

2020–2021 Registration Form

Space is confirmed with your "in-person" delivery of a completed form and **non-refundable** registration fee.
Office Hours: 9:00-2:00 p.m. M-F • Location: just north of Tatum Blvd. on Cave Creek Rd. in Tatum Ranch

Please check the Preschool Program & select desired days your child will attend below. *10% Sibling Discount*

Please select your child's hours & list your child's days below (Indicate specific days your child will attend each week on the line to the left)

9:00 - 12:00			9:00 - 1:00			9:00 - 2:00		
_____ 2 Days	\$300/mth		_____ 2 Days	\$340/mth		_____ 2 Days	\$375/mth	
_____ 3 Days	\$410/mth		_____ 3 Days	\$470/mth		_____ 3 Days	\$505/mth	
_____ 4 Days	\$495/mth		_____ 4 Days	\$565/mth		_____ 4 Days	\$610/mth	
_____ 5 Days	\$565/mth		_____ 5 Days	\$625/mth		_____ 5 Days	\$675/mth	

Need an occasional extension to your day? Drop-in @ \$9.00 hr. between 12-1 or 2pm (up to TWO times per month) Space is limited. Drop in is available for the day (if space is available) from 9-12 @ \$35.00 Please note it is cheaper to extend some days/time then drop-in.

Checks payable to **Best Pals**. (Sorry, no debit/credit cards.) Refer a friend and receive \$25 off one month's tuition as our thank you!

Date: _____ Initials: _____

Please indicate the financially responsible party to whom monthly statements should be addressed:

___ Mother's Address ___ Father's Address ___ Both Parents (at same address) ___ Other (list below)

Name: _____

Phone: _____

Address: _____

City: _____

Zip: _____

Cancellation, Payment and Procedure Policies PLEASE READ CAREFULLY AND INITIAL EACH STATEMENT.

Initials

Tuition is due by the 1st of the month. Payments received after the 3rd will result in a \$35.00 late fee.

If the 3rd of the month falls on a weekend, the grace period will be extended until 12:00 p.m. Monday. Late charges are automatically added to your account. Tuition not received by the 15th may result in dismissal. After 3 late infractions, Best Pals reserves the right to cancel your child's registration. Please allow extra time when banking "on-line" to avoid late fees.—Best Pals does not accept debit or credit cards.

Initials

Best Pals follows the Cave Creek Unified School District calendar (CCUSD).

This includes holidays, school breaks, district recesses and early release days. See Calendar.

Extended Day is not offered on early release days. All children must be picked up at 12:00 on all Early Release Days

Initials

Your tuition will be the same each month.

Tuition paid to Best Pals Preschool is determined by dividing 180 CCUSD School Days (this includes district recesses, holidays, and early release days) into 10 equal payments. All programs are pending adequate enrollment.

Initials

A written 2-week notice is required for cancellation (via fax, mail or e-mail).

If notice is not given, you will be responsible for 2 weeks of tuition from the day your child stops attending our program. Due to limited space, registration fees are non-refundable, unless the student moves more than 30 miles away from Best Pals. If you have paid a full month and 2 weeks notice is given, a refund will be given for partial months.

Initials

A \$40.00 fee for non-sufficient funds (NSF) is charged for all returned checks.

Afterwards future tuition payments must be paid by cashier's check, money order or cash.

Initials

Abuse in any form towards Best Pals staff will not be tolerated.

We reserve the right to refuse your registration or drop your child from our program at any time. A pro-rated portion of tuition paid will be refunded. Registration fees are non-refundable.

Initials

Students must be picked up promptly at dismissal time. Our programs end at 12:00, 1:00, or 2:00.

Students picked up "late", after 12:00, 1:00 or 2:00 will be assessed a late charge of \$5.00 which shall be paid directly to the teacher at the time of pick up. An additional \$5.00 fee will be assessed for each 15 minutes. Continued tardiness may result in your child's dismissal from our program. Please remember teachers have another class, clean up time or planning time for the next day.

Initials

I have received a copy of the Best Pals Parent Policy & Procedure Handbook.

My signed acknowledgment form verifying all aspects of the policies and procedures at Best Pals will be returned to my child's teacher by the 1st week of school.

Initials

Parents will sign up to provide one item used at snack for their child's classroom one time each month.

Sign up sheets will be in your child's classroom. Best Pals provides snacks for the remaining days of the month.

Pictures are taken frequently at Best Pals throughout the school year. Please provide an email address so we may send you periodic photos of your child at Best Pals & reminder messages.

Email address: _____ (print clearly, please)

I understand and agree to the above Best Pals Policies and Procedures.

Signature(s): _____

Date: _____



Arizona Department of Health Services
Bureau of Child Care Licensing

CDC/SGH# or name: 13613

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:
-------------------------------	--------------	-------