



# GRACE GARDEN CHRISTIAN PRESCHOOL



10841 S. 48th Street • Phoenix, AZ 85044 • 480-598-5600  
Fax 480-598-5640 • www.gracegardenpreschool.com

## APPLICATION FORM

GT # \_\_\_\_\_ GF # \_\_\_\_\_ GP # \_\_\_\_\_ GK # \_\_\_\_\_ GA# \_\_\_\_\_

Child's Name:			Birthdate: / /		
(last)	(first)	(middle)	Sex:	M	F
Child's Address:			Home phone:		
Mother's Name:			Mother • Age:		
Home Address:			Home phone:		
Occupation:			Cell phone:		
Employer:			Work Phone:		
Father's Name:			Father • Age:		
Home Address:			Home phone:		
Occupation:			Cell phone:		
Employer:			Work phone:		
Parent's E-mail Address:					

Does your child speak English?	Yes _____	No _____	Some _____
What language is spoken at home?	English _____	Spanish _____	Other _____
Do your child have a special need?	Language _____	Physical _____	Emotions _____
Please give the name and address of the school your child last attended:			
How did you learn about our school ?			
____ Newspaper    ____ Relatives, Friends    ____ Walk-in    ____ Yellow Page    ____ Other			
Number of days per week requested: _____ Full day: _____ Half day: _____			

Registration fee: \$ \_\_\_\_\_  
Deposit: \$ \_\_\_\_\_

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

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receive by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:



# GRACE GARDEN CHRISTIAN PRESCHOOL

10841 S. 48th Street • Phoenix, AZ 85044 • 480-598-5600



## STUDENT MEDICAL RELEASE/EMERGENCY INFORMATION FORM

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

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Insured By: \_\_\_\_\_ ID Number: \_\_\_\_\_

In case of emergency-First Contact

\_\_\_\_\_ Home #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
First Contact

\_\_\_\_\_ Home#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Second Contact

If we are unable to contact parents please contact:

\_\_\_\_\_ Home#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

If we need to contact child's physician:

Child's Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Emergency Hospital \_\_\_\_\_ Nearest Physician: \_\_\_\_\_ Other: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date Signed



# GRACE GARDEN CHRISTIAN PRESCHOOL

10841 S. 48th Street • Phoenix, AZ 85044 • 480-598-5600

Fax 480-598-5640 • www.gracegardenpreschool.com



## DEPOSIT AGREEMENT

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

Child's name \_\_\_\_\_ no \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_



# GRACE GARDEN CHRISTIAN PRESCHOOL



10841 S. 48th Street • Phoenix, AZ 85044 • 480-598-5600

Fax 480-598-5640 • www.gracegardenpreschool.com

## ADMISSION AGREEMENT

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

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**FINANCIAL AGREEMENT**

I agree to pay a two-week tuition of \$\_\_\_\_\_ in advance on **the first day of every 2 weeks** or a **monthly tuition of \$\_\_\_\_\_ at the beginning of the month.** I understand that after a **3 days grace period, a late fee of \$2.00 per day will apply to my account.**

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

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

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

We have provided a "Credit Card Payment Authorization Form" for your convenience. Please see the next page to fill out the form and return to the office.

Child's Name \_\_\_\_\_ . No \_\_\_\_\_

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

(SEE TUITION & FEE SCHEDULE)





# GRACE GARDEN CHRISTIAN PRESCHOOL

10841 S. 48th Street • Phoenix, AZ 85044 • 480-598-5600

Fax 480-598-5640 • www.gracegardenpreschool.com



## PERMISSION FORM

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

Signature: \_\_\_\_\_

I give my permission to have \_\_\_\_\_'s ( child's name )  
picture taken to be used for educational purposes, (e.g. teacher training or  
school use)

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

Yes : \_\_\_\_\_

No : \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date



CDC/SGH # or name: \_\_\_\_\_

# Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

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

If Medical care is necessary, CALL:

<b>DOCTOR</b>	Name:	Address (#, Street, City):	Phone:
<b>HOSPITAL</b>	Name:	Address (#, Street, City):	Phone:

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. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:
--

Does your child have insurance coverage?  No  Yes Name of Insurance Company:

Telephone Authorization Code : \_\_\_\_\_ (optional)

**Immunization Information**

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://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**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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: