



Early Education Cooperative Preschool New Student Enrollment 2022-2023 Academic Year

Today's Date _____

Child's First & Last Name: _____

Birthday _____/_____/_____ Age as of September 1, 2022: _____ Years _____ Months
 Month Day Year

Is Your Child a Sibling of a Current or Previous Student? Yes No

If newly enrolling, how did you hear about EEC? _____

Address: _____ City _____ State _____ Zip _____

Child resides with: Parents Mother Father Other _____
 Parents are: Married Divorced Separated Other _____

My child's vaccinations are current: Yes *No

**If No, your child will need to receive them within 15 days of notice, or you will need to fill out a Religious or Medical Exemption Form for the missing or delayed vaccines – Vaccines are required by the state of AZ for children in school or childcare*

Have you, the parents, received your fully updated Covid Vaccines? **Parent 1** – Yes No **Parent 2** – Yes No

This is not mandatory but, highly recommended and we would like to know how high of a percentage of community immunity we have among our co-ops

Parent or Guardian (1)	Parent or Guardian (2)
Name:	Name:
Occupation:	Occupation:
Employer:	Employer:
Home Address (If different than child):	Home Address (If different than child):
City: State: Zip:	City: State: Zip:
Cell Phone:	Cell Phone:
Other Phone:	Other Phone:
Email:	Email:

Siblings (If Applicable)	Age	School Attends

Preschool Tuition Schedule/Agreement 2022-2023

Class Name	Days	Class Time	Monthly Tuition	Registration & Materials Fee/One month Deposit	Enroll
Two-Year-Old Class Options	Must be 2 years old by September 1, 2022			Registration Fees and Deposits are Non-Refundable	✓
AM Two's Class	Tu, Thurs	8:30-11:30	\$265	\$100/\$265	
PM Mixed Age Class (2's and 3's)	Tu, Thurs	12:00-2:30	\$220	\$100/\$220	
Three-Year-Old Class Options	Must be 3 years old by September 1, 2022			Registration Fees and Deposits are Non-Refundable	✓
AM Three's Class	M, W, F	8:30-12:00	\$438	\$100/\$438	
PM Mixed Age Class (3 days)	M, W, F	12:00-2:30	\$312	\$100/\$312	
PM Three's Class (5 days)	M-F	12:00 – 2:30	\$475	\$100/\$475	
Full Day Three's Class	M, W, F	8:30-2:30	\$750	\$100/\$750	
Full Day Three's Class MWF + PM Three's Class TTH	MWF + Tu, Thurs	8:30-2:30 MWF 12:00-2:30 TTH	\$915	\$100/\$915	
Four-Year-Old "PreK" Classes	Must be 4 years old by September 1, 2022 & Fully Potty-Trained			Registration Fees and Deposits are Non-Refundable	✓
AM Pre-K	M-F	8:30-12:00	\$600	\$100/\$600	
PM Pre-K	M-F	12:00-2:30	\$475	\$100/\$475	
Full Day Pre-K	M-F	8:30-2:30	\$1075	\$100/\$1075	
Full Day Pre-K + 2 AM ½ Days	M, W, F Tu, Thurs	8:30-2:30 MWF 8:30-12:00 TTH	\$915	\$100/\$915	
All Extended Day Options	Days	Times	Monthly Tuition: <i>One month deposit due at registration</i>	Circle Day(s)	✓
Before School Care <i>Drop-In Care may be available depending on space</i>	Available M-F	8:00 – 8:30	1 Day: \$10, 2 Days: \$20 3 days: \$30 4 Days: \$40 5 Days - \$50	M T W Th F	
Two's "Play Bunch"	Available Tu, Thurs	11:30-12:00	1 Day - \$13 2 Days - \$25	Tuesday Thursday	
PM "Fun Bunch" (for PM Mixed Age Class)	Available Tu, Thurs	2:30-3:30	1 Day - \$25 2 Days - \$50	Tuesday Thursday	
PM "Fun Bunch" for Three's PM Class or PreK PM Class	Available M-F	2:30-3:30	1 Day: \$25, 2 Days: \$50 3 days: \$75 4 Days: \$100 5 Days - \$125	M T W Th F	
Aftercare for Students Enrolled in a PM or Full Day Class (must be in 3's or Pre-K)	Available M-F	3:30-5:30	1 Day: \$45, 2 Days: \$90 3 days: \$135 4 Days: \$180 5 Days: \$225	M T W Th F	

Registration form must be accompanied by the Non-Refundable Registration Fee and Non-Refundable Deposit. By signing this agreement, I understand that school year tuition is a 9-month commitment based on 9 equal payments. I understand that I am responsible for giving a 30-day written notice and payment for the current month if I withdraw my child. In addition, I understand that by completing this form and paying the registration fee and deposit, I am enrolling my child in the preschool program and staffing is planned accordingly. **I further understand that tuition payments are due by the 1st of each month and are considered late after the 15th and that a \$15 late fee will be assessed after that time.** Email statements are sent 5 days before the end of each month and tuition payments can be made by clicking through the invoice or bringing in a check. Payments can be made monthly, by semester or annually. A 10% sibling discount will be applied if applicable on preschool tuition. The discounted registration/materials fee for siblings is \$75.

Please indicate below how you would like to be invoiced:

8 Monthly Payments Semester Payments (2.5% Discount) Annual Payment (2.5% Discount)

Signature _____

Date _____



EEC Preschool 2022-2023 Permission Form (Required)

PERMISSION TO USE PHOTOS/VIDEOS

(Please check each box to indicate) I give permission for my child’s photograph to be used by the EEC Preschool in the following way(s):

- | | |
|---|---|
| <input type="checkbox"/> Weekly Newsletters/Blog | <input type="checkbox"/> On our Website – Cooppreschool.org |
| <input type="checkbox"/> Private Preschool Facebook Group | <input type="checkbox"/> Posted in the Classroom or on School Hallway Bulletin Boards |
| <input type="checkbox"/> Public Preschool Facebook Group | <input type="checkbox"/> Submitted to Magazines/Advertisers such as Raising AZ Kids or on Marketing Materials |
| <input type="checkbox"/> On the Classroom GroupMe App | |

WALKING FIELD TRIP PERMISSION

_____ I give permission for my child to take walking field trips within and on the Unitarian Universalist Congregation of Phoenix Campus and the Early Education Cooperative Preschool and to visit other playgrounds/classrooms on site. *We will not leave the EEC/UUCP grounds without notifying you. Field Trips off campus will require a separate permission form.

SUNSCREEN

_____ The EEC preschool has permission to apply sunscreen provided by me to my child while in their care as needed. Sunscreen must be labeled with child’s name and kept in sunscreen container.

_____ The EEC preschool has permission to apply sunscreen provided by the school to my child while in their care as needed.

DIAPER CREAM

_____ (Two and Three-Year-Old Class) The EEC Preschool has permission to apply diaper cream provided by me to my child while in their care. Diaper cream must be labeled with child’s name.

DIRECTORY (Check one option)

_____ I give permission for my information (child’s name, parent(s) name(s), address, phone number, & email) to be shared in the roster/directory on the private parent portal for families only.

_____ I give permission for my name, child’s first name and email address ONLY to be shared in the roster/directory on the private parent portal for family only.

_____ I would like to OPT OUT of the EEC Preschool Roster/Directory

LATE POLICY

Picking up your children on time helps to promote a sense of well-being and trust for your child. Our community is mindful that other preschool programs use the classroom space and teachers have schedules to follow. We allow a 5-minute leeway for pick up with enrollment in the 8:30-12 am program and PM 12:00-2:30 or 3:30 programs. No 5-minute leeway is given for students in the Aftercare program from 2:30-5:30. If you have a student at DVLC, please pick up your preschool student first if they stay till 2:30. The preschool closes promptly at 5:30 pm M-F. Please pick your child prior to closing to allow our staff to go home and spend time with their families. A late fee charge will be assessed for recurrent late pick-ups.

Child’s Name _____ Date _____

Parent/Guardian Signature _____



Early Education Cooperative Preschool
ALLERGY/MEDICAL/DEVELOPMENTAL NEEDS FORM 2022-2023

Child's Name _____ Class _____

Does your child have any specific medical or developmental needs (speech delay, cognitive delay, autism, medical condition, etc.) that should be considered in class? If your child receives services such as speech, OT, PT, etc., please let us know so that we can follow your child's plan and/or goals. Please describe:

No known allergies

My child has allergies to (please circle):

Bees

Latex

Food (please specify below which food or foods)

Other (Please specify below)

My child is at risk for a **life-threatening allergic reaction**. See below.

Please check the circumstances in which a reaction could occur:

_____ Skin contact

_____ Ingestion (eating allergen)

_____ Inhalation (breathing allergen)

My child's allergy was identified through allergy testing _____ yes _____ no

My child had the following symptoms during the reaction (circle appropriate information)

Red, watery eyes

Shortness of breath

Coughing

Swelling

Hives

Nausea/Vomiting

Runny nose

Tightening of throat

Dizziness

If an allergic reaction should occur at school, personnel will administer first aid (i.e., remove stinger, apply ice, observe, and record side effects) You will be notified of the incident immediately. Please indicate which further treatment a health care provider is recommending for your child:

_____ Administer Medication *A medication consent form from the state licensing department is required and will be kept in the classroom with the medication (EPI Pen, etc.)

_____ Call 911 immediately

Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction

Parent/Guardian Signature _____

Date _____



Parent Volunteering Requirements for the EEC Preschool

Arizona Department of Health State Licensing requires parents of students who regularly volunteer in the classroom to be TB tested and Fingerprinted. A TB test with a negative result needs to be done within 12 months of beginning to volunteer. A fingerprint clearance card must be obtained prior to starting in the classroom. The clearance cards are valid for 6 years. Volunteers are also required to receive 18 hours of training each year which are offered through our parent meetings. If you cannot attend a meeting, I have free online trainings available to send you as an alternative. There are also forms that must be filled out prior to your volunteering start date.

TB tests can be done through your own doctor or general practitioner, clinics at pharmacies and urgent care facilities. Once you get the test done, you return back to have it read...usually 3 days later. A signed print-out of your negative results needs to be on file here at the school.

To obtain a fingerprint clearance card, you first need to get fingerprinted. There are many places that offer fingerprinting and you can get the traditional ones or digital ones done. Here are some instructions and places to go and what type of card to get.

Places to get your fingerprints done:

<https://www.arizonalivescan.com/>

<http://affiliatedfingerprint.com/>

<http://www.phxfingerprintservice.com/>

<https://biltmore-mailboxes-plus.business.site/>

Type of Card and associated ARS #

DHS-Child Care Employees & Volunteers - Requires Level 1 Card (not IVP)	ARS § 36-883.02
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1. Submit an Electronic Application - Regular (Non-IVP) or IVP:

To apply electronically, click the "[Apply for a Card](#)" tab.

- This option is available to Arizona residents only.
- NOTE: If you need to submit an [IVP Renewal Application](#), you can still apply electronically. **On the "Reasons" page, be sure you select one of the two [IVP Renewal Options](#) on the dropdown menu.** In lieu of setting up an appointment to be fingerprinted, you will be required to provide the IVP # that is on the front of your current card.

<https://psp.azdps.gov/services/fccFormTriage>

Applicants can now utilize the Public Service Portal (PSP) to **apply for a Fingerprint Clearance Card (FCC)**. Users will be prompted to **create a secure account** on the PSP, allowing them to receive timely communications and to check the status of the application.