

MOUNTAIN OAK SCHOOL

1455 Willow Creek Rd . Prescott, AZ 86301. 928-541-7700

Dear Parents/Guardians,

The Lavender Rose Preschool provides early care and education for potty trained children three to five years old.

The preschool is a developmentally appropriate child-centered learning environment for young children, which values the uniqueness of each child. At this program, we offer a safe environment, where children are nurtured and respected. Relationships are critical to our program, and we strive to create trusting relationships with each individual child, as well as with their families. We recognize that parents and/or guardians are children's first, and most important, teachers. The preschool welcomes the involvement of parents and family members in our program.

Thank you for considering Lavender Rose Preschool for your child's early love of learning. We look forward to having you in our school community.

Instructions for Enrolling

To enroll bring the following to the school office:

- Current proof complete immunizations (or waiver) attached
- Original Birth Certificate
- Custody **papers**, if applicable
- Completed Preschool Contract
- Completed Blue Emergency Form
- \$275 Registration Fee nonrefundable

Enrollments applications are accepted on a 1st come 1st serve basis. Enrollment packets will be accepted: In person in the School Office at 1455 Willow Creek Road

2025-2026 PRESCHOOL/AFTERCARE ENROLLMENT CONTRACT

| |
|----------------------------|
| Office Use |
| Rec'd _____ |
| Initials: _____ |
| Registration paid on _____ |
| Start Date: _____ |
| Teacher initial _____ |
| End _____ |

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)

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Name _____ | <input type="checkbox"/> Name _____ |
| Relationship to Student _____ | Relationship to Student _____ |
| Cell/Other Phone _____ | Cell/Other Phone _____ |
| Employer Name/Phone _____ | Employer Name/Phone _____ |
| Email _____ | Email _____ |
| How often checked? _____ | How often checked? _____ |

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

| | |
|--|---|
| <input type="checkbox"/> Name _____ | <input type="checkbox"/> Name _____ |
| Relationship to Student _____ | Relationship to Student _____ |
| Address _____ | Address _____ |
| Cell/Other Phone _____ | Cell/Other Phone _____ |
| Employer Name/Phone _____ | Employer Name/Phone _____ |
| Email _____ | Email _____ |
| How often checked? _____ | How often checked? _____ |
| Does this person have joint custody? <input type="checkbox"/> yes <input type="checkbox"/> no | Does this person have joint custody? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Please list names, ages and grades of siblings <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

ENROLLMENT & FINANCIAL INFORMATION:

PRESCHOOL (7:45AM- NOON) TUITION & FEES

- Non-refundable Registration Fee **\$275**
- FIVE DAYS \$5100 per year- \$510 per month for 10 months Aug-May
- THREE DAYS (M,W F) \$3200 per year- \$320 per month for 10 months Aug-May
- TWO DAYS (T,Th) \$2100 per year-\$210 per month for 10 months Aug-May MMamiya
- PRORATE (\$28 day-) \$_____ per year- \$_____ 1st month and \$_____ for _____ mths _____

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

- FIVE DAYS \$1900 per year- \$190 per month for 10 months Aug-May
- THREE DAYS (M,W F) \$1750 per year- \$175 per month for 10 months Aug-May
- TWO DAYS (T,Tu) \$1250 per year- \$125 per month for 10 months Aug-May
- DAILY MT WT F \$_____ per year- \$_____ 1st month and\$ _____ for _____ mths
- DROP-IN ONLY (\$7 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
- PayPal
- 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

1455 Willow Creek Rd. • Prescott, AZ 86301 • 928.541.7700
2025-2026 **PRESCHOOL/AFTERERCARE ENROLLMENT CONTRACT**

CONTRACT DETAILS:

ENROLLMENT CONTRACT

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 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 Lavender Rose Preschool, the tuition payment shall only be reimbursed.

This is a monthly contract beginning the date the child is enrolled. Parents may elect to terminate or modify this contract upon 3 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 7:30 am to noon. Parents/guardians are required to pick up their child/children by 12:15 pm. AfterCare hours are noon to 3:00 pm, Extended AfterCare is available until 4:30 pm for an additional \$5.00 per day. 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 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 \$275 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 school community may be asked to withdraw their child.

COMPLIANCE

I have reviewed a copy of the Preschool or Student Handbooks (A printed copy of the handbook is 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 SQH- or name

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex: [] male [] female

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

Form with fields: 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.)

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for contact persons.

If Medical care is necessary, call:

Form with fields: 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.

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:

Form with field: 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/zplis/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? 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: |
| | | |



Religious Beliefs Exemption Form
For Child Care, Preschool and Head Start Programs ONLY

The 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 the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

| | | |
|--------------------------|--|--------------------------------|
| <input type="checkbox"/> | Diphtheria (DTaP, 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: _____ |
| <input type="checkbox"/> | Tetanus (DTaP, 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: _____ |
| <input type="checkbox"/> | 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: _____ |
| <input type="checkbox"/> | Polio (IPV): 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: _____ |
| <input type="checkbox"/> | 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 brain damage. | Initials: _____ Date: _____ |



Child Name: _____
Child Date of Birth: _____

| | | |
|--------------------------|---|--------------------------------|
| <input type="checkbox"/> | 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: _____ |
| <input type="checkbox"/> | 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: _____ |
| <input type="checkbox"/> | 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: _____ |
| <input type="checkbox"/> | 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 the Arizona Department of Health Services (www.azdhs.gov/phs/immunization).

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 child care until the risk period ends, which may be 3 weeks or longer.

Parent/Guardian Signature: _____ Date (month/day/year): _____

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