will allow a reasonable period of time for the child to learn and correct the behavior. This can be achieved through teacher guidance, communication with parents and a behavior plan in place for the child.

Medical Policies:

Sick Children Policy: Sick children will not be permitted into school. If a child becomes sick while at school we will notify a parent or guardian and request that the child be picked up. It is mandatory that children be sent home that have a fever of 100 degrees or higher and/or have had 3 episodes of diarrhea, and/or have vomited 2 or more times at school. The child will receive care for 1 hour at no charge while suitable arrangements for pick up are made by the parent. If the child is not picked up within 1 hour, the parent will be billed at the rate of \$1.00 per minute for any time thereafter. The child cannot return to school until they have been symptom free for "at least" 24 hours. (fever free without the aid of fever reducing medicine, no vomiting, diarrhea free).

Emergency Medical Procedure:

If your child sustains a minor injury such as a scrape or abrasion, he/she will be treated accordingly and an OUCH REPORT will be given to the parent. In the unlikely event that a child should require emergency care we will notify the parent or guardian immediately and seek appropriate medical attention.

Medication Policy:

While our policy is not to receive sick children into school, we understand that circumstances exist that could require a well child to need medication. Our desire is for parents to administer medications before or after school so that Great Beginnings does not have to assume this liability. If it is essential for a life threatening or extreme medical condition that a child receive medication (i.e. EpiPen, Asthma Medication, etc.) while in our care we will administer medication once, at lunch time only or in the event of an emergency. Parents are required to fill out and sign a MEDICATION AUTHORIZATION form and have a **Doctors** Written Authorization. Any medication must have the child's name on it and must be in the original prescription container. All medication must be given to the Director or office staff. Never leave any medication in a back pack or with personal belongings. Medication must not be expired and unclaimed or abandoned medications will be disposed of.

Signature: _____ Date: _____

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Immunization Records:

Immunization records (or an exemption form) for each child from a physician or clinic are required and must be updated whenever there is a change in information.

Holidays:

In order to allow our dedicated staff to enjoy the holidays with their families and friends, all Great Beginnings locations will be closed the following holidays: Good Friday, Memorial Day, the entire week of Independence Day, Labor Day, Thanksgiving Day & the Friday after Thanksgiving, the entire week of Christmas (Dec.25th) , New Year's Eve and New Year's Day. Full tuition is still charged for weeks in which these holidays fall with the exception of the Independence Day week and the Christmas week closure.

Special Education/Children with Disabilities:

Each child requiring special education or care will be considered by the Director on an individual basis during an initial trial period. All newly enrolled children are subject to a 2 week or 10 day trial period. We will take into consideration our ability to meet the specific needs of the child during this trial; if a child's needs exceed our staff's capacity to provide appropriate care, we reserve the right to reassess their enrollment. If we find our resources insufficient, or if fundamental alterations need to be made to our program to accommodate the child's needs, enrollment may be terminated in the child's best interest after the trial period. Examples of a fundamental alteration to our program would be the need to hire additional staff to meet the needs of a child who is showing to need more one on one care. Another example of a fundamental alteration would be the need to purchase special equipment to accommodate a child's special needs. Our commitment remains to maintain an inclusive and supportive environment for all children; a trial period can assure the parents and our staff that we can accommodate the needs of their child.

Classroom Volunteers:

Parents may have opportunity to volunteer in our school activities/events. Volunteers must sign in at front office and must have a valid fingerprint clearance background check card on file with the school director prior to volunteering in the center.

Pest Control:

Great Beginnings will make written pesticide information available to a parent, upon a parent's request, at least 72 hours before a pesticide application occurs on facility premises.

Insurance:

Great Beginnings is fully insured in an amount in excess of the required amount by the State of Arizona.

DES Subsidy:

Great Beginnings is contracted with the Department of Economic Security and we welcome all families on DES.

State Inspection Reports:

Great Beginnings is licensed and regulated by the Department of Health Services. We are regularly monitored and inspected by the Office of Child Care Licensure and the results of those visits are available upon request. DHS is located at 150 N. 18th Ave, Phoenix, AZ 85007 and they can be reached by phone at (602) 542-1025

Signature: _____ Date: _____

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ENROLLMENT RECORD AND POLICY AGREEMENT:

I have read all pages of the “ENROLLMENT RECORD AND POLICY AGREEMENT” and accept and agree with the conditions as stated.

Parent Initials _____

_____ **MEDICAL TREATMENT:**

I hereby authorize Great Beginnings Preschools to take my child to our designated physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. In addition, I authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which our designated physician cannot respond.

_____ **SPECIAL SCHOOL EVENTS / ACTIVITIES:**

I give permission for my child to participate in school events such as petting zoos, bounce house days, occasional movie days (bible movie or G/PG rated -age appropriate) and other various school activities listed on the schools monthly calendar. In the event I do not want my child to participate in a particular activity on the calendar, I will give notice in writing to the school director and my child's teacher prior to activity date.

_____ **WATER ACTIVITIES:**

I hereby authorize Great Beginnings Preschools to include my child in supervised water activities at the preschool center. Sunblock needs to be applied by parents prior to school water events. Our staff cannot apply sunblock on children.

_____ **PHOTOGRAPHY:**

With intent to be legally bound, I give permission to Great Beginnings Preschools, Inc. to photograph my son/daughter (Names) _____, and use the resulting photographs for any purpose Great Beginnings Preschools, Inc. deems proper and I relinquish all rights, title and interest in the finished photographs and negatives.

_____ **INTERNET:**

With intent to be legally bound, I give permission to Great Beginnings Preschools, Inc to use the resulting photographs of my son/daughter (names) _____ for use on Great Beginnings Web/Internet site and I relinquish all rights, title and interest in the finished photographs and negatives.

_____ **E-MAIL:** I give permission for Great Beginnings to communicate to me via E-mail.

My E-mail address is _____

My E-mail address is _____

Signature: _____ Date: _____



Preschool Agreement

We are so excited that you are choosing Great Beginnings for your child's preschool education! Please fully read, sign and date this form then return to office.

Your child _____ will be enrolled in the below program:

(circle age group):

Toddler (1/2 yrs.)

Pre-K (3-5yrs.)

Days attending each week (circle): **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

My child will attend: (circle): **Full Days (max. 10 hrs)** **Half Days (7am-noon)**

The enrollment fee amount due for your child is: **Single Child: \$125** **Multi-Child: \$250**

Your preschool tuition amount will be \$ _____ per week.

I understand that tuition is based on my child's reserved space; not on actual attendance, and that tuition will be due each Monday. I understand that tuition is still due if my child is absent for any reason on their reserved scheduled days. Weekly school attendance is required and there is a "2 day minimum" attendance requirement for enrollment. In the event that I need to withdraw my child I understand that a **written 7 day** notice is required. I understand that "annual" school supply fees are charged in Fall and Summer. These fees are charged in June and November. These annual supply fees help the school fund school supplies and school activities during the year.

I am aware that Great Beginnings will be closed the following days and full tuition will still be due on these weeks in which these holidays occur minus the July 4th holiday week closure and Christmas week closure.

- **Good Friday** (Friday before Easter)- closed
- **Labor Day**- closed
- **Thanksgiving** : closed Thanksgiving Day & Friday After
- **Christmas** : closed the entire week of December 25th
- **New Years** : closed December 31st and January 1st
- **Memorial Day**- closed
- **Independence Day** - closed the entire week of July 4th

Signature: _____ Date: _____

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ABOUT ME QUESTIONNAIRE

This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.

Instructions: A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian completing this form: _____

What is your preferred method of communication? (Email/Phone/Text) _____

Provider/Center Name: _____

Has your child previously attended child care? Yes No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) _____

What did you like most about your child's previous child care setting?

What did you like the least?

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? Alone Other Children

Does your child have a favorite toy or comfort object? Yes No

If yes, what? _____

What is your child's current sleep schedule?

Does your child fall asleep easily? Yes No

What is your child's mood like upon awakening?

What does your child like?

What does your child dislike?

Special things you say or do to comfort your child are:

How do you know when your child is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other: _____

How does your child react when:

Something unexpected happens:

Something happens they don't like:

They are scared:

Other:

Does your child have any health issues? Yes No

If yes, please explain:

Has anything happened recently in your child's life that might affect them? Yes No

Events at home often influence a child's behavior, for example, changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your child needs.

If yes, please explain:

Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child?**Is your child in Foster Care?** Yes No

If yes, please list the Case Manager's Name and Contact Information:

_____ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian 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

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:
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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.

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

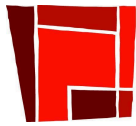
Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

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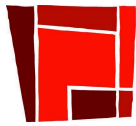


Religious Beliefs Exemption Form
For Child Care, Preschool and Head Start Programs

The Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Polio (IPV): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials: _____ Date: _____



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Child Name: _____
Child Date of Birth: _____

<input type="checkbox"/>	Haemophilus Influenza type b (Hib): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials: _____ Date: _____
<p>Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.</p> <p>Initials: _____</p> <p><input type="checkbox"/> I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no-cost vaccination services is available from my local county health department and the Arizona Department of Health Services (www.azdhs.gov/phs/immunization).</p> <p><input type="checkbox"/> I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.</p> <p>Parent/Guardian Signature: _____ Date (month/day/year): _____</p> <p>Child's Name: _____ Date of Birth (month/day/year): _____</p>		

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

Your Name
Any Street, Anytown
Tel: (001) 555-0000

DATE _____

0001

PAY TO THE ORDER OF

ATTACH VOIDED CHECK HERE

DEPOSIT SLIPS NOT ACCEPTED

\$ _____

100 DOLLARS

Security features Included. Details on back.

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

RE _____

MP

123456789

000123456789

0001

ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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