



Application for Extended Day Enrollment – DVLC School Age Students 2022-2023 Academic Year

Today's Date _____

Child's name: _____

Birthdate: _____ Age: _____
Month Day Year

Grade Level in Fall 2022: _____

Please circle which days and times you would like to enroll for:

Aftercare is available 2:30-5:30 Monday – Friday. (DVLC students enrolled in an enrichment class would join at 3:30 pm)

Monday	Tuesday	Wednesday	Thursday	Friday
2:30	2:30	2:30	2:30	2:30
3:30	3:30	3:30	3:30	3:30

Drop-in Option Only (with availability) Drop-In Punch Cards will be available to purchase

Parent Information

Name _____

Occupation _____

Employer _____

Work Phone _____

Cell Phone _____

Parent Information

Name _____

Occupation _____

Employer _____

Work Phone _____

Cell Phone _____

Home Address: _____

City _____ State _____ Zip Code _____
The best phone number to reach me is: _____

Email Address(s) for billing and communication:

In addition to this application, you must include a copy of the Emergency Information and Immunization card (attached) and a current copy of your child's immunization records.

Electronic copies of vaccines can be sent to director@cooppreschool.org



EEC Aftercare 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 |

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.

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.

DIRECTORY (Check one option)

_____ I give permission for my information (name, address, phone number, email, child's name & birthday) 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 Aftercare Roster/Directory

PERMISSION TO SIGN STUDENT IN

_____ I give permission for the staff at the EEC to sign my child into Aftercare at the completion of the after-school program at DVLC.

LATE POLICY

Picking up your children on time helps to promote a sense of well-being and trust for your child. The preschool closes promptly at 5:30 pm M-F. Late student pickup will incur \$15 for every 15 minutes. There will be no exceptions to this policy. If a parent/guardian is late for any reason a late charge will be issued. "No exceptions" makes the process consistent and fair for everyone.

Child's Name _____ Date _____

Parent/Guardian Signature _____



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

Child's Name _____

Class - Aftercare

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 if applicable. 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, Benadryl, 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 _____

EEC 2022-2023 Aftercare Payment Information and Worksheet for DVLC

Payment Option (Please indicate):

_____Annual _____Semester Installment _____10 Monthly installments

Payment is due on the first day of the month and can be made by paying online through the emailed invoice or by check to Early Education Cooperative. Checks can be left in the box on the door of Room 9 at EECOP or mailed to 4027 E. Lincoln Drive, Paradise Valley, AZ 85253. **The registration fee is non-refundable.**

Drop-ins must be paid for ahead of time by purchasing a punch card with 5 days to be used when needed and when there is availability.

Monthly tuition rates are calculated based on the number of days throughout the school year and then divided over 10 equal payments (August – May), so there are not different rates for months when there are school breaks. Aftercare is available each day from 2:30-5:30 and is staffed accordingly. We do not charge rates per hour and do not give discounts for children who come later or are picked up early. Refunds will not be given for days missed due to illness or vacation. If there is availability, your child can make up a day they miss on a different day than they are enrolled in.

Tuition Rates:

Registra tion	\$50 Per Family; Families must pre-register (Drop-in Rate or Tuition Rate)					
Non-Refundable Registration/Materials Fee - \$50						
Aftercare	# of days	Specify Which Days	Annual (August – May)	Semester (August – December or January – May)	Monthly Tuition Rate	
	1 Day		\$800	\$400	\$80	
	2 Days		\$1600	\$800	\$160	
	3 Days		\$2400	\$1200	\$240	
	4 Days		\$3200	\$1600	\$320	
	5 Days	M-F	\$4000	\$2000	\$400	
Drop-In (When Available)					5 Drop-in Days Punch Card (siblings may share a punch card) \$150	

Parent Name _____ Parent Signature _____