



Vista Del Sur Preschool Registration 2024-25

Agreement Start and End Dates: August 05, 2024 to May 21, 2025
Located at Vista Del Sur School

Student Information

Child's Name: _____ Birth Date: ____/____/____ Age on Aug 5: _____
Address: _____ City _____ Zip code _____

Parent/Guardian Information

Parent #1 Name: _____ Contact Phone Number: _____ Email: _____

Parent #2 Name: _____ Contact Phone Number: _____ Email: _____

Plans and Fees

Non-Refundable Fees: \$75.00 Registration Fee + \$75.00 Supply Fee (Due Yearly)

Check the box for the plan(s) for which you are registering:

- Preschool Only: Weekly Fee \$155.00 (8:00-3:00)** Student cannot be signed in before 7:55 and must be picked up by 3:05
- Preschool + AM: Weekly Fee \$185.00 (6:30-3:00)**
- Preschool + PM Care: Weekly Fee \$210.00 (8:00-6:00)**
- Preschool + AM/PM Care: Weekly Fee \$230.00 (6:30-6:00)**
- Drop- In Early Release Day: \$25.00 Per Day** (Early Release Dismissed at 1:30 if not currently enrolled in PM Care)
- Drop- In Morning Care: \$20.00 Per Day** (Any time before 7:55 a.m.)
- Drop- In After Care: \$20.00 Per Day** (Any time after 3:05 p.m.)

Read and Initial Each Statement Below:

- _____ I have read, understand, and agree to adhere to the parent handbook and payment policies.
- _____ I understand if my tuition payment is not paid before service my child cannot attend and I may lose my space.
- _____ I understand **NO CREDIT** will be given for days that are not used. Accounts cannot be placed in hold.
- _____ **A TWO WEEK WRITTEN NOTICE IS REQUIRED TO STOP OR DECREASE SERVICES.**
- _____ I understand that if my child is registered for the "Preschool Only" plan and I arrive early (before 7:55 a.m.) I will be billed and additional \$20.00 for that day. If I pick up late (after 3:05) I will be billed an additional \$20 for that day or \$75.00 if it is for more than one day.
- _____ I understand I am responsible for my child's lunches. Your child may bring their own sack lunch or purchase one. School lunches are \$2.50 per meal. Qualified families may apply for free or reduced meals.
- _____ I understand my child must be toilet-trained to attend these programs.
- _____ I understand my child cannot attend unless he/she is in good health, has no fever, and no current health issues that make it unsafe for my child to participate in the preschool program.
- _____ This agreement is subject to change in order to meet the needs of the Laveen School District.
- _____ I give permission for my child to be photographed or videotaped in a child care setting, including public programs provided by schools, and have the pictures and/or videotapes reproduced in the media and/or school-related publications such as, but not limited to; newsletters, brochures, and school/district website

Parent /Guardian's Signature

Date

DES Authorized Services

- _____ I understand if my DES services stop, I am subject to the same fees as cash paying participants.
- _____ I understand if I fail to follow DES rules regarding times and signatures on the attendance sheet I will be responsible for that day's tuition fees.
- _____ I understand I am responsible to pay any charges DES does not cover including weekly fees.

Registration will not be accepted without the following documentation attached:

- Completed Registration Form with signature
- ADHS Emergency Information Form
- Special Diet
- New Student Enrollment Form Part 1&2
- Immunization Record
- Court Paper (if applicable)
- Official Birth certificate
- Parent /Guardian ID
- IEP (required if applicable)

If you wish to change your original registration you must complete a new registration form.

All changes must be done in-person two weeks prior to the effective date at the Kids Club office located at Desert Meadows School.

New registration form submitted on: _____ Change effective date: _____

\$20 fee will be assessed on 3rd registration change.

Due at Time of Registration:

- \$_____ Registration Fee (Non-Refundable)
- \$_____ Supply Fee (Non-Refundable)
- \$_____ First week Tuition Payment (Not Refundable if space if forfeited)
- \$_____ Total Due today

Fees can be paid online or by check, money order in the designated check boxes. Cash payments can only be made at the Kids Club office.

Start Date: _____

For Office Use Only

ProCare Information: Parent/ Guardian	Office Copy
Billing	Site Copy
Ledger/Tracking	DES Authorization Received
Billed Registration/Supply / 1 st Week	School Emailed on:
Information: Rosters	Processed By: _____