

4 Digit Door Security Code: \_\_\_\_\_

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Mother/Guardian**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ [ ] Custodial Parent (If married, mark both parents)

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other \_\_\_\_\_

**Father/Guardian**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ [ ] Custodial Parent (If married, mark both parents)

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other \_\_\_\_\_

**Child Information****1<sup>st</sup> Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require:

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

**2<sup>nd</sup> Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require:

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

**3rd Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require:

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

**Emergency Contacts & Authorized Pickup Persons:**

**Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of an emergency. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up.**

**If you want a person who is not identified below to pick-up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.**

**1<sup>st</sup> Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

☐ Able to pick up all children in the family☐ Not able to pick up the following children: \_\_\_\_\_**2nd Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

☐ Able to pick up all children in the family☐ Not able to pick up the following children: \_\_\_\_\_**3rd Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

☐ Able to pick up all children in the family☐ Not able to pick up the following children: \_\_\_\_\_**SECTION 1: TUITION AND FEES**

**Please initial each section listed below, then sign and date the last page.**

\_\_\_\_\_ **Curriculum fee:** I understand that an annual, non-refundable, Registration fee of \$150 shall be paid in advance to enroll my child.

\_\_\_\_\_ **Tuition and Modification Conditions:** \$\_\_\_\_\_ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s):

2-Day AM (8:30-12noon): ☐      2-Day PM (12:30-4pm): ☐      2-Day FULL DAY(8:30-4pm): ☐

☐ Before School Care (7am-8am)      ☐ After School Care (4pm-5pm ☐ / 5pm-6pm ☐

3-Day AM (8:30-12noon): ☐      3-Day PM (12:30-4pm): ☐      3-Day FULL DAY(8:30-4pm): ☐

☐ Before School Care (7am-8am)      ☐ After School Care (4pm-5pm ☐ / 5pm-6pm ☐

5-Day AM (8:30-12noon): ☐      5-Day PM (12:30-4pm): ☐      5-Day FULL DAY(8:30-4pm): ☐

☐ Before School Care (7am-8am)      ☐ After School Care (4pm-5pm ☐ / 5pm-6pm ☐

\_\_\_\_\_ **Payment of Tuition:** I understand that tuition is due and payable, on the first day of class each month.

\_\_\_\_\_ **Charges and Procedure for Late Pick-up:** SSCA is open from 7am to 6pm, Monday through Friday all year, except for holidays and breaks (please see school calendar). I understand that if I fail to pick up my child by the scheduled closing time, one of the After School staff will begin calling all the emergency contacts listed on my child's emergency card. If by 7pm no one is available to pick up my child and they are left, they will be considered abandoned and the proper authorities will be called. I understand that a late fee of \$15 per every 15 minutes or portion of fifteen-minute period, per child, will be assessed until the child is picked up.

\_\_\_\_\_ **Additional Fees:** There may be additional opportunities for on-site field trips and/or extra-curricular activities that may require additional fees for your child to participate. Students enrolled in our Summer Camps may require an additional registration fee for attendance.

\_\_\_\_\_ **Discounts:** I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). Discounts are not applicable on any fees or services, or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_\_ **Returned Checks:** I understand that a \$20 processing fee will be charged to my account for all checks that are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period.

**Payment Agreement:**

By signing this agreement, I understand I am agreeing to make payments based on the Tuition Payment Plan outline. Tuition is paid in ten equal monthly payments (Aug-May). Payments are due on the first day of attendance each month. Any payment received after the 15<sup>th</sup> of the month will be assessed a \$25 late fee. If your payment has not been received by the end of the current month, your child will not be allowed to attend class until payment arrangements have been made. Because our expenses continue whether or not a student is present every day, no tuition refunds can be made in the case of absence, vacation, illness or any other reason. As long as we hold a place for your child, your tuition charges continue. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

Party Responsible for Payment:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pre-Enrollment Agreement for Students Under Two Years of Age:**

In order to reserve a place in our program (pending availability), Standing Stones Christian Academy accepts registration for students who have not yet turned two years of age. At the time of registration, an annual registration fee in the amount of \$150 is due along with the first month of tuition. Fees collected at the time of registration are non-refundable (annual registration and tuition). The reserved place will be held for a maximum of two months. If after two months, your child has not yet turned two years of age, you will be required to pay the remaining monthly tuition charges up until the point that your child begins school. Please note: These tuition payments are not considered credit toward future tuition.

Party Responsible for Payment:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: DAILY PROCEDURE**

\_\_\_\_\_ **Daily sign-in and sign-out:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I will be required to update the sign-in/sign-out prior to my child attending class. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

\_\_\_\_\_ **Illness:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted once he/she is no longer contagious.

\_\_\_\_\_ **Model Release:** SSCA is proud of our students and all of their accomplishments! If your child is selected to be on our website or advertisements we have permission to use photographs, reproductions, images, advertising, publicity, or sound recordings of my child.

\_\_\_\_\_ **Photographs, Videos, and Audio Tapes:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on SSCA property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_ **Withdrawal from Program:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he/she will only be eligible for re-admission based upon space availability. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, Pre-Enrollment Payments, or Activity) are non-refundable.

**SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS**

\_\_\_\_\_ **Holidays:** I understand that the school is closed on the following holidays: Labor Day, Columbus Day, Veteran's Day, Thanksgiving Break, Christmas Break, Martin Luther King, Jr. Day, President's Day, Spring Break, Memorial Day and Summer Break. I understand that I will not receive a refund, credit or make up days for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ **Absences/Vacations:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

\_\_\_\_\_ **Emergency Closing and Inclement Weather Information:** I understand that it is SSCA's intention to be open and provide child care service every weekday of the year, excluding holidays/breaks, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for no more than 1 day.

**SECTION 4: STATE LICENSING AND OUR POLICIES**

\_\_\_\_\_ **All Policies & State Regulations:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other SSCA policies. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

\_\_\_\_\_ **Family Handbook:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

**I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*.**

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICAL INFORMATION OF CHILD****AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

In the event of a medical emergency:

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_

\_\_\_\_\_. I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Arizona.

**Preferred Emergency Care:**

**Hospital/Clinic:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance Provider and Policy Number:** \_\_\_\_\_

**Secondary Health Insurance Provider and Policy Number:** \_\_\_\_\_

**Please list any special medications or pertinent information:** \_\_\_\_\_

**CHILD PROFILE**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**You know your child better than anyone else in the world😊. Please take a moment to complete this profile, as the information will help your child's teacher know him/her better and meet his/her individual needs.**

1. What is your goal for your child while in preschool? \_\_\_\_\_  
\_\_\_\_\_
2. Who also cares for your child? \_\_\_\_\_
3. What language is spoken in your home? \_\_\_\_\_
4. Does your child have siblings? ☐Yes ☐No If yes, names and ages of  
siblings \_\_\_\_\_
5. Does your child have any medical or physical needs? Explain: \_\_\_\_\_  
\_\_\_\_\_
6. Does your child regularly nap? ☐Yes ☐No
7. Does your child need a favorite item for a nap? ☐Yes ☐No If yes, item name: \_\_\_\_\_
8. Can your child effectively communicate his or her needs? ☐Yes ☐No  
Explain: \_\_\_\_\_
9. Is your child toilet trained? ☐Yes ☐No What words does he/she use for toileting? \_\_\_\_\_
10. Has your child had previous preschool experiences? ☐Yes ☐No
11. Has anything happened recently in your child's life that might have an effect on him/her? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
12. Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship with your child? \_\_\_\_\_

***\*If you are registering an infant, please also fill out the Infant Feeding Instructions as required by the Arizona Department of Health.***

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