



HUSD Early Childhood Programs



OUR MISSION

Our certified, early childhood educators and staff inspire curiosity, build problem solving skills, self-esteem and foster a love for learning in our young children within a nurturing and play-based environment.

OUR VISION

Bring teachers, parents and community together to educate and improve the lives of children and their families.

OUR GOAL

- Provide quality, foundational early childhood experiences
- Provide loving, safe and nurturing early childhood environments
- Build self-esteem
- Develop creativity and a joy of learning
- Expand communication and language skills
- Foster self-control and responsibility
- Develop fine and gross motor skills
- Cultivate academic skills
- Develop problem-solving and decision-making skills
- Encourage concern for others

OUR STAFF

Master educators will guide your child in learning new skills, help your child develop a sense of belonging and foster a love of learning and celebration of life each and every day. All **Brilliant Beginnings** and **Kindergarten Prep** teachers are highly qualified, early childhood certified teachers. Paraprofessionals are selected for their depth of educational training and the quality of prior experiences. Teachers and paraprofessionals participate in continued formal training each year as well as ongoing professional development opportunities in the areas of classroom management, discipline and child psychology. We limit our class sizes to enable our teachers to provide our students with quality instruction individually and in small groups.

Our teachers along with our curriculum provide a foundation for inquiry and will challenge each individual student. We are committed to providing meaningful and developmentally appropriate educational experiences for your child's intellectual, social, emotional, creative and physical development.

PROGRAM OPTIONS AND TUITION

All classes will follow HUSD school calendar year. There will be no school for $\frac{1}{2}$ day preschool students and early release for full day students on Professional Development days. The Friday before Fall Break & Spring Break there will be no school for all students, for Parent Teacher Conferences. These dates will follow the Professional Development for our Early Childhood Development Centers and are found on the 2024-2025 ECDC school calendar. There will be seven scheduled Professional Development Days for Preschool staff.

Brilliant Beginnings - *Three and early four year old's*. Class times may vary slightly to assist with parking lot. **Must be 3 years old and FULLY potty trained per state licensing (no pull-ups)**. We are an ADA compliant facility, please inquire if your child requires accommodations due to his/her disability.

<u>Session Option</u>	<u>Start Times</u>	<u>End times</u>	<u>Time in Class</u>	<u>Pricing per Month</u>
AM	8:00-8:20*	11:00-11:20*	3 hours	MWF= \$235 TTH = \$180 M-F = \$400
PM	12:00	3:00	3 hours	MWF= \$235 TTH = \$180 M-F = \$400
Full Day	7:20-7:50*	2:20-2:50*	7 hours	MWF= \$460 TTH = \$330 M-F = \$750
4 Day AM	8:40	11:10	2.5 hrs	M, T, TH, F = \$266
4 Day PM	11:25	1:55	2.5 hrs	M, T, TH, F = \$266

* Please note, your student's specific drop off and pick up time will be communicated in your teacher's welcome email.

Kindergarten Prep - *Four and Five year old's* - Recommended four by Aug 31, 2024. Full day options for Mandarin, Spanish and THINK Higley's Highly Gifted Academy.

<u>Session Option</u>	<u>Start Times</u>	<u>End Times</u>	<u>Time in Class</u>	<u>Pricing per Month</u>
AM	8:00-8:20 *	11:00-11:20*	3 hours	M-F = \$400
PM	12:00	3:00	3 hours	M-F = \$400
Full Day	7:20-7:50	2:20-2:50	7 hours	M-F = \$750

* Please note, your student's specific drop off and pick up time will be communicated in your teacher's welcome email.

Discounts - HUSD Employee Discount: 20% per Child Sibling Discount: 10% per Sibling
(Discounts may not be combined)

KINDERGARTEN-PREP PROGRAMS

In addition to our traditional Kindergarten Prep curriculum, we also offer these innovative programs:

MANDARIN DUAL LANGUAGE PROGRAM

Our Mandarin Dual Language class is located at our Cooley Early Childhood Development Center. The class meets 5 days a week from 7:50 am to 2:50 pm and is for four to five-year-olds who will be going to kindergarten the next school year. Students in the Mandarin Dual Language program will receive instruction in both Mandarin and English during their school day. Foundational Mandarin language experience, along with our Kindergarten Prep curriculum, will provide meaningful, developmentally appropriate learning experiences for your child's social, emotional, intellectual, creative and physical development to prepare them for the rigors of kindergarten. This program will feed into the Mandarin Immersion Program at Coronado Elementary where students will build upon this foundation.

SPANISH DUAL LANGUAGE PROGRAM

Our Spanish Dual Language class is located at our Sossaman Early Childhood Development Center. The class meets 5 days a week from 7:20 am to 2:20 pm and is for four to five-year-olds who will be going to kindergarten the following school year. Students in the Spanish Dual Language program will receive instruction in both Spanish and English during their school day. Foundational Spanish language experience, along with our Kindergarten Prep curriculum, will provide meaningful, developmentally appropriate learning experiences for your child's social, emotional, intellectual, creative and physical development to prepare them for the rigors of kindergarten. This program will feed into the Spanish Immersion Program at San Tan Elementary where students will build upon this foundation.

THINK - HIGLEY'S HIGHLY GIFTED ACADEMY PRESCHOOL PROGRAM

Our Gifted Academy Preschool class is located at our Sossaman Early Childhood Development Center. This class meets 5 days a week from 7:50 am to 2:50 pm and students must be four by August 31, 2024 with an IQ score of 130 or above. This program is the first step in THINK-Higley's Highly Gifted Academy which continues in kindergarten at our state-of-the-art Bridges Elementary School. This program provides personalized instruction to actively engage exceptional learners in an innovative thinking environment. Deep conceptual exploration is achieved through thematic interdisciplinary units of study that foster critical and creative thinking. This project-based approach is integrated with social and emotional learning for a well-rounded education individualized for each student.

ENROLLMENT PROCEDURES

Open registration for the 2024-2025 *Brilliant Beginnings* and *Kindergarten Prep* programs begins January 16th, 2024. We encourage you to register early. We will accept registrations daily at our preschool campuses.

ECDC LOCATIONS

North Campus - Elona P. Cooley Early Childhood Development Center located at 1100 S. Recker Road, Gilbert, AZ 85296. Phone 480-279-8401.

South Campus - Sue Sossaman Early Childhood Development Center located at 18655 East Jacaranda Blvd., Queen Creek, AZ 85142. Phone 480-279-8601.

ITEMS NEEDED FOR REGISTRATION

***Completed Registration Form** - This form must be filled out entirely for registration to be accepted. Please note that we will not be able to accept partially completed paperwork at registration. (The registration forms are available online and at each Early Childhood Development Center location.)

***Non-Refundable Registration Fee** - \$75.00 per child is due at registration to finalize your child's placement in the program.

***Emergency Information and Immunization Record** - It is the parent's responsibility to make sure that the information provided on the Emergency Information and Immunization Record is kept current. It is extremely important that all home, business, and emergency contacts are correct and **COMPLETE**. At least **2** emergency contacts, in addition to the parents/guardians, must be listed on this form. **No one may pick up your child unless they are listed on this card or added at the front office.**

***Proof of Current Immunizations** - Your child's immunization records will be reviewed by the school health aide. The Department of Health Services requires that the immunization record provided by a parent from a health care provider contain all current, age-appropriate immunizations. **If a child's immunizations are not up to date, they will not be allowed to attend until the parent/guardian brings an updated immunization record.**

***Copy of Child's Birth Certificate** - Please provide a copy of your child's birth certificate.

***Copy of your Driver's License and Proof of Residency** - See enrollment packet for acceptable AZ Proof of Residency.

LUNCH OPTIONS FOR FULL DAY STUDENTS

Full day Brilliant Beginnings and full day Kindergarten Prep students have the option to either purchase a lunch each day or bring a well-balanced meal from home. Parents can put money in an online account once school has started. You will need your child's student ID number which will be provided in the welcome packet. Parents may also complete a free and reduced meal form found on www.husd.org under food services by July 2024.

PAYMENT INFORMATION

Tuition will be deducted from your account on the first of every month. A valid method of payment must be on file. For any **returned** ACH/Checks a \$25.00 fee will be charged back to the account. If you have questions or concerns, please contact the preschool you are enrolling at directly.

PAYMENT SCHEDULE

THE FIRST MONTH'S TUITION FOR THE 2024-2025 SCHOOL YEAR IS DUE ON JULY 1, 2024. The remaining tuition is paid monthly beginning on September 1, and your last payment is due on May 1. For your convenience, the total annual tuition is divided into 10 equal payments. Payments are due on the first day of each month. Late payments will be assessed as a \$25.00 late fee if not paid by the fifth of each month. Please note that NO monetary credit will be given for unused, sick or vacation days.

REFUND POLICY

Brilliant Beginnings and *Kindergarten Prep* programs have a **non-refundable monthly tuition policy**. The ECDC Director may process a refund under extenuating circumstances.

KIDS CLUB

Kids Club is a before and after school care program coordinated through our district's Community Education department. This program is set up to accommodate working families with care options that start at 6:30 am to 8:40 am and 2:00 pm to 6:00 pm. Kids Club also offers camps during the intersession breaks.

Daily Rates

Registration Fee: \$50

AM - \$11.50

PM - \$16.50

Half Days - \$20

Camp Daily Rates

Registration Fee: \$25

Per Day \$40

Please apply early, as there is limited space. Contact Community Education at 480-279-7055 or Community.Education@husd.org for more information and go to <https://husd.ce.eleyo.com/> to sign up for Kids Club. Separate registration is required. Kids Club Registration for 2024-25 school year begins on June 1st 2024.



HUSD Early Childhood Program

READY TO ENROLL?

Complete the check list below:

- Bring Enrollment Paperwork Completely Filled Out
- Bring Student's Birth Certificate
- Bring Student's Updated Immunization Record
- Bring Parent Driver's License / Proof Of Residency (see form in packet)
- Bring the above paperwork in person to the school location you choose to enroll in.

Note: All documentation must be provided in order to submit enrollment.
Please call us if you have any questions.

ECDC LOCATIONS

North Campus - Elona P. Cooley Early Childhood Development Center located at 1100 S. Recker Road, Gilbert, AZ 85296. Phone 480-279-8401.

South Campus - Sue Sossaman Early Childhood Development Center located at 18655 East Jacaranda Blvd., Queen Creek, AZ 85142. Phone 480-279-8601.



Preschool Enrollment Packet

Student Information

Higley Unified School District #60

FOR OFFICE USE ONLY

Cooley Early Childhood Development Center
 Sossaman Early Childhood Development Center
 SPED
 PEER
 Student ID# _____ State ID # _____ Grade: PS Enter Code _____ Entry Date _____
 Received by _____ Date Entered into Synergy _____ Input by _____
 Birth Certificate
 Immunizations
 Proof of Residency
 Home Language Survey
 Custody/Guardian Papers

STUDENT INFORMATION

Please PRINT your child's name as it appears on the legal documentation required for enrollment.

Legal Last Name:
 Legal First Name:
 Legal Middle Name:
 Suffix:

Grade:
 Gender:
 Nickname:
 Last Name Goes By:
 Birthdate (mm/dd/yyyy)

Birth State:
 Birth Country:
 Student Email Address:
 Mothers Name on Birth Certificate:

The U.S. Department of Education requires all states to collect race & ethnicity information on students & staff.

Ethnicity (Must select one):
 No, Not Hispanic/Latino
 Yes, Hispanic/Latino

Race (Must select one or more):
 American Indian / Alaskan Native
 Asian
 Black or African American
 Native Hawaiian / Pacific Islander
 White

Student's Home Address:
 Student's Mailing Address (if different):

City:
 State:
 Zip Code:
 City:
 State:
 Zip Code:

Student's Primary Home Phone #:
 Student's Secondary Home Phone #:
 Subdivision:

Dwelling Type:
 Single Family Dwelling
 Apartment
 Mobile Home
 Trailer

Last School Attended:
 Address of Last School:
 Enter & Withdrawal Dates:

My student is currently on long-term suspension or expulsion from another school district:
 Yes
 No

REQUIRED DOCUMENTATION: A birth certificate or other reliable proof of the student's identity or age, immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872 may result in the pupil's suspension from school, and/or the referral to the local law enforcement agency.

Preschool Enrollment Packet - Household Information

Higley Unified School District #60

PARENT/GUARDIAN INFORMATION

Student lives with: Both parents Mother Father Guardian Foster Other: _____
 Custody of the Student Joint Mother Father State Temporary Other: _____
 Custody papers No custodial restrictions

NOTE: The school will not honor a request of restrictions unless copies of court orders supporting the request are on file with the school. A power of attorney document cannot replace court-ordered custody papers.

Parent/Legal Guardian #1

Parent/Legal Guardian #2

Legal Name (First, Middle, Last, Suffix)

Legal Name (First, Middle, Last, Suffix)

Relationship to Student:

Relationship to Student:

Home Address:

Home Address:

City, State Zip:

City, State Zip:

Mailing Address:

Mailing Address:

Home Phone: Primary

Home Phone: Primary

Cell Phone: Primary

Cell Phone: Primary

Work Phone: Primary

Work Phone: Primary

Email:

Email:

Serves or has served in military Active Reserves

Serves or has served in military Active Reserves

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

EMERGENCY CONTACT INFORMATION

At least **TWO** emergency contacts must be designated, **other than parents.**

Priority	First, Middle, Last Name	Relationship to Student	Home Phone	Work Phone	Call Phone
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby affirm, by my signature, that I am either the parent or guardian of the above-named student (or the student if over 18) and that all information provided is true, accurate and up-to-date. Any false statement subjects the above-named student to immediate withdrawal. Also, I hereby grant the Higley Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Preschool Enrollment Packet

Special Education, 504, EL & Gifted Program Information

Higley Unified School District #60

Student Name:

Student ID:

Grade:

Birthdate:

In order to assist us in meeting the educational needs of your child, please read below and supply the requested information to the extent you are able.

There are many regulations that govern Special Education, students receiving 504 accommodations and services for gifted students. Services provided by your child's previous school should continue, but HUSD must be provided with proper documentation. (Please understand that not all documentation from the previous school is automatically forwarded in a timely manner.) If you would like your child to receive the appropriate services, please submit current reports, evaluations, Individualized Education Program (IEP's) and other information you may have regarding your child as soon as possible. Your effort will expedite services.

SPECIAL EDUCATION SERVICES

Please check all programs that your student has been enrolled in:

- Special Education with IEP Other _____
- Speech Therapy
- Occupational Therapy/Physical Therapy

504 SERVICES

Yes No Did your child receive accommodations under a 504 plan?

If **YES**, please indicate the disability for which the child had a 504 plan:

Name of diagnosing physician:

Yes No Do you have a copy of the physician's statement or report? If **YES**, please provide a copy

ENGLISH LEARNERS (EL) SERVICES

Yes No Has your child been enrolled in an English Learner (EL) Program?

GIFTED PROGRAM SERVICES

Yes No Did your child receive Gifted and Talented Services (GATE) at the previous school?

Please describe the services provided to your child:

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date



Arizona Department of Education
Office of English Language Acquisition Services

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA). Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student *first* speak or understand?

Student Name _____ **District Student ID** _____

Date of Birth _____ **SSID** _____

Parent/Guardian Signature _____ **Date** _____

District or Charter: Higley Unified School District (070260000)

School: _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c).
(Revised 05-2023)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas



Preschool Enrollment Packet

Residency Documentation Instructions

Higley Unified School District #60

Arizona Residency Documentation – Which form do I complete?

Per A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

Upon submitting this documentation, you only need to submit **ONE** of the following.

If you are a Parent/Guardian that maintains your own residence...

The parent or legal guardian must complete and sign the **Arizona Residency Documentation Form** indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed/Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)

If you are a Parent/Guardian that DOES NOT maintain your own residence...

Parent(s) or legal guardian(s) that does not maintain his or her own residence: The parent or legal guardian must have an **Affidavit of Shared Residency Form** completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the above bulleted list bearing the name and address of the person who maintains the residence.

More information on required documentation, visit Arizona Department of Education's Residency and Enrollment Guidelines webpage <https://www.azed.gov/communications/2019/04/26/updated-residency-and-enrollment-guidelines>



Arizona Department of Education Arizona Residency Documentation Form

Student: _____ School: _____

School District or Charter Holder: Higley Unified School District

Parent/Legal Guardian: _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on- base billeting facility as the address for proof of residency.



State of Arizona Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: Higley Unified School District

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____ Signature of Affiant: _____

Acknowledgement

State of Arizona County of _____

The foregoing was acknowledged before me this _____ day of _____, 20_____,

By: _____

Notary Public

^{Re} My Commission Expires _____

Preschool Enrollment Packet – Health Information Form Higley Unified School District #60

Student Name: Student ID: Grade: Birthdate:

HEALTH CONDITIONS

(Check all that apply, **CP** indicates Care Plan needed)

- | | | |
|---|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Allergies (Environmental) | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Allergies (Life threatening) CP | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Seizure Disorder CP |
| <input type="checkbox"/> Allergies (Bee/insect) | <input type="checkbox"/> Diabetes CP | <input type="checkbox"/> Trach/G-Tube/O CP |
| <input type="checkbox"/> Asthma CP | <input type="checkbox"/> G.I. Disorder | <input type="checkbox"/> Urinary/Kidney |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Other _____ CP |

Please fully explain any answers checked above:

MEDICATION

Does your child take any medications on a routine basis? Yes No During school hours? Yes No

Name of medication: _____ Purpose of medication: _____

Name of medication: _____ Purpose of medication: _____

Please Note: Medications prescribed to be taken one (1) two (2) and three (3) times a day are not routinely given at school. These medications can usually be given outside of school hours. Exceptions may be made if the District Nurse discusses the need with the licensed healthcare provider and they find this is necessary. Example: Medication must be given at 12pm with food.

Please list any other concerns, surgeries, illnesses, or accidents in the past year: _____

Please contact the school health office if your student has allergies (Anaphylactic), asthma, diabetes, seizures or any other medical conditions that would require a medical plan and to provide medical supplies. Also contact the Health Office for a Medication Consent Form if your student will need to have medication administered at school.

I hereby grant the district staff permission to administer first aid to my child in the event of injury, and seek medical care and/or emergency transport, as deemed necessary. I understand that parents will be notified as soon as possible.

Hearing and vision screenings are given to selected groups of students per Arizona guidelines, preschool K-2, 6th, 9th, special education services and new to district students are screened every year. If you have questions, please contact your child's health office.

If a parent/guardian cannot be reached in case of illness or an emergency situation, emergency contacts will be utilized.

Parent/Guardian Printed Name Signature of Parent/Guardian Date

**The next two pages are required per
Arizona State Licensing.**

**Please fill out every required box and do
not put “same” in any location.**

**Please call us or ask if you have any
questions.**

Thank you



Arizona Department of Health Services Bureau of Child Care Licensing

CDC/SGH# or name: _____

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.) A minimum of two contacts needed.

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 EIR 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:



**Higley Unified School District
Early Childhood Program Registration
2024-2025**

Enrollment Date_____

Start Date_____

Choose one: North Campus_____
Elona P. Cooley Early Childhood Development Center

South Campus_____
Sue Sossaman Early Childhood Development Center

Child Information:

Last Name_____First _____Middle_____

Address_____City_____Zip_____

Birth Date_____ (Must be 3 years-old and potty trained)

Does child have an IEP? (Documents must be provided prior to admission to program) Yes____ No____

Has child been previously enrolled in preschool? Yes____ No____ Center Name_____

Has child ever been removed from or disenrolled from a preschool program? Yes____ No____

Parent/Guardian (billing address and email):

Name_____Relationship to Child_____

Address_____City_____Zip_____

Home Phone _____Cell Phone_____Work Phone_____

Email Address _____

Spousal Information (if applicable):

Name_____Relationship to Child_____

Address_____City_____Zip_____

Home Phone _____Cell Phone_____Work Phone_____

Email Address _____

Program Options and Tuition: (All prices monthly. Class times may vary slightly to assist with parking lot.)

***** Brilliant Beginnings (3 years old and early 4's) *****

Students must be FULLY potty trained per state licensing (no pull-ups).

We are an ADA compliant facility, please inquire if your child requires accommodations due to his/her disability.

Half Day Programs:

2 days (T/Th) \$180_____ 3 days (M/W/F) \$235_____ 5 days (Monday to Friday) \$400_____

AM _____ OR PM _____

4 Day (M, T, TH, F) \$266 AM_____ OR PM_____



Full Day Programs:

2 days (T/Th) \$330_____ 3 days (M/W/F) \$460_____ 5 days (Monday to Friday) \$750_____



***** Kindergarten Prep (4 and 5 years old) *****

Students must be FULLY potty trained per state licensing (no pull-ups).

We are an ADA compliant facility, please inquire if your child requires accommodations due to his/her disability.

Half Day Program:

5 days (Monday to Friday) \$400_____

AM _____ OR PM _____



Full Day Programs 5 days (Monday to Friday) \$750:

Kindergarten Prep _____ Mandarin (Cooley ECDC) _____ Spanish (Sossaman ECDC) _____

THINK! Highly Gifted (Sossaman ECDC) _____



Non-refundable Registration Fee: \$75.00 per child

HUSD Employee Discount: 20% per Child

Sibling Discount: 10% per Sibling

(Discounts may not be combined)

**Interested in Kids Club (before and after care), please call
Community Education at 480-279-7055**

Enrollment Agreement

I, _____, certify that I am the legal guardian of _____
_____. I understand that only the legal guardian may make changes to this agreement and that all change requests must be made to the school office manager/registrar two weeks prior to the changes taking effect to avoid unnecessary charges. I understand that I will be assessed one-month tuition if not submitted in the required time frame. I further certify that a Financial Agreement has been completed regarding the payment of this account and that my child may be removed from the program if the terms of the financial agreement are violated.

I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending should the program determine the behavior(s) poses a safety risk to my child, peers, or program staff, or if it is determined that the child's behavior cannot be safely managed within the program.

Signature: _____

Date: _____

Optional:

I hereby grant my permission for my child's photograph to be taken at Brilliant Beginnings, STARS or Kindergarten Prep for purposes of brochures, newspaper articles and/or news releases. Use of these images will be at the discretion of ECDC administration.

Signature: _____

Date: _____

First Aid Consent

I hereby grant the program staff permission to administer first aid to my child in the event of injury, and seek medical care and/or emergency transport, as deemed necessary, in an emergency. I understand that parents (or other emergency contacts) will be notified as soon as practical after the child's needs are addressed.

Signature: _____

Date: _____

Sibling(s) Name _____

Other Program(s) _____

Discount Schedule	
Only one discount applies (whichever is greater)	
<input type="checkbox"/>	20% Employee Discount (Legal Guardian Only)
<input type="checkbox"/>	10% Sibling Discount
_____	Total Tuition
_____	% Discount
_____	Total Due

Any family removing a child from the program or making a change for the upcoming month must contact the school office manager/registrar two weeks prior to the changes taking effect to avoid paying further monthly charges. (By the 15th of the month to change the next month.)

*****REMEMBER: Payments are due on the 1st of EACH MONTH to avoid late payment fees.***

Financial Agreement 2024-2025

Legal Guardian name: _____

Child enrolling: _____

Program(s) enrolling: _____

Total Monthly Fee: _____



Please read and initial beside each item:

Tuition and Monthly Fees:

- ___ 1. I understand that the tuition is due the 1st of each month. The first monthly payment is due July 1, 2024 and then the first of each month (Sept. through May) throughout the school year. The total annual tuition is divided into 10 equal payments.
- ___ 2. I understand that I am required to pay my child's monthly tuition via Automatic Payment with a debit/credit card - Visa, MasterCard, American Express or Discover. My first payment must be made online in order for the online payment system to electronically store my debt-credit card information for future payments.
- ___ 3. I understand that the tuition will be deducted from my account on the first of every month. If for some reason that payment is not collected, and it is not rectified by the 4th of the month, a \$25.00 late fee will be assessed per student. I understand a returned ACH or Check will incur an additional \$25.00 return fee.
- ___ 4. I understand that there is no refund or credit for unused program days.
- ___ 5. I understand that if, at any time the account becomes delinquent, the contract will be terminated, and the child removed from the program without regard to multiple financially responsible parties.

Additional Fees:

- ___ 1. I understand that the following fees will be assessed to my account based upon the criteria listed in relation to said fees and that I will be held financially responsible for the payment of these fees. I understand that all fees are non- refundable and non-transferable.
 - \$75.00 non-refundable registration fee for each child due at time of enrollment.
 - \$25.00 per child Late Payment fee - assessed if tuition is not paid on the 1st of each month.
 - \$25.00 per returned ACH or check fee
 - \$2.00/minute Late Pick-Up fee - assessed to the account for any child picked up after contracted program end time. (This is a per child fee as stipulated in the Parent Handbook)

Procedure Agreements:

- ___ 1. I will read the HUSD Early Childhood Program Parent Handbook and abide by the terms and conditions.
- ___ 2. I understand that if I wish to make changes to my child's program, **I must contact the registrar/secretary prior to the 15th of the month for changes to become effective on the first business day of the following month.**

I, _____ (please print legal name), certify that I have read, understand, and received a copy of the conditions, regulations, and stipulations contained herein. I agree to the Financial Terms and Conditions as listed above.

(Signature of Financially Responsible Party)

(Date)