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:		Birthday: / /	
(last) (first) (middle)		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

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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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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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Pick up/ Drop in Polices

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

1. Grace Garden Christian Preschool open 7:00am to 5:00pm Monday to Friday (except holidays), however, a child on full day program is only allowed to stay in the school for maximum 10 hours or past 5pm, unless the administrator of GGCP approved to waive it off.

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

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

Signature: ______________________________ Date: ______________________

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

BEST OF CARE

This confidential form 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.

Instructions: This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. 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?
PROVIDER/CENTER NAME	

Has your child attended child care in the past? ☐ 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 least?

Other comments:

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 his/her mood upon waking?

What does your child like?

What does your child dislike?

See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

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

How do you know when your child is:
Happy?
Sad?
Mad?
Tired?
Other?

How does your child react when:
Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? ☐ Yes ☐ No
If yes, please explain:

Does your child have any other special needs? ☐ Yes ☐ No
If yes, please explain:

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 special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? ☐ Yes ☐ No
If yes, please explain:

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

☐ Parent/Guardian declined to complete

Parent/Guardian Signature Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

CDC/SGH# or name:___________________

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? **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	☐ **No** ☐ **Yes**
Is child usually susceptible to infections and if so, what precautions need to be taken? **If yes**, list precautions:	☐ **No** ☐ **Yes**
Is child subject to convulsions and what should be our procedure if one occurs? **If yes**, specify procedure:	☐ **No** ☐ **Yes**
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.)? **If yes**, list precautions:	☐ **No** ☐ **Yes**
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:**

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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:

FOOD	DATE	FOOD	DATE	FOOD	DATE
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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Policies and Procedures for 2023

___1. Please make sure you always sign your child in and out. (Computer and Binder)

___2. THERE IS NO SWITCHING DAYS TO MAKE UP MISSED DAYS

___3. Tuition is due every Monday if your payment is every other week (pay by Wednesday to avoid late fees) or the first 5 days of each month if it's monthly. **WE WILL ENFORCE LATE FEES ($10.00 per day per child)**

___4. Full tuition rates apply for missed days, holidays closures or illness.

___5. A 2-week notice needs to be given (WITH PAY) if you want to terminate the contract or make any changes with GGCP.

___6. To reduce the spread of illness and maintain the health of all of the children, please DO NOT bring your child is she/he is sick. Your child needs to be 24 hrs. free fever, vomit, or diarrhea. Also, you will need a note from your doctor saying its ok to return to daycare

___7. Please do not bring toys. It's easy to lose a personal toy in the classroom full of them, and it's hard for us to take care of the toy. We know that you don't want your child to accidentally forget it at childcare, but sometimes we don't know where she/he put it.

___8. Bring a copy of the immunization record every time that your child gets a new vaccination.

___9. Late pickup FEE will be applied after 5:30pm it is $15 for the first 10 minutes, and a $1 a minute after that. The fee is **per child** and must be paid with tuition on due date.

___10. Fitted sheet and blanket must be provided Monday 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.

___11. There will be a late fee of $35 per child at the end of the month if there is a pending balance for the previous month.

___12. GGCP will be closed: Martin Luther King, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and the day after, X-mas eve and day and New Year's Eve and day this year we will be closed from December 25th, 2023, to January 2nd, 2024, this will be your FREE week vacation (Only applied for students who have been enrolled for a year or more),

I agree and understand

Parents Name________________________________

Child Name__________________________________

Signature/Date______________________________