



**Word of Life
Christian Preschool
2023—2024
Registration Packet**

17525 W. Bell Road
Surprise, AZ 85374

A ministry of Word of Life Lutheran Church



Word of Life: TUITION SCHEDULE for 2023-2024

Prices are based on a monthly tuition schedule

Ages 3-5 years-- Morning session (8:00-11:30am)

_____ Tuesday/Thursday.....	\$310.00
_____ Monday/Wednesday/Friday.....	\$405.00
_____ Monday-Friday.....	\$535.00

Ages 3-5 years—Full Day Session (7:00am-5:00pm)

_____ Tuesday/Thursday.....	\$420.00
_____ Monday/Wednesday/Friday.....	\$585.00
_____ Monday-Friday.....	\$785.00

Two Year Old Program:

Morning Session: (8:00-11:30AM)

Full Day Session: (7:00AM-5:00pm)

_____ Tuesday /Thursday.....	\$330.00	Tuesday/Thursday.....	\$525.00
_____ Monday /Wednesday/Friday.....	\$430.00	Mon/Wed/Fri.....	\$730.00
_____ Monday -Friday.....	\$560.00	Monday-Friday.....	\$885.00

Registration Fee: \$150.00 per student Family: \$200.00 (Non-refundable)
Includes “Little Knight” Spirit Shirt

***10% Discount on 2nd child, Active Military Parent, or WOL Church Member**

***Tuition is posted the on the 1st of each month and must be paid on that day or split between the 1st & 15th. ALL TUITION IS DUE IN FULL BY THE 15TH.**

***Tuition is based upon a monthly fee August to May. We do not provide care during school breaks or holidays and tuition remains the same. Please see the school calendar for those holidays and breaks.**

Late Fee: A \$20.00 late fee will be added to monthly tuition on the 16th of the month.

Refunds: Monthly tuition refunds are based solely upon the discretion of the Director and will be assessed on an individual basis.

Absences: Monthly tuition is still billed even if a child is absent to continue the enrollment of the student at Word of Life Christian Preschool.

Word of Life Christian Preschool
2023-2024 Enrollment

Registration: \$150 per student \$200 Family

_____ I have enclosed a check
_____ Tuition Express Account
_____ We are an ACTIVE military family

(Office Only): Registration PAID _____

Student's Name _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Date of Birth: _____

Email: _____

Mother's Name: _____ Cell: _____

Address (if different from above) _____ Work: _____

Father's Name: _____ Cell: _____

Address (if different from above) _____ Work: _____

Guardian: _____ Cell: _____

Address: _____ Work: _____

Would you like to receive information about Word of Life Lutheran Church and the programs it offers for your family? Yes: _____

Word of Life Preschool admits students of any race, color, religion, national or ethnic background to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate in the administration of its educational policies, admission policies, and other school administered program.

EMERGENCY AGREEMENT

I (we) grant permission for authorized school personnel to take the necessary steps to obtain medical care for my child if warranted. These steps may include but are not limited to:

- A. Attempt to contact a parent and/or guardian
- B. Attempt to contact a person from the list provided on the Emergency Health Form.
- C. If the school cannot reach the parent or an emergency contact then the administration may call 911 for needed emergency care.
- D. Expenses may not be covered by the school’s insurance policy and some costs may be incurred by the family.
- E. Word of Life Preschool is not responsible for false information given at the time of enrollment.
- F. It is the parent/guardian’s responsibility to inform the administration of any and all medical changes for a student.

Child’s Name: _____

Parent Printed Name

Parent Signature

Date

PHOTO AGREEMENT

I grant Word of Life Preschool permission for my child to be photographed and the photos to be used in promotions for the school.

Child’s Name: _____

Parent Printed Name

Parent Signature

Date

_____ **Yes, my child’s photos may be utilized for school promotions.**

_____ **No, my child’s photos may NOT be utilized for school promotions.**

Chapel Agreement:

Every week the students at Word of Life Preschool will attend our chapel services in the main worship center. Our mission is to bring the classes together for Sunday School songs and Bible lessons as part of our Christian curriculum. My student, _____, has permission to attend chapel each week in the worship center at Word of Life Preschool.

Parent Sign: _____ Date: _____



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.

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.

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? <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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Tuition[®]

Express

Automated Payment Processing

Safe - Convenient

Check One:

1st school day per month

1st & 15th

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Word of Life to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Mastercard or Visa Only!

Cardholder Name	Phone #	
Cardholder Address	City	State Zip
Account Number	Expiration Date	CCV #
Cardholder Signature	Date	

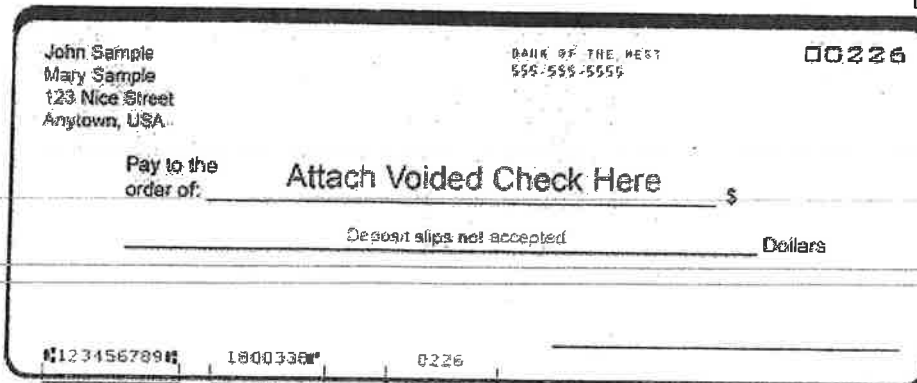
SECTION B (Bank Account)

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

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of



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SOFTWARE[®]