

WELCOME

We are extremely happy to welcome you to our preschool family! You and your child will be pleased that you have chosen La Casa de Cristo Christian Preschool. We are the preschool with a difference.

The difference is evident in our entire staff of dedicated, professional and loving teachers. We have chosen this profession because we truly enjoy children and nurturing their development in all areas: socially, emotionally, cognitively, physically and above all, spiritually.

The difference is evident in our developmental, play based program. It is our philosophy and goal to meet the needs of each child by providing a learning environment rich with age appropriate materials and activities.

The difference is evident when you observe the staff, the students and their families interacting. There is a mutual love and respect present.

In this folder you will find all the forms needed for your child to begin school:

BLUE IMMUNIZATION FORM

YELLOW REGISTRATION CARD

PERSONAL STUDENT QUESTIONNAIRE

PAYMENT POLICIES

Please complete all required forms and return to the preschool office either in person or by mail to 6300 E. Bell Road, Scottsdale, AZ 85254 or by scanning and submitting as a PDF directly to the Director at mrs1@lacasadecristo.com.

Immunization information... All children who begin school at La Casa in August, 2024 are required to turn in a current immunization form with all shots up to date. You may attach a copy of your child's immunization record with your doctor's signature, stamp or on letterhead. You must fill out this form completely. Please note the designated areas where information must be completed by parents. The immunization requirements are mandated by the Arizona Department of Health and will be strictly enforced. **NO CHILD WILL BE ALLOWED INTO THE CLASSROOM BEFORE HIS/HER IMMUNIZATION FORM HAS BEEN CORRECTLY TURNED INTO THE PRESCHOOL OFFICE. Only State approved Immunization exemption forms will be accepted.**

Yellow Registration Card... There are two signature lines, both need to be signed as this card will be separated. Please ensure that the people you have listed as Emergency Contacts on the Blue Immunization Form are the same as on the Yellow Registration Card. **Note:** this form gives permission for your child to attend programming around campus, is a release for disclosure of personal information (class roster, etc.) and also provides as a public relations release. Please read carefully.

Personal Student Questionnaire... Contains information that will be useful to the teacher(s) in better understanding your child. Please answer all questions as completely as possible.

Please read through the **Payment Policy** thoroughly and then complete the bottom portion. You may refer to the Tuition Schedule for the tuition rate that pertains to your child's enrollment. After you have filled in the pertinent information, please sign and date this form.

The Preschool Office is open Monday through Friday from 8:00-3:30 throughout the school year. The office is closed May 20-28. Summer hours of 9:00-2:00 will be in effect beginning May 28-August 2. Please contact the Preschool Office if there are any changes: telephone number, cellular number, address or withdrawal during the coming months.

We look forward to getting to know you and your child and are always available to assist if you have any questions or concerns.

BLUE CARD CHECK LIST

Please make sure that the following information is completed appropriately for your child's Blue Immunization and Contact Card. Please note, there are two sides to this form!!! All information must be kept current at all times. Check items off as you complete each requirement.

- ☐ One parent/guardian signature is required on the bottom of back of the form.
- ☐ Provide complete information regarding child's name, date of birth, Parents/guardians names, home address, and phone numbers (cell and home). Date enrolled should be month/year your child will begin school.
- ☐ Current immunization record is attached or a copy is faxed to the school at 480-778-8334.
- ☐ List name, and telephone number of your child's health care provider .
- ☐ At least two emergency contacts are chosen, and their phone numbers are listed. If you do not have two local contacts, you can put the police department or CPS. Replicate these contacts on the Yellow Reg card.
- ☐ List all of your child's allergies or medical issues on the back of the form. Be specific regarding food allergies. Separate forms may be required in this regard.



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

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

Father 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.**

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?

☐ No ☐ Yes

If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken?

☐ 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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LA CASA DE CRISTO CHRISTIAN PRESCHOOL REGISTRATION CARD
(to be copied on yellow paper, to be referred to as "Yellow Card")

Child's Name _____
Last First Nickname

Address _____
Street City State, Zip

Age Birthdate Sex Home Phone

Mother or Guardian Phone

Father or Guardian Phone

The following individuals have unrestricted permission to pick up and sign out the above child from La Casa de Cristo Christian Preschool program without any further confirmation from me

	Authorized Person Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PARENT SIGNATURE _____

DATE _____

INFORMED CONSENT / MEDIA RELEASE PERMISSION / CONSENT TO TREATMENT

I hereby grant for my child to use all of the play equipment and participate in all of the activities of the school. I hereby grant permission for my child to attend Pint Size P.E. in either the P.E. classroom, in all grassy areas, or in the gymnasium. I hereby grant permission for my child to attend Music in the Music classroom or in the Fellowship Hall. I hereby grant permission for my home address, phone number and email address to be included in a class roster and given to the parents of the students in your child's class. I hereby grant permission for my email address to be used to receive electronic communication of school wide events and information. I hereby grant permission for my child to be included in evaluations and pictures connected with the school program, eg. newspaper, web site photo gallery, yearbook, social platforms. I hereby grant permission to seek emergency medical attention for the above minor if unable to contact me. The undersigned agrees that the LA CASA DE CRISTO PRESCHOOL and its designated leaders and directors are not legally or financially liable for any claim arising from consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of is given to the LA CASA DE CRISTO PRESCHOOL in conjunction with any authorized program event.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PAYMENT POLICIES

Tuition Fees: Tuition is due the first through the tenth of each month. Prorated August tuition is due by August 10th. September through May are regular tuition amounts. A late fee of \$25.00 may be assessed for any tuition payment(s) received after the tenth of the month, unless prior arrangements have been made with the Director. Several payment methods are available: ACH (auto bank to bank draft), bill pay from bank to La Casa, personal check (put child's name in reference section) and cash, receipt to be provided.

Lunch Bunch/ Discovery

Time Fees: Fees for these extended school programs are assessed an additional amount per month per option selected and payable with monthly tuition. These fees are non-refundable, no adjustments are made for absences and full payment is required regardless of early withdrawal **from school**. Additional fee per month for Lunch Bunch and/or Discovery Time apply.

Hours: The preschool hours are 9:15-12:00 for regular class time, with options to extend the school day through 2:00. 12:00-1:00 is time dedicated to Lunch Bunch and unstructured social time. 1:00-2:00 is Discovery Time in the classroom setting or other locations during which structured activities are planned. The preschool office is open at 8:00am – 3:30pm,.

Absences: Tuition and fees pay for direct operating costs, i.e., staff, snack supplies, materials, etc. All of these must be available for your child. When you enroll, you are reserving the time, space, staffing, and provisions for your child whether he attends or not, therefore, reimbursements or giving credit for absences is not our policy.

Late Pick-Up: Your child must be signed out by 12:00am, 1:00 or 2:00pm. You are subject to a fee of \$10.00 for the first 15 minutes, or any portion thereof, and \$1.00 for each additional minute thereafter for late pick-up. This fee is due and payable at the time of late pick up.

Returned

Checks: A \$25.00 returned check fee may be assessed in the event your check is denied by the bank.

Withdrawal: Parents must notify the preschool office **thirty days in advance** if intending to withdraw their child from the school. If notice is given after the 10th of the current month, tuition is then due for the next month also.

Termination: The school may terminate the enrollment of any child for continual late pick-up, non-payment of tuition or when it is considered that the school cannot adequately meet the needs of the child.

I have read and agree with the above statements on behalf of my child.

Child's Name _____

Enrolled in: (circle all that apply)

Mini 3's, Essential 3's, Mini 4's, Pre-Kindergarten 4's (3 days) or (4days), Kindergarten Prep 5's (4 days) or (*5days)

Lunch Bunch: Monday, Tuesday, Wednesday, Thursday, Friday

Discovery Time: Monday, Tuesday, Wednesday, Thursday, Friday

I agree to pay the following amount: \$ _____ **in accordance with the monthly tuition schedule.** (\$300.00 T/Th, \$435.00 MWF, \$580.00 M-Th), \$145 Friday Fun)

Signed _____ **Date** _____
(Parent or Guardian)

PERSONAL STUDENT QUESTIONNAIRE

The information on this form is for the use of the teacher(s) to better understand your child so that the preschool experience will be meaningful in meeting his/her needs. Please answer all questions as completely as possible. This form will remain confidential.

1. Child's Name _____ Class _____

2. Name child should be called, learn to recognize, write at school _____

Family Background

3. List all persons living in your home, the relationship to your child, and the ages of all children:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does anyone else care for your child on a regular basis? _____

If yes, please list and describe situation _____

4. Father's Occupation _____ Full Time ___ Part Time___

Father's place of employment _____

Mother's Occupation _____ Full Time___ Part Time ___

Mother's place of employment _____

5. Do any family members have hobbies, skill, talents, interests, occupations (past or present) which would enrich the classroom program? If so, list:

6. What is the primary language used in your home? _____
Does your child hear or speak any other language on a regular basis? _____
If yes, please list: _____
7. Is there extended family in the Phoenix area that your child sees often? _____
If yes, please describe: _____
8. Is there any situation in the home which would help us in understanding and working with your child more effectively (divorce, recent baby, new step – parent, etc.) _____

9. Is either parent gone from home for extended periods of time? _____
If yes, does it usually affect the behavior of your child, please describe: _____

10. What types of activities does your family enjoy participating in together?

11. Does your child have any special responsibilities at home to help the family (feed pets, make the bed, etc.)? _____ If yes, please describe: _____

12. Are there any pets in the home? _____ Describe: _____
14. Does the child/family attend a church? _____ If yes, please list: _____

15. In what special capacity, if any, would parent(s) like to become involved in the preschool (volunteering in classroom, etc.) _____
16. How would you best like to communicate with your child's teacher?
Phone ____ Notes ____ Conferences Fall/Spring ____ E-Mail ____
17. Has your child had previous opportunities for social interaction with children his/her age? _____ If yes, please list (include previous school experiences, child co-ops, etc.) _____

18. Does your child participate in any other classes/activities (Sunday school, dance, gymnastics, sports, etc.)? _____ If yes, please describe: _____

19. What are some of your child's favorite activities and special interests?

20. Does your child have any special fears? _____ If yes, please describe:

21. What means of discipline do you find most effective in dealing with your child?

What is your child's usual reaction? _____

Physical Development

22. Was your child born prematurely? If yes, explain any developmental effects:

23. Does your child have any special medical, physical, or psychological needs?
If yes, please describe:

24. Has your child ever had any of the following evaluations: physical therapy,
occupational therapy, speech/language, psychological, or other screening?
_____ If yes, please list and describe:

25. Has your child ever received or been recommended to receive special
educational services? _____ If yes, please describe:

26. Does your child exhibit a preference for his/her right ____ or left ____ hand?

27. Has your child ever been seriously ill and/or had surgery? _____
If yes, please describe: _____

28. Is your child subject to any recurring ailment? _____ If yes, please
describe:

29. Does your child have any visual difficulties? _____ If yes, please describe:

30. Does your child have any hearing difficulties? _____ If yes, please describe:

31. Does your child take any type of medication on a regular basis? _____ If yes,
please describe: _____

32. Is there any other medical/physical situation of which the preschool should be
aware? _____ If yes, please describe: _____

33. What goal(s) do you have for your child and the preschool experience this year? _____

34. Please add any other information and/or comments you feel would be pertinent to the teacher(s) in working with your child: _____

Thank you!!

Parent/Guardian Signature

Date