



Welcome to our childcare family! Here is a checklist of everything we will need to have in order for your child to be enrolled in our school.

To be initialed by the office staff when complete	Item Needed
	Registration Form <ul style="list-style-type: none"> • This must be filled out in full with at least 2 emergency contacts. These contacts may not live in the same household (you or your spouse may not be listed.) • There is also a space to list anyone who cannot remove your child from the facility • If there are any custody issues, they must be listed and a copy of the court order must be attached
	Immunization Records <ul style="list-style-type: none"> • We must have a copy of your child's immunization records in order for your child to start • If you have an exemption form for immunizations, we will need a copy of that in your child's file
	Emergency Information Card <ul style="list-style-type: none"> • To be filled out completely and signed
	Child or Infant Profile <ul style="list-style-type: none"> • This needs to be filled out and signed – it helps your child's teachers to get to know your child and give them the best possible care
	Parental Acknowledgement <ul style="list-style-type: none"> • This page needs to be initialed and signed that you have read and understand our policies as outlined in our Parent Handbook
	Tuition Express <ul style="list-style-type: none"> • Our method of payment is through electronic funds transfer either by credit card or checking account. We will need the form of your choice completed and signed



Registration Form

First Parent			
Name	SSN:		
Address	City	State	Zip
Home Phone	Cell Phone		
Employer Name			
Employer Address	State	Zip	
Work Phone			
Email Address			
Second Parent			
Name	SSN:		
Address	City	State	Zip
Home Phone	Cell Phone		
Employer Name			
Employer Address	State	Zip	
Work Phone			
Email Address			
We do not share email addresses with anyone else – it is strictly for communication purposes from our center.			
Children			
Name	Sex (M/F) DOB:		
Name	Sex (M/F) DOB:		
Name	Sex (M/F) DOB:		
Name	Sex (M/F) DOB:		
Address (if different than parent)			
City	State	Zip	
Guardian (if different than parent)			
Phone No. of Guardian			

Medical Information		
Physician	Phone	
Address		
City	State	Zip
Preferred Hospital		
Insurance Provider	Policy No.	
Emergency Transportation Authorization		
Authorization Date	Parent Signature	
Allergies/Medical Conditions/Birthmarks		
Emergency Contact/Authorized Pick Up People (in addition to parents)		
1 st Contact Name		
Address		
City	State	Zip
Phone No.	Second Phone No.	
Relationship to Child		
2 nd Contact Name		
Address		
City	State	Zip
Phone No.	Second Phone No.	
Relationship to Child		
Please list anyone NOT authorized to pick up:		
Name		
Address		
City	State	Zip
Phone No.	Second Phone No.	
Relationship to Child		
Any Custody issues related to the child or children		
<p style="text-align: center;">If so, the court order MUST be given to the office to keep on file before the child or children can start.</p>		

Payment Agreement

If I am a full time customer, I agree to pay my account in full by Friday night. If I fail to do so I agree to pay a \$30.00 late payment fee for the past week charges.

Tuition Express - If I have signed up for electronic funds transfer by credit card, flex savings card, debit card, checking or savings account, I understand that my account balance will be collected weekly.

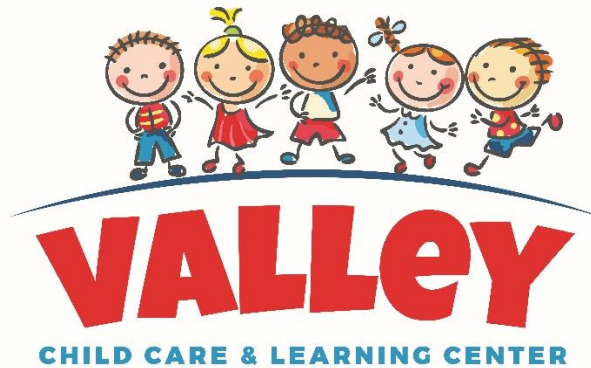
- If I have signed up with a checking or savings account or debit card and there are non-sufficient funds, there will be a \$30.00 fee as well as the \$30.00 late payment fee. ***I understand that there is no usage fee for these types of payments.***
- If I have signed up with a credit or flex savings card and my card is declined, I will owe a \$10.00 fee as well as the \$30.00 late payment fee. ***I understand that there is a usage fee of \$1.00 per day per family for credit cards.***
- If I am a drop in customer, I agree to pay my account at the beginning of each day that I attend the school. If I fail to do so I agree to pay a \$30.00 late payment fee for the past week's charges. ***I understand that there is a usage fee of \$1.00 per day per family for credit cards***

I agree that if I fail to pay any sum due and this matter is placed with a collection agency, I shall be obligated and agree to pay all costs and expenses incurred (including any percentage of the debt that is retained by the collection agency).

By signing below, I acknowledge that all information I have given is accurate and that I understand and agree to the payment policies above.

Parent/Guardian Signature

Date



Welcome to our Child Care Family

Tuition Express, part of our ProCare Software management system, allows us to process tuition and fee payments safely, quickly and efficiently. Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically each week.

The two options for automatic payments are listed below:

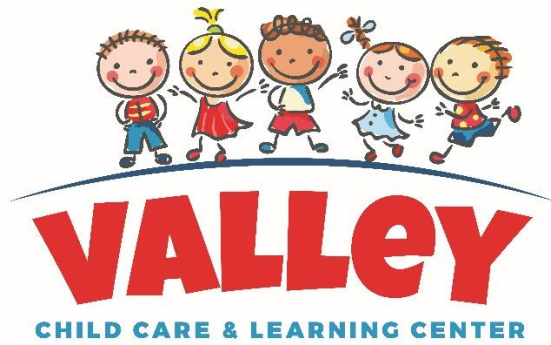
- Electronic Funds transfer from a bank account with a routing number
(there is no charge for this service)

- Electronic Funds transfer from a HSA, Flex Spending Account, PrePaid, Debit, or Credit Cards
(there is a convenience fee of \$1.00 per day per family for this service)

By completing the Tuition Express enrollment form of your choice, you will help us take a gigantic step forward in our payment processing. The convenience to you will be the elimination of standing in line to make a payment and late payment fees.

If you would like to find more information on the benefits of Tuition Express, please visit the website at www.tuitionexpress.com.





We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____			Phone # _____	
Address _____		City _____	State _____	Zip _____
Bank or Credit Union Name _____				
Bank or Credit Union Address _____		City _____	State _____	Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature _____		Date _____		
<input type="checkbox"/>				

For Official Use Only

Date Received
Employee Signature

John Sample
 Mary Sample
 123 Nice Street
 Anytown, USA

BANK OF THE WEST
 555-555-5555

00226

Pay to the order of: Attach Voided Check Here \$ _____

Deposit slips not accepted _____ Dollars

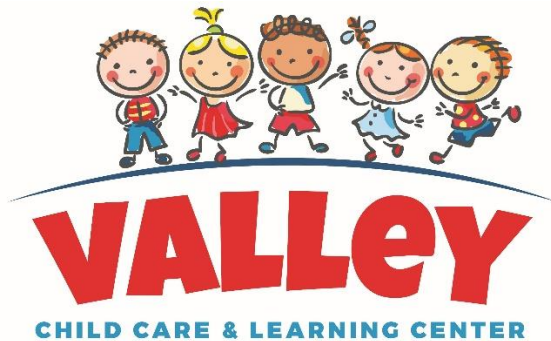
123456789
Routing Number

1800338
Account Number

0226
Check Number

A service of





We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **CREDIT CARD** AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____



For Official Use Only

Date Received

Employee Signature

A service of





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: <input type="checkbox"/> male <input type="checkbox"/> 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:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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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:

<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? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> 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:	<input type="checkbox"/> No <input type="checkbox"/> 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 FEEDING INSTRUCTIONS

Child's name:		Date of birth:	
Feeding			
Type of Milk or Formula:			Bottle: Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies			
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain:		
Foods			
Introduced: See Attached List on page 2.			
Consistency: <input type="checkbox"/> Puree <input type="checkbox"/> Junior <input type="checkbox"/> Table			
Food Likes:		Food Dislikes:	
Method of Feeding:			
Utensils used: <input type="checkbox"/> Cup <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> 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).



~Child Profile~

Please complete the following questions to help us get to know your child!

Child's Name:	
Child's Birthday:	
Mother's Name:	
Father's Name:	
Please list any allergies or food restrictions your child has:	
Favorite Things (Activities, Games, Movies, Books, Songs, etc.):	
What is important to you about your child's care:	
Does your child have any siblings?	
Does your child have any pets?	
Has your child been in preschool before?	
What days will your child be attending?	
Parent/Guardian Signature	Date:



PARENTAL ACKNOWLEDGMENT

INJURY/ACCIDENTS

_____Initial By signing below, the parent(s) understand and acknowledge that illness and accidents do occur, even despite the best efforts of parents, guardians, and teachers. For instance, a child may be ill without anyone knowing, and such illness could cause more severe problems, for the child or other children in contact with such child while at our center or in your care. As stated in this Parent Handbook, Valley Child Care and Cactus Preschool employs all best efforts to promote a safe and healthy environment, and, in order for our company to do so, each parent must cooperate and fully inform us of all instances of illness, accident or other ailment of your child.

MEDIA RELEASE

_____Initial I give permission for photographs or videos of my child/ren taken while in attendance at Valley Child Care or Cactus Preschool to be used on our companies' bulletin boards, our website, training videos, social media pages, promotional material, or television.

PAYMENT

_____Initial If I am a full time customer, I agree to pay my account in full by Friday night. If I fail to do so I agree to pay a \$30.00 late payment fee for the past week charges.

_____Initial Tuition Express - If I have signed up for electronic funds transfer by credit card, flex savings card, debit card, checking or savings account, I understand that my account balance will be collected weekly, and that the following conditions apply to these electronic funds transfers:

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I agree that if I fail to pay any sum due and this matter is placed with a collection agency, I shall be obligated and agree to pay all costs and expenses incurred (including any percentage of the debt that is retained by the collection agency).

I have received the parent handbook and I have agreed to the policies outlined within the handbook and on this parental acknowledgement.

Signature of Parent or Guardian

Date