



Enrollment Application



♥ OUR MISSION: ♥

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



Glendale

@ Faith Bible Church
17230 N. 59th Ave
Glendale, AZ 85308

☎ 602-682-7020



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 within 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 emphasize 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: _____

New Enrollment Checklist



The enrollment process is very important. Each required 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 applicable item as you complete it and return this sheet with your enrollment forms.

PLEASE INITIAL EACH APPLICABLE ITEM ON THIS CHECKLIST

Complete all required forms, and **read, sign, and date every interior page** of the enrollment application.

Forms to Complete

Please INITIAL beside each applicable form to confirm that it is completed, signed, and included with your enrollment packet.

- _____ Policy Agreement — page 4
- _____ Enrollment Record & Policy Agreement — page 11
- _____ Preschool Agreement — page 12
- _____ Expulsion Policy — pages 13–14
- _____ Biting Agreement and Fact Sheet — pages 15–16

Supporting forms attached at the back

- _____ About Me Questionnaire (DES)
- _____ Emergency, Information and Immunization Record Card (ADHS)

Include at least 2 emergency contacts and answer all questions relating to medical information.

_____ **ProCare Automatic Payment Form** (Tuition Express)

Optional — complete only to set up automatic payments.

☐ Not applicable — not setting up automatic payments.

If checked, leave the initials line blank.

Documents to Include With Your Enrollment Packet

Please INITIAL beside each document to confirm that a copy is included with your completed enrollment packet.

- _____ State-issued photo identification (mother & father/legal guardians)
- _____ Current immunization record or exemption form for each child
- _____ Custody papers ☐ Not applicable

If custody papers do not apply, check “Not applicable” and leave the initials line blank.



What to Bring on the First Day for Your Child

- _____ Lunch box (labeled with child’s name) with a nutritious lunch and 2 snacks. **An ice pack must be included inside.**
- _____ A sippy cup (labeled with child’s name)
- _____ Small backpack (labeled with child’s name)
- _____ Crib sheet and blanket that fit entirely into the backpack

- _____ A large Ziploc bag with extra clothes:
- _____ a shirt _____ shorts/pants
- _____ underwear _____ socks

Children 2 and under

- _____ Diapers/Pull-ups (labeled with child’s name)
- _____ Wipes (labeled with child’s name)

Signature: _____

Date: _____



Policy Agreement



Child(ren)'s Name(s)	Child Age	OFFICE USE ONLY To be completed by Great Beginnings staff. Parents, please leave this box blank. Tuition amount

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 trial period of 10 attendance days for all newly enrolled children to allow families to acclimate to our environment and program. For children attending five days per week, this typically equals two weeks. For part-time children, the trial period extends until the child has attended a total of 10 days. 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 Withdrawal Notice: Outside the trial period, a full one-week (7-day) written notice is required to withdraw a child. If a full week's notice is not given, the full tuition payment remains due.

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

Signature: _____

Date: _____

Tuition & Fees at a Glance



OFFICE USE ONLY

To be completed by Great Beginnings staff. Parents, please leave this box blank.

Weekly preschool tuition: \$_____ per week

Fee / charge	Amount	When it applies
Enrollment fee	\$125 per child \$250 family maximum	At enrollment; charged again after withdrawal and re-enrollment. Refund conditions are in "Tuition & Payment Details."
Summer supply fee	\$50 per child	First Monday in June, annually. Non-refundable.
Fall supply fee	\$50 per child	First Monday in November, annually. Non-refundable.
Summer activity fee	\$5 per week	Summer program activities; applies to all ages. The Director provides notice at the start of the program.
Returned payment	\$30	Returned checks or funds (NSF).
Late payment	\$25 for the week	Applies to late tuition payments.
Late pickup after closing	\$1 per minute per child	For each minute after the 5:30 p.m. closing time.
Full Day / Half Day late pick up	\$1 per minute	Our Full day preschool program allows for your child to be at school for a maximum of 10 hours per day. This is a very long day for a child and we do not encourage children being left at school for this long if it is not necessary. Children left at school past the 10 hour limit will experience a \$1 per minute late pick up charge to their tuition account. Our half day preschool program ends at noon and all classes go down for nap at this time. Half day children that are left at school past the noon pick up time will experience a \$1 per minute late pick up charge to their tuition account.
School-provided diaper / pull-up	\$3 per diaper	When the child's supply runs out. Recorded on the diaper log and charged to the account.
School-provided wipes	\$1 per diaper change	When the child's supply runs out. Recorded on the diaper log and charged to the account.
Late sick-child pickup	\$1 per minute	After the one-hour pickup period described in the Sick Children Policy. The first hour is at no charge.

Payment is due in advance each week. Electronic payments are processed each Monday for the coming week. See "Tuition & Payment Details" for payment methods, refund conditions and reserved-space tuition.

The complete late-pickup and sick-child policies explain the related procedures; this table summarizes the charges only.

Signature: _____

Date: _____



Tuition & Payment Details



When and how to pay

Tuition is due in advance for each week. Through Tuition Express, electronic payments are processed each Monday for the coming week. Payment choices include checking-account transfer, debit card or major credit card. Cash or check may also be paid at the front desk.

Enrollment fee, refund and supply fees

The enrollment fee is \$125 per child, with a \$250 maximum per family. It is charged again if a child withdraws and later re-enrolls. Enrollment fees are non-refundable unless the provider or parent decides to withdraw a child during the trial period of 10 attendance days. In that case, the enrollment fee is refunded in full, provided all other childcare tuition costs have been paid before withdrawal. During this trial period, either party may end care without advance notice.

Summer and Fall supply fees are charged annually for each enrolled child. They help pay for classroom supplies and school activities throughout the year and are non-refundable.

Reserved-space tuition

Tuition is based on reserved space, not actual attendance. School costs continue whether or not a child attends. At enrollment, families provide the days and approximate hours of attendance; those days and hours are reserved for the child. Weekly attendance is required, with a minimum of two days per week. Tuition remains due if the child is absent, including a full week of absence. No tuition is due during the full-week Independence Day and Christmas closures. See "Holidays & School Closures."

Tuition by age group and classroom placement

Toddler tuition (ages 1–2) is higher than pre-k tuition (ages 3–5) because of the specialized care and smaller teacher-to-child ratios. For currently enrolled children, the toddler rate continues while the child remains in the toddler classroom during the toilet-training transition period. The pre-k rate applies when the child transitions to the pre-k program. See "Toilet Training and Classroom Placement" for new-enrollment requirements and the six-month transition period beginning on a currently enrolled child's third birthday.

Overdue accounts and absences

Services are suspended when an account is two weeks past due and remain suspended until the account is current. The reserved spot is also suspended; re-enrollment depends on available space. A pattern of insufficient funds results in withdrawal/termination of enrollment.

If a child is absent for one week without reasonable explanation and payment has not been made, services are suspended and the reserved space becomes available to the next child on the waiting list. Please report all absences by 9:00 a.m.

School withdrawal notice

Outside the trial period, a full one-week (7-day) written notice is required to withdraw a child. If a full week's notice is not given, the full tuition payment remains due.

Signature: _____

Date: _____



Attendance & Daily Care



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.

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.

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.

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.

Signature: _____

Date: _____

Health & Medication



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, the following timing applies:

Scheduled medication — lunchtime: Scheduled medication is administered once during the school day, at lunchtime, in accordance with the child's written medication instructions.

Emergency medication — when needed: In the event of an emergency, emergency medication is administered when needed at any time during the school day, in accordance with the child's written medical instructions. Emergency medication is not limited to lunchtime.

Required paperwork and medication handling: Parents are required to fill out and sign a Medication Authorization form and provide a doctor's 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 backpack or with personal belongings.

Medication must not be expired. Unclaimed or abandoned medications will be disposed of.

Signature: _____

Date: _____



Children & School Information



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 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.

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 trial period of 10 attendance days. 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.

School Information

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.

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: _____

Holidays & School Closures



All Great Beginnings locations close for the holidays below so our staff can spend time with their families and friends.

Holiday closures — regular weekly tuition is due

Full weekly tuition is charged for weeks containing the following holiday closures:

Holiday	School closed
Good Friday	Friday before Easter
Memorial Day	Memorial Day
Labor Day	Labor Day
Thanksgiving	Thanksgiving Day and the Friday after Thanksgiving
New Year's	December 31 and January 1

Full-week closures — no tuition due

Great Beginnings is closed for the entire week of Independence Day and the entire week of Christmas. No tuition is charged for either of these weeks.

Holiday	School closed	Tuition
Independence Day	The entire week of July 4	No tuition due
Christmas	The entire week of December 25	No tuition due

Regular weekly tuition remains due during weeks containing the other listed holiday closures.

Signature: _____

Date: _____

Enrollment Record & Policy Agreement



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

PLEASE INITIAL EACH SECTION BELOW

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's Enrollment

Your child _____ will be enrolled in the program below:

Circle age group: Toddler — Ages 1-2 Pre-K — Ages 3-5

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

My child will attend (circle): Full Days (maximum 10 hours) Half Days (7am-noon)

Enrollment fee: \$125 per child, with a \$250 maximum per family.

OFFICE USE ONLY

To be completed by Great Beginnings staff. Parents, please leave this box blank.

Weekly preschool tuition: \$ _____ per week

Tuition, Attendance & Withdrawal

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. Outside the trial period of 10 attendance days, I understand that a written seven-day notice is required to withdraw my child. 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.

Holiday Closures

I am aware that Great Beginnings will be closed for the holidays listed below. No tuition is due during the full-week Independence Day and Christmas closures. Regular weekly tuition remains due during weeks containing the other listed holiday closures.

- Good Friday (Friday before Easter) — closed
- Memorial Day — closed
- Independence Day — closed the entire week of July 4; no tuition due
- Labor Day — closed
- Thanksgiving — closed Thanksgiving Day and the Friday after
- Christmas — closed the entire week of December 25; no tuition due
- New Year's — closed December 31 and January 1

Signature: _____

Date: _____

Expulsion Policy



Child's Name: _____

Our program is committed to providing a safe, nurturing, and inclusive environment for all children. We believe that challenging behaviors are expressions of unmet needs or developmental phases. Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. Expulsion and suspension are measures of last resort and we actively work alongside families to support children through positive behavioral interventions.

When a Child Is Having a Problem in the Classroom

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation.

Signature: _____

Date: _____

Expulsion Policy Continued



Child's Name: _____

Schedule of Expulsion

If the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school. The parent/guardian will be informed regarding the length of the expulsion policy. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

Parental Actions for Child's Expulsion

- Failure to pay/habitual lateness in payment.
- Failure to complete required enrollment forms including the child's immunization records or immunization exemption form.
- Verbal abuse to staff.
- Parent threatens physical or intimidating actions toward staff members.

Child's Actions for Expulsion

- Ongoing physical abuse to staff or other children.
- Uncontrollable tantrums/angry outbursts.
- Failure of child to adjust after a reasonable amount of time.

Toilet Training and Classroom Placement

Newly enrolling children ages three-five: Children who newly enroll between the ages of three and five must be fully toilet trained. If, after enrollment, a child is found not to be fully toilet trained, temporary withdrawal will be required. Occasional toileting accidents are not included in this requirement.

Currently enrolled children who turn three: A currently enrolled child who turns three before completing toilet training will remain in the two-year-old classroom at the toddler tuition rate. The child will be given a six-month period, beginning on the child's third birthday, to become fully toilet trained and transition to the three-year-old classroom. If toilet training is not completed within that period, temporary withdrawal may be required.

Parent / Guardian Acknowledgment

I have read and acknowledge the complete two-page Expulsion Policy, including the toilet-training and classroom-placement provisions above.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



Biting Agreement



By signing this form I am stating that I have received the Fact Sheet for biting on the back of this page . I understand that although it may be age appropriate, in cases where it becomes excessive, Great Beginnings may find it necessary to remove a child from care until this biting stage has passed. This may include, but not limited to, picking up your child early from school, a next day suspension, and up to withdrawal from the program.

Biting is developmentally appropriate among toddlers up to 2 years old. However, excessive biting is not normal. A child aged 1- 2 years will be sent home after the child has bitten 3 times in one day. If a toddler's biting habit becomes extreme or persists, despite the efforts of the teacher in redirection or intervention, you will be required to withdraw from the program until the stage is outgrown.

Biting is not considered age appropriate behavior in ages 3 and up. Parents will be required to pick up your child for the day if such occurrences do take place. Please be aware that all payment policies will still apply and no refunds will be given if a child is sent home early or suspended for the next day for biting.

FOR CHILDREN WHO WERE BITTEN

Please know that we will do our best to make sure teachers are taking all of the necessary steps to insure that the children in our care are safe. Although we cannot assure you that this will not happen again, we will be following our detailed intervention plan reducing the probability that bites may occur.

Child's Name: _____

Parents / Guardians Printed Name: _____

Parents / Guardians Signature: _____ Date: _____

Biting: A Fact Sheet for Families



Biting is a common but upsetting behavior of many toddlers. It is important for parents to address biting when it occurs. This fact sheet provides tips for parents and program staff on how to better understand issues around biting.

When a child bites another child

Intervene immediately between the child who bit and the bitten child. Stay calm and don't overreact, yell or give a lengthy explanation.

Use your voice and expression to show that biting is not acceptable. Look into the child's eyes and say calmly but firmly, "I do not like it when you bite people." For a child with more limited language, just say "No biting people." Point out to the toddler how the biter's behavior affected the other person. "You hurt him and he's crying." Encourage the child who was bitten to tell the biter "You hurt me." Encourage the child who bit to help the other child by getting the ice pack, etc.

Offer the bitten child comfort and first aid. Wash broken skin with warm water and soap. Observe general precautions if there is bleeding. Apply an ice pack or cool cloth to help prevent swelling. Teachers should write an "ouch report" to inform parents of the injury.

Preventing biting

Reinforce desired behavior. Notice and acknowledge when you like what your child is doing, especially for showing empathy or social behavior, such as patting a crying child, offering to take turns with a toy or hugging gently. Do not label or humiliate a child who bites.

Discourage play which involves "pretend" biting, or seems too rough and out of control.

Help the child make connections with others.

Why do children bite and what can we do?

Children bite for many different reasons, so in order to respond effectively it's best to try and find out why they are biting.

If your child experiments by biting immediately say "no" in a firm voice, and give him a variety of toys to touch, smell and taste and encourage sensory-motor exploration.

If your child has teething discomfort, provide cold teething toys or safe, chewy foods.

If your child is becoming independent, provide opportunities to make age-appropriate choices and have some control (the bread or the cracker, the yellow or the blue ball), and notice and give positive attention as new self-help skills and independence develop.

If your child is using muscles in new ways, provide a variety of play materials (hard/soft, rough/smooth, heavy/light) and plan for plenty of active play indoors and outdoors.

If your child is learning to play with other children, try to guide behavior if it seems rough (take the child's hand and say, "Touch your friends gently—he likes that") and reinforce pro-social behavior (such as taking turns with toys or patting a crying child).

If your child is frustrated in expressing his/her needs and wants, state what she is trying to communicate ("you feel mad when Ari takes your truck" or "you want me to pay attention to you").

If your child is threatened by new or changing situations such as a parent returning to work, a new baby, or parents separating, provide special nurturing and be as warm and reassuring as possible, and help him or her talk about feelings even when he or she says thing like "I hate my new baby."

- Consult with a professional if your child seems to be acting out due to unusual stress.
- If the child continues biting over several weeks or does not seem to care about the consequences, seek professional help. It is unusual for a preschool age (3-5 year old) child to continue to bite and he/she need to be evaluated for developmental concerns.

Signature: _____

Date: _____

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: _____

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

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.

☐	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: _____
☐	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: _____
☐	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: _____
☐	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: _____
☐	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: _____

Child Name: _____
Child Date of Birth: _____

☐	Haemophilus Influenzae 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: _____
☐	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), lifelong liver problems, such as scarring and liver cancer, and death.	Initials: _____ Date: _____
☐	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: _____
☐	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: _____
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. Initials: _____ ☐ 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). ☐ 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. Parent/Guardian Signature: _____ Date (month/day/year): _____ Child's Name: _____ Date of Birth (month/day/year): _____		

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Sex: ☐ male ☐ female
Home Address:		
Date of Birth:	Date Disenrolled:	Updated:

Parent or Guardian Name:	Home Address:
Phone:	Email Address:

Parent or Guardian Name:	Home Address:
Phone:	Email Address:

**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 and R9-5-716, 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:

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-home> 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, other substances, or needs a modified diet? ☐ No ☐ Yes If yes, describe symptoms, name foods or substances to be avoided or modified, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ No ☐ Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ No ☐ 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.)? ☐ No ☐ 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:
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Automated Payment Processing



Safe. Convenient. Easy.

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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)	☐ Checking	☐ Savings	
Authorized Signature	Date			

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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