



REGISTRATION & ENROLLMENT PACKET

Registration and Enrollment Checklist: Complete Registration and Enrollment packet in its entirety. One packet is required for each child. Incomplete forms will **NOT** be accepted.

- ☐ Complete and sign the Registration Form (all questions must be answered)
- ☐ Initial and sign the Parent Agreement
- ☐ Complete the Media Release & Spanish Program Agreement
- ☐ Complete the Family/Child Information form
- ☐ Complete the Emergency, Information and Immunization Record Card
- ☐ Attach **photocopy** of child's current immunization records
- ☐ Attach a **photocopy** of child's birth certificate
- ☐ Submit payment of a non-refundable registration fee of \$150.00 payable to *Little Sunbeams Preschool* via Brightwheel App.
- ☐ Submit your registration and enrollment packet in person, by email, or by mail to:

info@mylittlesunbeamspreschool.com

Little Sunbeams Preschool

4850 N. Litchfield Suite 105

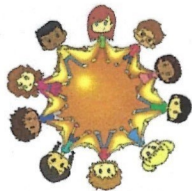
Litchfield Park, AZ 85340

IMPORTANT: Registration forms with missing information or documentation will NOT be accepted.

Where every child Shines in 100 ways!

4850 N. Litchfield Road, Suite 104 | Litchfield Park, AZ 85340 | (623) 935-0422

www.mylittlesunbeamspreschool.com | info@mylittlesunbeamspreschool.com



Little Sunbeams Preschool
A Reggio Emilia Inspired School

2022-2023 REGISTRATION FORM

Today's date: _____

Student First name: _____ Middle _____ Last _____

Child prefers to be called: _____ Date of Birth _____ Age as of Sept 1 _____ Gender _____

Mother's name: _____ Mother's phone: _____

Father's name: _____ Father's phone: _____

Home address: _____
Street name city/State Zip code

Home address 2: _____
Street name city/State Zip code

Primary contact number: _____ Preferred email address for all correspondence _____

ENROLLMENT PLAN OPTIONS *Circle what applies*

(For 7-10 months contract: monthly tuition is based on a yearly amount divided into 10 equal monthly payments.)

DAYS PER WEEK ENROLLMENT PLAN	MONTHLY TUITION	EXTENDED HOURS (per hour BEFORE 8:00AM or AFTER 4:00PM)	RED DAYS (See school calendar) (24, 15, or 9 additional days)
----------------------------------	--------------------	--	---

School schedule: M-F 6:30AM-6:00PM (full day schedule can be adjusted accordingly)

OPTION 1: add the following payment to monthly tuition

FULL DAYS: 8:00-4:00

A. MTWTHF (up to 184 days per year)	\$786	\$60 per month	\$100 per month
B. MWF (108 days per year)	\$489	\$50 per month	\$70 per month
C. TTH (76 days per year)	\$350	\$40 per month	\$50 per month

HALF DAYS: AM: 8:00-12:00 or PM: 12:00-4:00

D. MTWTHF (up to 184 days per year)	\$575	\$60 per month	\$75 per month
E. MWF (108 days per year)	\$380	\$50 per month	\$55 per month
F. TTH (76 days per year)	\$275	\$40 per month	\$35 per month

OPTION 2: drop-in rates upon service

Your monthly tuition due the first of each month, August through May: _____

Non-Refundable Registration Fee (Per Family): \$150.00

NOTE: Your registration is complete when a fee of \$150 is processed electronically through *Brightwheel*.
Please return the enrollment packet before the first day of school (August 1, 2022).

Class Assignment:

Revised: Jan 22

Where every child Shines in 100 ways!
4850 N. Litchfield Road, Suite 104 | Litchfield Park, AZ 85340 | (623) 935-0422
www.mylittlesunbeamspreschool.com | info@mylittlesunbeamspreschool.com



Little Sunbeams Preschool
A Reggio Emilia Inspired School

PARENT AGREEMENT

It is with pleasure that Little Sunbeams Preschool offers this enrollment agreement to:

Parent/Guardian's Name: _____

For the enrollment of (Student's Name): _____ Child's age: _____ Birthdate: _____

TRADITIONAL PLAN: A B C D E F **MODIFIED PLAN:** MON TUE WED THU FRI **OPTION 1 RED DAYS:** 25 16 9

SCHEDULE: drop off _____ pick up _____

I, as the undersigned parent or guardian of the Student named above, acknowledge and agree to the following terms and conditions upon which this agreement is offered:

Tuition Obligation: \$ _____ per month is the tuition rate for the plan I chose. If my child is absent on any scheduled day, I am still responsible for a full payment. Missed days are not made up or credited. If I wish to make changes to my enrollment plan, a new contract, and a \$45 fee applies. Tuition is considered late and is subject to a \$15 late fee if paid after the 3rd day of each month. My child will not be in attendance after the third day of the month with an unpaid tuition fee. When I need to add an extra day outside of my enrollment plan, I will call to reserve 24 hours prior to the day of service. *Your daily rate will apply and services will depend on availability.*

Early drop-off/Late Pick-Up: If I, or the person authorized to drop off/pick up my child, go over the scheduled time above by either dropping off early (5+mins before) or picking up my child late (5+ minutes after), then a fee is due at the time of drop-off/pick-up of **\$1 FOR EVERY MINUTE AFTER THE 4 MINUTE WINDOW.** I will make sure to write EXACT times when I drop off & pick up my child. If not paid upon drop-off/pick-up, school will invoice at the end of the month the total number minutes late. The school will contact DPS if no family contact after 30 minutes late.

Withdrawal Policy: I will complete a withdrawal form two weeks prior to withdrawing. A withdrawal will also occur when a child is absent 3 days without notifying the school. All monies paid up to the date of withdrawal are non-cancellable and non-refundable. Any unpaid balance is due prior to the child's last day at school. Any unpaid balance is submitted to a collections agency 30 days after a child is withdrawn with or without prior notification. Personal belongings left behind become school property 30 days after a child is withdrawn.

Diaper Change Policy: If my child is not toilet trained, I will be responsible to provide diapers, wipes, and disposable gloves. A \$45 fee will be added to the monthly tuition and will be eliminated only when child is accident free for one month after diapers are off.

Health Policy: If my child becomes ill during the day, I will pick up my child immediately or arrange for an authorized contact person to pick up my child. If my child is sent home with a fever/throw-up/diarrhea or is sick the night before or morning of school, he/she will not attend school for at least 24 hours after the symptoms stop. I have access to the full health policy on the school website. When my child is diagnosed with allergies, a doctor's note must be in the child's file. If my child has excessive symptoms of a communicable illness due to allergies, my child will be dismissed for the day. I will administer allergy medication at home and allow it to take effect before arrival at school.

As members of the **EMPOWER** state health program, the school requires I bring a hat and sunglasses for my child to wear while outside for recess. I also agree to apply sunblock before arrival to school. My child will receive dental hygiene information once per month.

Lunch and Snacks: I understand lunch and snacks will NOT be provided by the school. As a parent, I will be responsible to pack a healthy lunch and snack (amount of snacks depends on my child's schedule). Additionally, I will ensure to pack only two juice drinks per week and avoid any peanut-based foods in my child's lunch.

Sign in/out sheets: I will sign in/out based on legal regulations: sign in/out each day next to correct date, use first column to sign in, last column to sign out; use only legal signature, exact and standard times, black or blue ink, I cross out and initial any mistakes, only authorized persons sign.

Personal belongings: I will label with my child's name all personal belongings that come to school. I run the risk of losing items not labeled. Unclaimed items become school property or are discarded after 30 days.

Communication: I agree to read, and respond to school communications: Brightwheel messages, flyers, notes, texts, and/or emails. I may also visit the website below for a *Parent Manual* on more school information.

I have read this document in its entirety and agree to follow the written policies and procedures of Little Sunbeams Preschool. Once signed, this document will constitute a binding agreement.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Where every child Shines in 100 ways!

4850 N. Litchfield Road, Suite 104 | Litchfield Park, AZ 85340 | (623) 935-0422
www.mylittlesunbeamspreschool.com | info@mylittlesunbeamspreschool.com

Revised: June 2021

Media Release

Photos

We want to ensure the privacy and safety of all students and as we participate in various school and/or community activities, we have opportunities to provide photos of our students. Photos may appear in the local newspaper school promotions, website*, and/or preschool brochures or fliers. Conditions of use:

- We will not include personal email, postal addresses, telephone or fax numbers on our website or in our Preschool's printed publications.
- We may use group or class photographs.

May we use your child's photograph in publications that we produce for promotional purposes, on our website, or in the local/community newspaper? ☐ Yes ☐ No

Text Messaging

In the event of an emergency or to provide instant reminders to our parents, we have a text messaging system available. We are required to obtain written approval in order to add your number to our text messaging system.

Conditions of use:

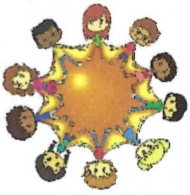
- Texting may be the main tool for communication on a daily basis.
- Types of texts you will receive include:
 - Information on where to pick up your child in the event of a school closure or emergency.
 - Reminders of school events.
- Phone numbers will never be released to another third party.
- Your text number will be kept until disenrollment or graduation from Little Sunbeams Preschool.

May we add your mobile number to our text messaging system? ☐ Yes ☐ No

Mobile Number to Text to: _____

I hereby consent to receive autodialed text messages from Little Sunbeams Preschool at the mobile telephone number provided above. I understand that consent is not a condition of enrollment.

Parent Signature: _____ Date: _____



LITTLE SUNBEAMS PRESCHOOL

SPANISH PROGRAM

AGREEMENT

As a student at Little Sunbeams Preschool, your child will participate in a Spanish class for 45-60 minutes each day he/she is present at school. Please check box below and sign if you agree to the following:

Outside of the English Literacy class, my child will receive

☐

verbal communication in Spanish throughout the day including: lunch, snacks, indoor/outdoor play UNLESS there is no staff present in the room who speaks Spanish.

Student full name

Parent full name

Parent signature

Date

A few facts about a second language instruction:

- *Language instruction as an "additive" program can add a second language (L2) to a child while maintaining the first language (L1).*
- English is the "power" language because is everywhere in our environment.
- Enriching the first language at home through daily reading, meaningful conversations, and other language experiences, will be one of the greatest indicators in acquiring a second language at any age.
- A "sheltered" approach (as used at Little Sunbeams) means the use of specific strategies that make learning comprehensible in order for children to not feel lost, discouraged, or frustrated while getting instruction in a second language. These strategies may include but not be limited to the use of: pictures, songs, dance, actions, body motions, signs, and books.



Family / Child Information Form

Child's Name _____ Date _____

Other persons who live within your household (name, age, and relationship to child)

_____	_____
_____	_____
_____	_____
_____	_____

Has your child attended preschool or daycare before? _____ Yes _____ No

Does your child separate from you easily? _____ Yes _____ No

Does your child have the opportunity to play with other children? _____ Yes _____ No

Which hand does your child prefer to use? _____ Right _____ Left _____ No preference yet

Please check the following adjective which best describe your child:

_____ Shy	_____ Friendly	_____ Sympathetic	_____ Leader
_____ Cautious	_____ Aggressive	_____ Cheerful	_____ Moody
_____ Follower	_____ Curious	_____ Independent	_____ Rough
_____ Sensitive	_____ Easy-going	_____ Sharing	

What does your child enjoy doing at home? _____

What type of activities does your child enjoy?

_____ Music	_____ Drawing/Art	_____ Singing	_____ Dancing
_____ Books/Stories	_____ Fantasy Play	_____ Sports	_____ Building

What pleases you most about your child's development?

What if anything concerns you about your child's development?

What do you hope that your child will gain attending Little Sunbeams Preschool?



CDC/SGH# or name: _____

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

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

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

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

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	--------------	----------------------------------

*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:	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

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

Medical Information

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

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------