

# Prescott Christian Preschool

"Where the Love for Learning Begins"

2980 Willow Creek Road  
Prescott, AZ 86301

## PRESCHOOL FEES & TUITION SCHEDULE FOR SY\_\_\_\_\_

### Enrollment Fees

Enrollment Fee for New Students (non-refundable)	\$ 50.00
Re-Enrollment Fee for Returning Students (non-refundable)	\$ 50.00

### Monthly Tuition Fees

# of Days	Indicate Days	Preschool Hours Only 8:30-11:30 AM
2	M T W T F (V)	\$ 180 / month
3	M T W T F (V)	\$ 240 / month
4	M T W T F (V)	\$ 280 / month
5	M T W T F (V)	\$ 300 / month

*Payment is due on the 1<sup>st</sup> Monday of each month. Accounts past due 5 days will be considered late and Accounts past delinquent and student(s) will no longer be allowed to attend classes.*

### Extended Care Rates

Extended Care costs are incurred before and after Preschool hours.
1 child - \$6.00 / hour    ♦    \$5.00 / hour for each additional child

### Tuition Discounts Available

- 3% discount if tuition is paid in full for the entire year by August 1.
- 10% off for the second child in family.
- 15% off for the third child and each child thereafter.
- 10% off one month for any PCP family registered and referring a new family that registers.
- If you qualify for more than one discount, you will receive the higher one.
- If you qualify for a discount, only one discount per family.

# Prescott Christian Preschool

"Where the Love for Learning Begins"

## Application Checklist

School Year \_\_\_\_\_

Student Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

### Application Checklist

1. \_\_\_\_\_ Admission Application
2. \_\_\_\_\_ Emergency Information (State Blue Card)
3. \_\_\_\_\_ Parent Commitment Contract Form
4. \_\_\_\_\_ Media Release Form
5. \_\_\_\_\_ Copy of Birth Certificate
6. \_\_\_\_\_ Copy of Updated Immunization Records or signed Exemption Form
7. \_\_\_\_\_ Enrollment Fee Paid & Days Attending Indicated (see below)

### Enrollment Fees

Enrollment Fee (non-refundable)	\$ 50.00
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### Monthly Fees

# of Days	Circle Days of Week Attending	Preschool Hours Only 8:30-11:30 AM
2	M T W T F (V)	\$180 / Month
3	M T W T F (V)	\$240 / Month
4	M T W T F (V)	\$280 / Month
5	M T W T F	\$300 / Month

#### FOR OFFICE USE ONLY:

Method of Payment:

Check # \_\_\_\_\_

Cash

Date of payment: \_\_\_\_\_

# PRESCOTT CHRISTIAN PRESCHOOL APPLICATION

"Where the Love for Learning Begins"



2980 Willow Creek Road  
Prescott, AZ 86301  
(928) 899-0920

Date \_\_\_\_\_

School Year \_\_\_\_\_ - \_\_\_\_\_

Entering Class \_\_\_\_\_

## STUDENT INFORMATION:

Student Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## FAMILY INFORMATION:

Father's/Guardian's Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed

Mother's/Guardian's Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed

**GENERAL INFORMATION:**

Preschool Last Attended (if applicable): \_\_\_\_\_

Has the student had a disciplinary/behavioral problem?     Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Local Church Affiliation** \_\_\_\_\_ Phone \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_

As parents, do you attend regularly?     Yes     No

Does the student attend regularly?     Yes     No

**How did you hear about Prescott Christian Preschool?**

Radio     Website     Newspaper/Advertising

Friend/Family    Name(s): \_\_\_\_\_



CDC/SGH# or name: 18451

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex: [ ] male [ ] female

Form with fields: Parent or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

Form with fields: 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.)

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for contact persons.

If Medical care is necessary, call:

Form with fields: 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.

Form with text: 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:

Form with field: 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](http://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:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> 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.)? <input type="checkbox"/> No <input type="checkbox"/> 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:
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# Prescott Christian Preschool

## PARENT COMMITMENT CONTRACT

Name of Student(s) \_\_\_\_\_ Preschool \_\_\_\_\_ Pre-K \_\_\_\_\_

**PRIOR TO ADMITTANCE** to Prescott Christian Preschool/Extended Care, each of the following statements must be initialed, signifying agreement, by ALL parents or guardians having legal custody of the child written above.

\_\_\_\_\_ I agree that my child's attendance at Prescott Christian Preschool is a privilege and not a right, and that if at any time his/her conduct, or family cooperation with school authorities is not in keeping with the requirements of the preschool, we reserves the right to terminate, at its discretion, my child's enrollment.

\_\_\_\_\_ I give permission for my child to take part in all school activities. I absolve Prescott Christian Preschool from all liability, beyond the limits of school-provided accident insurance, in the event my child is injured at school or during any school-sponsored activity.

\_\_\_\_\_ I agree with the school's efforts to train my child in the Bible and will encourage him/her in this, and in all other phases of the biblically-integrated curriculum.

\_\_\_\_\_ I agree to pay assessments charged by Prescott Christian Preschool to cover malicious damage to school property by my child (i.e. broken window, book abuse, etc.)

\_\_\_\_\_ I agree my child is **fully** potty trained and 2 or more "accidents" will be cause for delayed entrance to the preschool.

\_\_\_\_\_ I agree to pay the nonrefundable (re) registration fees upon request. I understand that tuition is to be paid in advance, yearly, or monthly. I understand that a 10% late charge is billed to unpaid accounts the first business day after the 15th of the month. **An account is declared delinquent on the 16th.** I further understand that when my account becomes 30 days delinquent, my child may not be allowed to continue his/her education at Prescott Christian Preschool.

\_\_\_\_\_ I will provide, in a prompt manner, all requested immunization records for my child.

\_\_\_\_\_ I have read the **Parent Handbook** and agree that I will endeavor to follow the regulations and guidelines stated.

\_\_\_\_\_ I agree that tuition refunds will be made on a pro-rated basis for withdrawals when the school has received **two weeks prior notice.**

\_\_\_\_\_ I agree that all differences are to be resolved using biblical principles. I agree that any claim or dispute arising out of, or related to my child's enrollment and attendance at Prescott Christian Preschool shall be settled by biblically-based mediation. I further agree that if resolution of the dispute and reconciliation does not result from such efforts, that matter shall then be submitted to a panel of three arbiters for binding arbitration. Each party shall have the right to select an arbiter. Two arbiters selected by the parties shall jointly select the neutral third arbiter. I further agree that these methods shall be the sole remedy for any controversy or claim arising out of the parent/students and CAP/CAPP relationship, and expressly waive my right to file a lawsuit against the preschool in any civil court for such disputes, except to enforce a legally binding arbitration decision. I agree, regardless of the outcome, to bear the cost of my arbiter and one-half the fees and costs of the neutral arbiter and any other arbitration expenses.

**All parents/guardians residing in the home must sign below, indicating agreement with the above requirements.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Prescott Christian Preschool

## MEDIA RELEASE

School Year \_\_\_\_\_

Student's Name: \_\_\_\_\_ Preschool \_\_\_\_\_ Pre-K \_\_\_\_\_

1. By initialing "Yes" I give permission for my student to be photographed or filmed during school activities and assign the rights to the use and reproduction of those photos or video, whether in print or electronic form, to **Prescott Christian Preschool** for promotional photos or video, to be posted on school website, Facebook page, advertisement brochures, or media coverage. \_\_\_\_
2. I understand that by initialing "No" my student will not be included in any photos or video, and if my student is in the background and unidentifiable the **Prescott Christian Preschool** will use photo or video. \_\_\_\_
3. If I initial "No", but list exceptions, I assign **Prescott Christian Preschool**, the right to use and reproduce photos or video of my student only in the selected formats or media. \_\_\_\_
4. This photo release remains in effect for the 2022 / 2023 school year only, and a new release form must be signed and on file for each school year. \_\_\_\_
5. **Prescott Christian Preschool** individual and class photographs taken two times a year by a professional photography company. I understand that my student will be included in these "school photos", even if I initial "No" unless special arrangements are made with the office to exclude my student. \_\_\_\_

Will you grant **Prescott Christian Preschool** a full media release? \_\_\_\_ or \_\_\_\_ (please initial your selection)  
Yes No

### Exceptions:

If you selected No, are there any exceptions where you would permit us to photograph or film your student? Please initial your selections below:

\_\_\_\_\_ Class Projects  
and Presentations

\_\_\_\_\_ Media Coverage (TV/Newspaper)

\_\_\_\_\_ School Facebook Page

\_\_\_\_\_ School Website

\_\_\_\_\_  
Parent /Guardian Printed Name

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date