

LITTLE INNOVATORS PRESCHOOL

2024-2025
REGISTRATION
PACKET



LITTLE
INNOVATORS
PRESCHOOL



950 N. Peart Rd, Casa Grande, AZ 85122 (520) 381-2360 phone (520) 426-4294
fax www.LittleInnovatorsPreschool.com



LITTLE INNOVATORS PRESCHOOL

2024 - 2025 REGISTRATION

GENERAL INFORMATION

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A Place to Start Creating and Innovating

Mission

The Little Innovators Preschool will provide a developmentally appropriate early childhood experience that centers on play. Through problem solving and critical thinking opportunities our preschoolers will gain confidence and independence while developing a growth mindset.

Vision

The Little Innovators Preschool will develop preschoolers that love to learn and can adapt to various learning situations including group collaboration and independent work time.

General Information

Preschool Information

- Follows the established school calendar
- Follows the Early Childhood Standards established by the Arizona Department of Education.
- Invoices families in equal monthly tuition installments that have been pro-rated to reflect the school calendar breaks.
- Provides an integrated experience for students with varying abilities and levels.
- Lunch Included

Tuition

Tuition fees listed below are based on a 4-week per month-annualized calculation.

Schedule

- Full-time schedule is from 7:30 a.m.- 3:30 p.m.

Program

| Days Per Week | Full-Time Tuition |
|--------------------|-------------------|
| 4.5-Days per week: | \$625 per month |



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Placement and Acceptance

You will be notified if your preschooler is accepted

Before/After Care Costs:

Before Care begins at 7:00 a.m. and is free of charge
After Care available 3:30-5:30 p.m. for \$15. After 5:30 p.m. \$1.00/minute.
You will be billed on the first Friday of every month.

Application Process

Application Requirements:

Your child must be three years old by July 1st and mastered toilet training.

Please bring:

- Original birth certificate
- Current immunization record
- Legal photo ID of parent/guardian
- \$75 non-refundable registration fee

Complete application must include:

- Enrollment application form
- Signed tuition statement and refund policy
- \$75 non-refundable registration fee

Discounts:

- 15% Discount for Employees
- 10% Discount for Active Military or Law Enforcement
- 10% Discount 2 or more children enrolled in preschool





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2024 - 2025 REGISTRATION TUITION AND REFUND POLICY

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By signing and initialing below, I am verifying that I have been given a
tuition policy and payment schedule.

- ▶ Payments are due regardless of absences. _____ Initials

- ▶ No refunds will be issued. _____ Initials

Scholar Name

_____ _____
Parent / Guardian Signature Date



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2024 - 2025 REGISTRATION STUDENT INFORMATION

The scholar will be entering the Pre-K class for the 2023-2024 School year.

Student Name: Last _____ First _____ Middle _____

Gender: _____ Age _____ Birth Date: Month _____ Day _____ Year _____

Home Address: Street _____ City _____ State _____ Zip _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Parents / Guardian Information:

Student lives with: Parents _____ Mother _____ Father _____ Other _____

Legal custody of student: Parents _____ Mother _____ Father _____ Other _____

Father's Name: Last _____ First _____ Middle _____

Home Phone #: _____ Father's Cell: _____ Father's Work: _____

Father is employed by: _____

Father's e-mail: _____ Active Military? Yes No

Mother's Name: Last _____ First _____ Middle _____

Home Phone #: _____ Mother's Cell: _____ Mother's Work: _____

Mother is employed by: _____

Mother's e-mail: _____ Active Military? Yes No

Sibling Information:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Student's Physician _____ Phone _____

Ethnicity / Race: Is the student Hispanic or Latino? Yes No

Please choose from one or more of the following:

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- Asian
- White



Parent / Guardian Signature

Date

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2024 - 2025 REGISTRATION
STUDENT RELEASE

Student's Name: _____

If you plan to have someone other than yourself pick up your child, please fill out this form.

ONLY persons named on this form will be allowed to pick up your scholar.

Proper identification will be required.

Individuals authorized to pick up my Scholar:

Name _____ Relationship to Scholar: _____
Phone Number: _____ Pick Up Days: _____
Special Instructions: _____

Name _____ Relationship to Scholar: _____
Phone Number: _____ Pick Up Days: _____
Special Instructions: _____

Name _____ Relationship to Scholar: _____
Phone Number: _____ Pick Up Days: _____
Special Instructions: _____

Name _____ Relationship to Scholar: _____
Phone Number: _____ Pick Up Days: _____
Special Instructions: _____

Parent / Guardian Signature Date



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2024 - 2025 REGISTRATION STUDENT HEALTH INFORMATION

Student Health Information

Student Name: Last _____ First _____ Middle _____

Physician's Name: _____ **Physician's Number:** _____

In case of emergency, do you give the above mentioned physician permission to treat the student in the parent's absence?

Yes _____ No _____

Does the student have a chronic illness? Yes _____ No _____ Specify _____

Does the student have any known allergies? Yes _____ No _____ Specify _____

Does the student have other medical needs? Yes _____ No _____ Specify _____

Does the student take prescribed medication? Yes _____ No _____ Specify _____

Will any prescribed medication be administered at school? Yes _____ No _____ Specify _____
(Please attach additional medical information to this form if necessary)

Has the student contracted any of the childhood diseases? Yes _____ No _____ Specify _____
(Chickenpox, measles, etc.)

If at any time the student is required to take a prescription medication during school hours, an adult must bring it to the office in the original container.

I give permission for basic first aid procedures to be administered to the above named student and for any emergency treatment deemed necessary by personnel of the Little Innovators Preschool. I understand that I will be contacted first if possible.

Parent / Guardian Signature

Date



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Retain this copy for your records:

Family Policy Compliance Office

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law designed to protect the privacy of a student's educational records. FERPA gives parents certain rights with respect to the children's educational records. These rights transfer to the student, or former students to whom the rights have transferred are called eligible students.

Parent or eligible students have the right to inspect and review all of the student's educational records maintained by the school. Schools are not required to provide copies of materials in educational records unless, for reasons such as great distance, it is impossible for parents or eligible students to inspect the records. Schools may charge a fee for copies.

Parents and eligible students have the right to request that a school correct records believed to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record commenting on the contested information in the record.

Generally, schools must have written permission from the parent or eligible student before releasing any information from a student's record. However, the law allows schools to disclose records, without consent, to the following parties:

- School employees who have a need to know
- Other schools to which a student is transferring
- Certain government officials in order to carry out lawful functions
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for the school
- Accrediting organizations
- Individuals who have obtained court orders or subpoenas
- Persons who need to know in case of health and safety emergencies
- State law and local authorities, within a juvenile justice system, pursuant to specific State law

Schools may also disclose, without consent, "Directory" type information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information or technical assistance, you may call (202) 260-3887 or TDD (202) 260-8956 or contact:

Family Policy Compliance Office
U.S. Department of Education
600 Independence Avenue, S.W.
Washington, D.C. 20202-4605

Office of Management's Homepage
<http://www.ed.gov/offices/OM/ferpa.html>





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2024 - 2025 REGISTRATION AzEIP (EARLY INTERVENTION PROGRAM)

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Retain this copy for your records:

The Early Intervention Program (AzEIP)

The Arizona Early Intervention Program, also known as AzEIP (pronounced Ay-zip), is a statewide system of support and services for families of children, birth to three, with disabilities or developmental delays.

The Arizona Department of Economic Security, Arizona Early Intervention Program (DES / AzEIP) is the lead agency. DES / AzEIP works together with DES, Division of Developmental Disabilities (DDD) and other DES programs, the Arizona Department of Health Services (ADHS), the Arizona State Schools for the Deaf and Blind (ASDB), the Arizona Department of Education (ADE), the Arizona Health Care Cost Containment System (AHCCCS), and other community resources to implement the Arizona Early Intervention Program.

If your child is referred to AzEIP, an Interim Service Coordinator (ISC) will contact the family. The ISC can make an appointment to visit with the family in the home or another location of their choosing. During the visit, the family may talk with the ISC about concerns, and ask questions about their child's development. They will be asked to share information about the child's health and medical history. The ISC and the family may decide that a more detailed evaluation of the child's development is needed.

If your child is eligible for AzEIP, a meeting to develop the Individualized Family Service Plan (IFSP) will be held within 45 days after your child and family were first referred to AzEIP. Your ongoing Service / Support Coordinator will set up the meeting at a time and place that is convenient to you. The people at the first IFSP meeting, (and each annual meeting), must include:

- You and any other family member you request
- An advocate or any other person outside of the family you request
- The ongoing Service / Support Coordinator; and
- The people who did the assessments / evaluations

Your child and family may stay enrolled in AzEIP until your child turns three years old or until your child no longer needs early intervention. As your child nears two and a half years old, your Service Coordinator and other people who work with your family will talk to you about transition to other programs, which may include a preschool program for children with special needs offered by your local school district, a Head Start program or a local childcare center.

If you would like additional information, or to refer your child to the Arizona Early Intervention Program (AzEIP), please call your local Interim Service Coordinator: **Central Pinal County - (928) 475 - 4419, vasermelly@arizonaschildren.org**. The DES / AzEIP phone number is (602) 532-9960.



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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: |
|------------------------------|--------------|----------------------------------|

*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: | |
|---|--|

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.

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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? No 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? No Yes

If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? No 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.)? No 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: