

Preschool Tuition Schedule/Agreement 2021-2022

| Class/Classes Applying For <small>*Student must be the age of the class by 9/1/2021</small> | Tuition (8 Monthly Payments) | Registration & Materials Fee <i>Non-Refundable</i> | Deposit (May's Tuition Paid Upfront) <i>Non-Refundable</i> |
|---|---|---|---|
| <input type="checkbox"/> Two's Class (2 days) <input type="checkbox"/> T/TH 8:00 am-11:00 am OR <input type="checkbox"/> T/TH 12:00 pm – 3:00 pm | \$265 | \$100 1 st Child \$75 2 nd Child | \$265 |
| <input type="checkbox"/> AM Three's Class (3 days) MWF 8:00 a.m.-11:00 a.m. | \$375 | \$100 1 st Child \$75 2 nd Child | \$375 |
| <input type="checkbox"/> PM Three's Class (5 days) Mon-Fri 12:00 p.m.-3:00 p.m. | \$515 | \$100 1 st Child \$75 2 nd Child | \$515 |
| <input type="checkbox"/> AM Four's Class/Pre-k (5 days) Mon-Fri 8:00 a.m. – 11:00 a.m. <i>*Must be Potty-Trained</i> | \$515 | \$100 1 st Child \$75 2 nd Child | \$515 |
| <input type="checkbox"/> PM Four's Class/Pre-k (5 days) Mon-Fri 12:00 p.m.– 3:00 p.m. <i>*Must be Potty-Trained</i> | \$515 | \$100 1 st Child \$75 2 nd Child | \$515 |
| <input type="checkbox"/> Lunch Bunch Available M-F 11:00 a.m. – 12:00 p.m. <i>*Children in either an AM class or PM class can be enrolled</i> | \$25 per month per day of the week – Please mark which days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> | N/A | 1 Day - \$25 2 Days - \$50 3 Days - \$75 4 Days - \$100 5 Days - \$125 |
| <input type="checkbox"/> Aftercare Available M-F 3:00 p.m.- 5:00 p.m. <i>*Must be enrolled in an afternoon preschool class</i> | \$45 per month per day of the week – Please mark which days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> | \$25 1 st Child \$20 2 nd Child | 1 Day - \$45 2 Days - \$90 3 Days - \$135 4 Days - \$180 5 Days - \$225 |

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 that time period in the event that 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. *Students may be enrolled in both morning and afternoon preschool classes & discounts for enrolling in full day programming will be applied (5% for AM Class, LB & PM Class, 10% for AM Class, LB, PM Class & After Care).*

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 2021-2022 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. *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 (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 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 9-12 am program. No 5-minute leeway is given for students in the Lunch Bunch program from 12-2:30 or in the Aftercare program from 2:30-5:30. The staff in Lunch Bunch need to be able to pick up students for the Aftercare program so students need to be picked up promptly at 2:30. If you have a student at DVLC, please pick up your preschool student first if they are in the morning preschool program. 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 2021-2022

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.

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 #

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|--|
| DHS-Child Care Employees & Volunteers - Requires Level 1 Card (not IVP) |
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|-----------------|
| ARS § 36-883.02 |
|-----------------|

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.