GRACE GARDEN CHRISTIAN PRESCHOOL
10841 S. 48th Street • Phoenix, AZ 85044 • 480-598-5600
Fax 480-598-5640 • www.gracegardenchristianpreschool.com

INFANT ROOM CHECKLIST

NOTES

- Please supply all of these items on your child's first day
- Make sure all items are labeled with your child's first & last name

ITEMS

- ☐ your child's daily schedule
  - feeding times, type & amount
  - nap times & lengths
  - Tips & tricks to help the teachers identify hunger, sleepiness & assist your child in falling asleep, etc.
- ☐ Diapers w/ First & Last Name on the packet
- ☐ Baby wipes w/ First & Last Name on the packet
- ☐ diaper cream w/ First & Last Name on it
- ☐ milk (bottles of fresh breast milk and/or prepared formula – as many as needed, filled with the appropriate amount for each feeding, plus extra just in case) w/ First & Last Name on the bottle time and date
- ☐ solid food, if age appropriate (jarred or prepared baby food/cereal/solids) w/ First & Last Name on it, spoons/bowls (optional)
- ☐ pacifier (if used)
- ☐ bibs w/ First & Last Name on it(enough for the week)
- ☐ Extra clothes in sealed ziplock bags (onesies/shirts, shorts/pants) w/ First & Last Name on it
- ☐ socks for inside (air conditioning) w/ First & Last Name on it
- ☐ sweater/jacket for inside (air conditioning) w/ First & Last Name on it
- ☐ a light receiving blanket (w/ First & Last Name on it)
- ☐ sunscreen (6+ months) Parental Consent Form Must Be Signed 1st
- ☐ Infant size crib sheet (24in x38in) w/ First & Last Name on it

PLEASE REPLENISH

- ☐ Diapers (Please label all items with first and last name)
- ☐ wipes
- ☐ diaper cream
- ☐ extra clothes (Please label and seal clothes in gallon zip lock bags)
- ☐ bibs
- ☐ bottles
- ☐ food

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APPLICATION FORM

Child's Name: (last) (first) (middle)			Birthday: / / Sex: M F
Child's Address:			Home phone:
Mother's Name:			Mother Age:
Home Address:			Home phone:
Occupation:			Cell phone:
Employer:			Work Phone:
Mom's E-mail Address:			
Father's Name:			Father Age:
Home Address:			Home phone:
Occupation:			Cell phone:
Employer:			Work phone:
Dad's E-mail Address:			
Does your child speak English?	Yes ___	No ___	Some ___
What language is spoken at home?	English ___	Spanish ___	Other ___
Do your child have a special need?	Language ___	Physical ___	Emotions ___
Please give the name and address of the school your child last attended:			
How did you learn about our school ? __Newspaper __Relatives ___Friends ___Walk-in ___Internet ___Other			
Number of days per week requested: _____ Full day: _____ Half day: _____			

Registration fee: $_____ Deposit: $_____

I certify that the above information is correct. Further, I will inform the center of any changes in the above information within 24 hours.

Parent's signature: _____ Date: _____

Receive by: _____ Date: _____

Remarks: _____ Start Date: _____

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STUDENT MEDICAL RELEASE/EMERGENCY INFORMATION FORM

I, the undersigned, give my consent to Grace Garden to administer first aid, to authorize a medical doctor to examine my child, to authorize necessary emergency treatment at a nearby hospital and/or to order ambulance transportation for my child at my expense while he or she is in attendance at Grace Garden and or at a related field activity.

Name of Child: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: ____-_____-_____

Insured By: _____ ID Number: _____

In case of emergency-First Contact

First Contact

_____ Home #:____-_____-_____Work#:____-____-_____

Second Contact

_____ Home#: ____-_____-_____ Work#____-____-_____

If we are unable to contact parents please contact:

_____ Home#:____-_____-_____ Work# ____-____-_____

Address: _____ Relationship: _____

If we need to contact child's physician:

Child's Doctor: _____ Phone#: _____

Hospital Name: _____ Address: _____

If we are unable to contact child's physician, contact (check one):

Emergency Hospital_____ Nearest Physician: _____Other:_____

Child's Allergies: _____

_____ _____

Signature of Parent of Guardian Date Signed

ADHS
LICENSING

CDC/SGH# or name: 11059

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:** ☐ **male** ☐ **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:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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? ☐ **No** ☐ **Yes** **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes** **If yes**, specify procedure:
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.)? ☐ **No** ☐ **Yes** **If yes**, list precautions:
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:**

Arizona Department of Economic Security
Child and Community Services Division

About Me Questionnaire

This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.

Instructions: A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian completing this form: _____

What is your preferred method of communication? *(Email/Phone/Text)* _____

Provider/Center Name: _____

Has your child previously attended child care? ☐ Yes ☐ No

If yes, what type of setting(s) was your child in? *(Family child care, group care, etc.)* _____

What did you like most about your child's previous child care setting?

_____

What did you like the least?

_____

What is important to you about your child's care?

_____

Who is important to your child?

_____

Does your child prefer to play alone or with other children? ☐ Alone ☐ Other Children

Does your child have a favorite toy or comfort object? ☐ Yes ☐ No

If yes, what? _____

What is your child's current sleep schedule?

_____

Does your child fall asleep easily? ☐ Yes ☐ No

What is your child's mood like upon awakening?

_____

What does your child like?

_____

What does your child dislike?

_____

Special things you say or do to comfort your child are:

See page 2 for EOE/ADA disclosures

How do you know when your child is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other: _____

How does your child react when:

Something unexpected happens:

_____

Something happens they don't like:

_____

They are scared:

_____

Other:

_____

Does your child have any health issues? ☐ Yes ☐ No

If yes, please explain:

Has anything happened recently in your child's life that might affect them? ☐ Yes ☐ No

Events at home often influence a child's behavior, for example, changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your child needs.

If yes, please explain:

Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child?

Is your child in Foster Care? ☐ Yes ☐ No

If yes, please list the Case Manager's Name and Contact Information:

_____

_____ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: _____ Date: _____

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Infant Information Sheet

Child's Name:

_____

Parent's Name:
(1)_____(2)_____

Birthday: _____ Age: _____

1: Bottles:

How often?_____ How much?_____

How is child fed? Held on Lap_____ Infant Seat_____ Other____

Should we wake the child up to be fed? _____

Does child eat solids?_____ How often? _____

Which solids?_____

How much solids does the child eat? _____

2: Sleeping:

Position? Back_____ Side_____ *Tummy_____ Swaddled_____

*We MUST have a written & signed Doctor's note in order to let your child be put to sleep on their tummy.

Nap Times: (AM) _____ (PM) _____

Is the child allowed to sleep with pacifier? _____

3: Swing:

Does your child like to be in a swing? _____

4: Diapers:

Is diaper rash a problem?_____ How do you treat it?_____

Do you use: Cream_____ Powder_____ Special Wipes_____

5: General Questions:

Does your child use a pacifier? No_____ As needed _____ Nap Only_____

Does your child have a certain "fussy" time? _____ When?_____

What do you do to comfort them? _____

Any special concerns? _____

_____

How does your child relate to strangers? _____

Any other comments or special instructions? _____

_____

_____

_____

_____

_____

_____

By signing below, you verify that all comments are correct and accurate.

Parent Signature: _____

Today's Date: _____

INFANT FEEDING INSTRUCTIONS

Child's name:	Date of birth:

Feeding

Breastmilk, Type of Milk, or Formula:	Bottle: Yes ☐ No ☐
If child is receiving breastmilk and supply of pumped milk runs out, what do you want staff to do?	

Allergies

☐ No	☐ Yes – Explain:

Does child have any problems with feedings, such as choking or spitting up?	☐ No
☐ Yes – Explain:	

Foods

Introduced: See Attached List on page 2.

Consistency: ☐ Puree ☐ Junior ☐ Table

Food Likes:	Food Dislikes:

Method of Feeding:

Utensils used: ☐ Cup ☐ Fork ☐ Spoon ☐ Other:

Explain:

Feeding Schedules and Updates:

Date	Time	Foods	Amount	Time	Foods	Amount

Comments:	
Date:	Parent's signature:

Update as new foods are introduced or changes occur.
Post in kitchen and activity area.
All feeding instructions must be retained for 12 months (centers).

FOODS LIST

Child's Name:

Foods and dates introduced at home:

VEGETABLES					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Carrots		Squash			
Creamed Corn		Potatoes			
Creamed Spinach		Sweet Potatoes			
Green Beans					
Peas					

FRUITS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Apple Sauce		Prunes			
Bananas		Plums			
Peaches		Apple Strawberry			
Pears		Banana Strawberry			
Bananas w/Apples		Apricots			
Prunes w/Apples					

MEATS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Beef		Lamb			
Chicken		Ham			
Turkey		Veal			

MIXED FOODS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Veg/Ham		Mixed Turkey			
Veg/Bacon		Chicken Noodle			
Veg/Turkey		Lasagna			
Apples/Turkey		Spaghetti			
Apples/Chicken		Veg/Pasta			
Pears/Chicken					

CEREALS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Rice					
Oatmeal					
Mixed					

COMMENTS and Additional Information:

DATE:	SIGNATURE:

All feeding instructions must be retained for 12 months (centers).

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FINANCIAL AGREEMENT

I agree to pay a two-week tuition of $_____ in advance on **the first day of every 2 weeks or a monthly tuition of $_____ at the beginning of the month. I understand that after a 3 day grace period a late fee of $5.00 per day will apply to my account.**

Upon registration, there will be a $_____ registration fee. I understand that there is no tuition deduction for absence. For our kindergartner, there is a $_____ books and materials fee. If I withdraw my child during school year, I can keep the books and materials I paid for.

I understand that it is very common for anyone, especially young children to be affected by a new environment. It takes time for the immune system to get accustomed to the germs/bacteria it has not encountered previously. Therefore, there will be no tuition refund because my child has become ill (cold, runny nose, sneezing, coughing, fever, chicken pox, German measles and other communicable diseases) while attending the school.

I also agree to notify the school **2 weeks in advance in written form** before withdrawal. I understand that **without the 2 weeks notification**, I will not receive the deposit I submitted upon enrollment.

We have provided a **"Tuition Express Form"** for your convenience. Please see the next page to fill out the form and return to the office.

Child's Name _____. No_____

Parent's Signature_____ Date_____

(SEE TUITION & FEE SCHEDULE)

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DEPOSIT AGREEMENT

I agree to pay a deposit of _____which will be refunded to me upon withdraw of my child from the school, providing I notify the school two week in advance in written form. I understand that without the two week notification the deposit is not refundable.

Child's name _____ no._____

Parent's signature_____

Date_____

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Pick up/ Drop in policies

I, the undersigned, have been informed of the following school policies:

1. **Grace garden Christian preschool opens 7:00am to 5:30pm Monday through Friday (except holidays) however, a child on a full day program is only allowed to stay in the school for a maximum of 10 hours. A late pickup fee (see tuition price sheet) will be charged if either the child has been staying over 10 hours or past 5:30pm, unless the administration of GGCP approved to waive it off.**

(If regular schedule needs to be more than 10 hours, please see administrator of the school to sign a specific agreement.)

2. **As per the school policy no child will be allowed to be dropped into the classroom between 11:30am-2:30pm (except for the infant room) as it will probably interrupt the other children's nap time. We appreciate your understanding.**

Signature: _____ **Date:** _____

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ADMISSION AGREEMENT

I, _____ (parent's name) have read and fully understand my child, _____'s (child's name) enrollment package including the parent handbook and agree to abide by the policies started therein. Furthermore, I acknowledge that for the welfare of my child, I am responsible to report any health problem my child may have as well as any special care or treatment needed in case my child becomes ill while at school.

_____ _____

Director's Signature Parent's Signature

_____ _____

Date Date

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Policies and Procedures for 2025

__1. Please make sure you always sign your child in and out (computer and Binder)

__2. **No Day Switching:** If you need to switch days or add extra days, an additional charge will apply. Please provide notice at least 3 days prior (if possible) for any changes.

_3. Deposit must be paid within the first **3 months** of your child's start date and **WILL ONLY** be refunded if you provide a two-week notice of your intention to withdraw your child.

__4. Tuition is due every Monday if your payment is biweekly (pay by Wednesday to avoid late fees) or by the 5th day of each month if it's monthly. **WE WILL ENFORCE LATE FEES ($20 per day) or ($70 end of the month per child) To ensure your child can attend on Thursday, payments must be made by Wednesday.**

_5. Late fees **MUST** be paid on the same day to avoid your child being unable to return the the following day.

__6. WE WILL NOT SEND OUT ANY PAYMENT/BALANCE REMINDERS. It is your responsibility to know when tuition is due.

__7. Due to the closure of holiday break starting the 24th of December, though the 1st of January payments must be submitted on the 25th and by the 31st to avoid a $70 late fee. All accounts must be paid off by the end of the year.

__8. **We are not responsible for any lost items**, including jewelry, clothing, toys, backpacks, or other belongings that are not labeled. All clothes and sheets must be clearly labeled, as many children have similar items. If items are lost and not labeled, we cannot be held responsible.

__9. Full tuition rates apply for missed days, holidays, closures or illness.

__10. A 2-week notice needs to be given (WITH PAY) if you want to terminate the contract or make any changes with GGCP.

__11. To help prevent the spread of illness and ensure the health of all children, **PLEASE DO NOT BRING YOUR CHILD IF THEY ARE SICK. Your child must be free of fever, vomiting, or diarrhea for at least 24 hours before returning. A doctor's note is required for your child to return to school the following day**

_12. All children must be dropped off by **11 a.m.** to be accepted.

_13. If a child is sent home due to a lice outbreak, they must be cleared by a teacher or office staff **BEFORE RETURNING TO SCHOOL.**

_14. **NO PHONES/TABLETS** are allowed when entering our premises, so teachers/staff can communicate with you.

_15. Payments made via Zelle, cash app, Venmo, need to be made **DURING SCHOOL HOURS** anything after 5:30pm will result in a $20 late fee.

_16. If a child is sick, then the parent **MUST remove** the child from daycare in less than 2hrs.

__17. Bring a copy of the immunization record every time that your child gets a new vaccination.

__18. Late pickup FEE will be applied after 5:30pm. It is $20 for the first 10 minutes, and $1.50 a minute after that. The fee is per child and must be paid with tuition on the due date, **if not paid the same day, then the child will not be able to return the next day.**

__19. Fitted sheets and blankets must be provided by 11:30 am for nap, if not brought to school a $5 fee for a school sheet and $5 for a blanket will be applied to the account. All fees must be paid with tuition.

__20. Free week will be applied for the closure of Dec 24th-Jan 1st (ONLY IF ENROLLED FOR ONE YEAR OR MORE)

__21. GGCP will be closed: Martin Luther King, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Black Friday, December 24th, 2025. to January 4th, 2026, WITH PAY IF LESS THAN A YEAR, or you can take your FREE week at this time (if you have been enrolled for 1 year or more)

_22. The day of our Christmas program/thanksgiving lunch will be a short day due to "Teacher observation day"

I agree and understand

GGCP PROCEDURES AND POLICIES FOR 2025

Parents Name_____ Childs name_____

Signature_____ Date_____

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PHOTO RELEASE FORM

Please be advised that your child may be photographed or video-taped during daycare hours. If you would like your child's photo to appear in our website or Facebook page, please sign this form.

_____ YES, I give permission for my child's photograph and/or video to be posted to our website and/or Facebook page.

_____NO, my child's photograph and/or video may not be posted on our website and/or Facebook page.

_____

Child's Name

_____ _____

Parent Name and Signature Date