Mountain Oak School

1455 Willow Creek Rd. • Prescott, AZ 86301• 928.541.7700

2016-2017 PRESCHOOL/KINDERCARE ENROLLMENT CONTRACT

Office Use

Rec' on:_____

Initials:_____

☐ Registration paid on: _____

Start Date: _____

Teacher initial:_____

End Date: _____

STUDENT INFORMATION:

Please Print Clearly

Student Name _____ Circle one: M or F Age _____

Student Address _____ Home Phone _____

Birthday _____/_____/_____ Who does the student live with?:_____

PARENTS/GUARDIANS LIVING IN THE SAME HOUSEHOLD AS STUDENT: (**PLS. ☐ CHECK BOX IF RESPONSIBLE FOR PAYMENT**)

☐ Name_____
Relationship to Student_____
Cell/Other Phone_____
Employer Name/Phone_____
Email _____
How often checked?_____

☐ Name_____
Relationship to Student_____
Cell/Other Phone_____
Employer Name/Phone_____
Email _____
How often checked?_____

PARENTS/GUARDIANS LIVING AT AN ADDRESS DIFFERENT FROM STUDENT: (ATTACH CUSTODY PAPERS IF APPLICABLE)

☐ Name_____
Relationship to Student_____
Address_____
Cell/Other Phone_____
Employer Name/Phone_____
Email _____
How often checked?_____
Does this person have joint custody? ☐yes ☐no
Should this person receive school information? ☐yes ☐no

☐ Name_____
Relationship to Student_____
Address_____
Cell/Other Phone_____
Employer Name/Phone_____
Email _____
How often checked?_____
Does this person have joint custody? ☐yes ☐no
Should this person receive school information? ☐yes ☐no

Please list names, ages and grades of siblings_____

ENROLLMENT & FINANCIAL INFORMATION:

☐ **PRESCHOOL (8:15 AM – NOON) TUITION & FEES***

- ☒ Non-refundable Registration Fee $200
- ☐ FIVE DAYS $4,000.00 per year- $400 per month for 10 months Aug-May
- ☐ THREE DAYS (M,W F) $2,500.00 per year- $250 per month for 10 months Aug-May
- ☐ TWO DAYS (T,Th) $1,650.00 per year- $165 per month for 10 months Aug-May
- ☐ PRORATE ($22.50 day) $_____ per year- $_____ 1st month and $_____ for ___ mths ____-____.

☐ **AFTERCARE (NOON-3:00 PM) TUITION & FEES***

- ☐ FIVE DAYS $1,500.00 per year- $150 per month for 10 months Aug-May
- ☐ THREE DAYS (M,W F) $1,350.00 per year- $135 per month for 10 months Aug-May
- ☐ TWO DAYS (T,Th) $1,000.00 per year- $100 per month for 10 months Aug-May
- ☐ DAILY M T W T F $_____ per year- $_____ 1st month and $_____ for ___ mths ____-____.
- ☐ DROP-IN ONLY ($5 hr) Sign-up at least one day before. Payment due on or before the day.

TOTAL MONTHLY:

PRESCHOOL: $_____
AFTERCARE: $_____
TOTAL: $_____

PAYMENT METHOD:

☐ Cash or check –available in the front office or by mail
☐ Credit Card – available at www.mountainoakschool.org
☐ check here if you will be setting up automatic monthly payments online

*There is no reduction for shortened months or refunds for days missed. Mid-year enrollments will be prorated.

☐ Mtg w Teacher ☐ SM Student Entry ☐ SM Fees ☐ CC Teacher ☐Blue Emergency Card (copy in office, orig. to Teacher) ☐Enroll by Day ☐Binder

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CONTRACT DETAILS:

ENROLLMENTCONTRACT
Annual tuition fees may be paid in equal installments beginning the first day of school in August and continuing September 1 through May 1. There is no reduction for shortened months or refunds for days missed due to illness.

Tuition installments are due and payable on the first day of each month and must be received by Mountain Oak School no later than the fifth (5th) of each billing month. A late charge of $25 will be assessed against each late or returned payment for each month the payment is late.

If the Director is notified prior to the first day of school that the child will not be enrolling in Mountain Oak School Preschool, the tuition payment only shall be reimbursed.

This is a monthly contract beginning the date the child is enrolled. Parents may elect to terminate or modify this contract upon 30-days *written notice*. Reinstatement following termination will be subject to space availability and Administrative approval. There is no reduction for shortened months or refunds for days missed. Mid-year enrollments will be prorated. Non-payment of fees will result in termination of the contract.

HOURS
Preschool hours are 8:15 am to noon. Parents/guardians are required to pick up their child/children by 12:15 pm.
KinderCare hours are noon to 3:00 pm.
A late fee of $5.00 per 15 minutes will be billed to your account for every 15 minute increment that you are late.

FINANCES
I/We, the undersigned, Parent(s) or Legal Guardian(s) of the above-mentioned student agree to assume full financial responsibility for the tuition. I/We understand that all tuition received by Mountain Oak is non-refundable. It is further understood that students for whom all tuition is not current, and has reached 45 days past due, will be suspended until your account is brought to a current status. This includes payment and collection of late and attorney fees.

TAX CREDIT
Arizona Tax Credit contributions may be applied to KinderCare tuition for Kindergarten students.

PRESCHOOL REGISTRATION FEE
The $200 registration fee is an annual fee, due with the registration to hold your child's place in class. Registration fee payments are not refundable.

DISMISSAL
The School reserves the right to dismiss or suspend a student when, in the opinion of the Director, the student's interests or those of the School may best be served by such action. I/We further understand that parents who seriously disrupt the discipline and morale of the Mountain Oak community may be asked to withdraw their child.

COMPLIANCE
I have reviewed a copy of the Mountain Oak School Preschool or Student Handbooks. (The handbook is available online at mountainoakschool.org; there is also a printed copy available in the office.) I understand and accept the school policy requirements for payment of school fees and charges as well as student conduct and behavioral performance. Satisfactory compliance with all such requirements is a condition for student attendance at this school. The School Board reserves the right to revise policies and procedures upon thirty (30) days written notice.

I/WE HAVE READ AND AGREE TO COMPLY WITH THE INFORMATION, TERMS AND FEES STATED IN THIS CONTRACT. I/WE FURTHER UNDERSTAND THAT THIS AGREEMENT IS LEGAL AND BINDING AND NON-COMPLIANCE COULD RESULT IN LEGAL ACTION.

Parent/Guardian Signature	Date	Relationship to child
Parent/Guardian Signature	Date	Relationship to child

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

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

Father 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:

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. It is understood by me that the expense of this service will be accepted by me.

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

Does your child have insurance coverage? ☐ No ☐ Yes Name of Insurance Company:

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:**

Arizona Department of Health Services

Arizona law requires that childcare facilities and preschools use this official ADHS form, signed and completed by the child's parent/guardian, to document a religious beliefs exemption to immunization.

Religious Beliefs Exemption Form

For Childcare, Preschool and Head Start Programs

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of each disease listed to exempt your child from the vaccine. Initial and date the box on the right.

☐	**Diphtheria (DTaP, DT, Tdap, Td):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials_____ Date_____
☐	**Tetanus (DTaP, DT, Tdap, Td):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials_____ Date_____
☐	**Pertussis (Whooping Cough) (DTaP, Tdap):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials_____ Date_____
☐	**Polio:** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials_____ Date_____
☐	**Measles, Mumps, Rubella (MMR):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials_____ Date_____
☐	**Haemophilus Influenza type b (Hib):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials_____ Date_____
☐	**Hepatitis B:** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials_____ Date_____
☐	**Hepatitis A:** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials_____ Date_____
☐	**Varicella (Chickenpox):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials_____ Date_____

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child. Initials_____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immun/index.htm).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend childcare for up to 3 weeks or until the risk period ends.

Child's Name _____ Date of Birth (month/day/year)_____

Parent/Guardian Signature_____ Date (month/day/year)_____