

For Office Use Only

Child's Name: _____ Birth Date: _____ Age as of Sept. 1, 2019: ____Yr. ____Mo.

Classroom: _____ Days Attending: _____ Blue Card Updated: Y N Immunizations: Y N

Date App. Rec'd.: _____ Registration Fee \$: _____ Referred By: _____ Date Fee Rec'd: _____ Check #: _____

Camelback Christian School

2019-2020 Enrollment Application

**3900 E. Stanford Drive
Paradise Valley, AZ 85253
602- 957-0215**

**The State of Arizona requires that either a current Immunization Record or an Exemption Form be on file for a child to attend.
No application can be accepted otherwise.**

1. Child's full name: _____
last name first name middle name nickname

2. DOB: _____ Birth weight: _____ Place of birth: _____ Male: _____ Female: _____

3. Child's address: _____
Address City State Zip

4. Is the child living with one or both parents? _____

5. Father's name: _____ Home phone: _____ Cell phone: _____

6. Father's home address: _____
Address City State Zip

7. Father's profession/occupation: _____ Work phone: _____

8. Email address: _____

9. Mother's name: _____ Home phone: _____ Cell phone: _____

10. Mother's home address: _____
Address City State Zip

11. Mother's profession/occupation: _____ Work phone: _____

12. Email address: _____

13. Where does your family worship? _____

Parents members? _____ Attend regularly or occasionally? _____ Does child attend regularly? _____

14. Please list the brothers and sisters of child:

| Name | DOB | School Currently Attending |
|-------|-------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

15. Child has attended the following preschool:

| Dates attended | Name of school | City | State |
|----------------|----------------|------|-------|
|----------------|----------------|------|-------|

16. Health history of child, please answer "yes" or "no" to each.

| | | | |
|-----------------------------|------------------------------|------------------|-----------------|
| _____ Physical Disabilities | _____ Chronic Ear Infections | _____ Asthma | _____ Hepatitis |
| _____ Vision Difficulties | _____ Premature Birth | _____ Concussion | _____ Diabetes |
| _____ Heart Murmur | _____ Other Heart Problems | _____ Epilepsy | _____ Fainting |
| _____ Hearing Loss | _____ Fractures | _____ Headaches | _____ Other |

17. Please list any susceptibility your child has to illness: _____

18. Allergies to:

Food _____

Medication _____

Insect Bites _____

Is medical treatment necessary? _____ If so, what? _____

19. Special health requirements or considerations: _____

20. Tell us about all the special things your child likes to do with friends and family. And let us know what you see are his or her special interests or giftedness. _____

Tell us about your family—favorite fun activities or outings, what talents or hobbies, cultural celebrations or events, perspective on parenting---and anything you can think of that would help us get to know you!

In September you and your teacher will meet for our MILESTONES conference. This is another way the school and family connect!

**Camelback Christian School
2019-2020**

Tuition and Fees

**3900 E. Stanford Drive
Paradise Valley, AZ 85253**

A registration fee must accompany the Enrollment Application. Applications received through e-mail will not be processed for enrollment until payment is received. *The registration fee is non-refundable except as noted In Refund/Proration Policy*

Registration Fee: Returning Family - \$150, 2nd child \$125 New Family - \$175, 2nd child \$150.00

| | |
|------------------------------|--|
| Family Events: | \$125.00 - Per family per school year - Covers the cost of on-site events and field trips for child and their family |
| Missed scheduled snack | \$10.00 |
| Missed lunch for Lunch Bunch | \$5.00 |
| Returned check | \$35.00 |
| Late tuition payment | \$25.00 |

When the completed Enrollment Application including immunization record and registration fee is reviewed by CCS, the child will be assigned to a classroom according to their age as of September 1, 2019 on a first-come, first-served basis. Please understand we cannot make classroom assignment exceptions. Once the class is filled, all additional applicants will be placed on a waiting list in the order received. Children not toilet trained by the start of school will be put on a wait list behind those who are already trained or the registration fee refunded according to following policy:

Refund/Proration Policy

Registration fee will be refunded under the following circumstances:

- If child is not toilet trained by the first day of school
- If classroom space is not available by the end of September
- Relocation

Tuition fees will be prorated under the following circumstances:

- If child enrolls in school on or after the middle of the month
- If child withdraws from school and has paid more than one month in advance

PLEASE NOTE: There is no proration of fees due to child's absence, holidays, school breaks or closures.

Payment: Tuition and fees are due on the first day of each month and considered late after the fifth. Should the fifth fall on a Saturday, Sunday or a holiday, a tuition grace period will be extended to the next school day. A late fee of \$25.00 will be assessed if paid after that day.

Please understand that as a non-profit school, we rely on prompt payment to operate. **Tuition is considered late if paid after the 5th of the month.** Your account will be charged a *late payment fee of \$25.00*. If the account is not paid in full within 30 days of the due date, the family will be notified that the child cannot attend school until the Director and family establish a payment plan as follows:

- a. Biweekly payments of the past due amount (dates to be determined) must be made with the balance being paid in full within 30 days. These payments ARE IN ADDITION TO the regular MONTHLY tuition due the 1st of each month.
- b. If a payment is missed as in (a) above or if the check is returned NSF, the school will notify the family that the child will be dis-enrolled and the account will be sent to collections.

Checks should be made payable to Camelback Christian School. Please leave your payments in the school office or mail them to arrive before the end of the period due. **We cannot accept cash payments.** Returned (NSF) checks will be charged \$35.00 processing fee. Please see the school Director if a financial difficulty occurs. If a child is withdrawn from school, no proration of tuition or other fees will be made for any unattended portion of the month.

TWO AND THREE-YEAR OLDS

Butterflies 2 yrs. 4 mos. - 2 yrs. 11 mos.
Meets 2 – 5 days

Circle Preferred Days:
Monday Tuesday Wednesday Thursday Friday

Busy Bees 3 yrs. - 3 yrs. 8 mos.
Meets 2 – 5 days

Circle Preferred Days:
Monday Tuesday Wednesday Thursday Friday

FOUR-YEAR OLDS

Fireflies (Younger Pre-K) 3 yrs. 9 mos. - 4 yrs. 4 mos.
Meets 3 - 5 days

Circle Preferred Days:
Monday Tuesday Wednesday Thursday Friday

Inchworms (Older Pre-K) 4 yrs. 5 mos. - 5 yrs. +
Meets 3 – 5 days *We highly encourage at least 4 day attendance*

Circle Preferred Days:
Monday Tuesday Wednesday Thursday Friday

Kindergarten - Ladybugs & Dragonflies 5 yrs. and up
Meets 5 days

Important Notes

- ✓ All ages are as of September 1st 2019 to maintain the age groupings as noted
- ✓ Additional days may be added during the school year if there is space in the classroom
- ✓ If your child misses a normally scheduled day, we are not able to do makeup days.
- ✓ Curriculum is developed and planned specifically for each age group.
- ✓ Per state licensing, all children attending CCS must be fully toilet trained and in underpants at the beginning of the school year. Pull ups are not allowed.
- ✓ Children with special needs will be considered for enrollment on an individual basis. Because the best care for your child is important to you and us we'll discuss what accommodations are needed and if we are able to meet those.

Please Choose Program/s

Jump Start!

8 am – 4 pm 2 weeks beginning: August 19 and 26
Tuition: 2 days/wk. \$208
3 days/wk. \$280
4 days/wk. \$334
5 days/wk. \$420

Core Program: 9 am – 12 pm

Extended School Day:

Circle One: Plan 1 Plan 2

Comments: _____

**Camelback Christian School
2019-2020**

AGREEMENT

**3900 E. Stanford Drive
Paradise Valley, AZ 85253**

If you will be paying by automatic payments through your financial institution, please make sure it is set up so CCS receives payment on or before the dates as noted above.

NOTE: Tuition and fees are paid from September 1st through the end of the school year in May. You will receive an invoice around the 20th of each month. It will include any outstanding balance, tuition for the upcoming month and any fees from the previous month. Contact the director in the event of any circumstance that may make payment difficult.

We jointly agree to the Tuition and Fees and Refund Policy. We understand the CCS payment policy. Further, we agree to pay Camelback Christian School all monies according to the Tuition and Fee Schedule listed herein and any and all costs of collection. We understand that total tuition and or fees are payable monthly on the first day of each month, beginning September 1, 2019 continuing through May 2020, and that there are no proration of fees except as noted.

Father or Guardian Signature

Date

Mother or Guardian Signature

Date

**Camelback Christian School
2019 -2020**

Parental Permission Form

**3900 E. Stanford Drive
Paradise Valley, AZ 85253**

Please initial which of the following you give the school permission:

- **Directory:** I/We give permission to CCS to have our name, our child's name, address, home phone, and e-mail address printed in the school directory. This directory is solely for the use of students and staff and is not sold or distributed to others or to any group.

- **Field Trip:** I/We give permission to CCS for my child to participate in activities that are held on the school/church grounds but are outside the confines of the school's licensed classrooms and playground. This could include the sanctuary, the play fields and courts, other classrooms or walking trips around the grounds. I understand that school will notify me of each occurrence and CCS staff will accompany my child or the group and will be in state ratios.

- **Photography:** I/We give permission to CCS and its representatives and employees the right to use photographs of my child taken at school or during school-related events for use on the preschool website and I understand that such photos do not have any monetary compensation. Further, these photos are only for lawful purpose such as publicity, illustration, advertising and web content. CCS agrees to not use the name of my child so that my child's identity is protected.

PLEASE PRINT

Parent or Guardian Names: _____

Child's Name: _____

Home Address: _____

City / Zip Code: _____

Home/Cell Phone: _____

E-mail Address: _____

Parent/Guardian Signature

Date

**Camelback Christian School
2019-2020**

Important Parent Information

**3900 E. Stanford Drive - Paradise Valley, AZ 85253
Phone: (602) 957-0215**

Director
Mrs. Alene Bell
abell@camelbackbible.com

Camelback Christian School (CCS) is a ministry of Camelback Bible Church, an Arizona not-for-profit corporation, and is located on the church campus.

Camelback Christian School does not discriminate on the basis of race, color, sex, creed or national origin.

Children with special needs will be considered on an individual case-by-case basis. Please make an appointment with the Director to discuss your child's needs.

Our state licensing does not allow diaper changing and therefore requires all children attending this school be fully toilet trained, wearing underpants and able to care for his/her own toileting needs. In addition, state licensing does not allow PULL-UPS during any part of the school day.

| | |
|-------------------------------|---|
| August 19 – August -30 | JUMP START! 8am – 4 pm |
| August 29 (Thursday) | Parent Night – 6:45 p.m. - MANDATORY ATTENDANCE |
| August 30 (Friday) | All Classrooms Open House from 9:00 – 11:00 Parent and child |
| September 3 (Tuesday) | Children will begin normal class schedule. |

*If you have any questions about registration and enrollment
please contact the school office.*