



Desert Springs Christian Preschool & Kindergarten

www.desertspringspreschool.com

16215 North Tatum Blvd., Phoenix, AZ 85032, (602) 788-5060, coolpreschool@desertsprings.com
www.desertspringspreschool.com

2025 - 2026 Registration Packet

Please keep a copy of all completed forms for your records

We are honored that you are considering enrollment for your child at Desert Springs Christian Preschool. We are proud to serve you and strive to provide fun, enriching, and stimulating first school experience.

NEEDED AT THE TIME OF REGISTRATION

_____ Registration Form completed

_____ **\$150.00** non-refundable/non-transferable Registration Fee

.....
Tuition Express Enrollment Form to be returned by April 15, 2025 or at time of registration, whichever is later.

_____ One-month non-transferable tuition will be withdrawn on May 1, 2025
(This is your May 2026 tuition payment)

MUST BE RETURNED by August 15, 2025

_____ Completed "Emergency Information and Immunization Record Card" (in the registration packet)

Please note: See "Instructions/Checklist for completing the Emergency Information and Immunization Record Card"

_____ Copy of your child's current Immunization Record from the doctor's office attached to "Emergency Information and Immunization Record Card" above

Please Return After Your Child's Next Doctor's Visit

_____ Medical Policy Form – requires doctor's signature (in the registration packet)

**Checks or money orders should be made payable to DSCP
(Desert Springs Christian Preschool)**



Desert Springs Christian Preschool

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2025-2026 Registration/Agreement Form

Child's First Name: _____ Child's Last Name: _____

Name to be used in school: _____ Date of Birth: _____ Sex: M F

Language (dialect) spoken at home: _____ Today's Date: _____

Family Status: Current Alumni DSBC MOPS/MOMsnext New

How did you hear about us? _____

Do you currently have a church home? Yes No Where? _____

Circle who the child primarily lives with: Both Parents Father Only Mother Only Joint Custody Legal Guardian

GENERAL INFORMATION:

Please fill in the following information by printing clearly and legibly.

Address:	City:	Zip:
Father's cell phone:	Mother's cell phone:	Home Phone:
Father's name (first and last):	E-mail address:	Occupation:
Mother's name (first and last):	E-mail address:	Occupation:

CLASS PREFERENCE (Check one):	Days of Class	Monthly Tuition
Three Year Olds (3 years old before 9/1/25)	2 Day Class Tuesday & Thursday	\$330.00
Three Year Olds (3 years old before 9/1/25)	3 Day Class Mon., Wed. & Fri.	\$400.00
Pre-Kindergarten Four and Five Year Olds (4 years old before 9/1/25)	3 Day Class Mon., Wed. & Fri.	\$445.00
Pre-Kindergarten Four and Five Year Olds (4 years old before 9/1/25)	4 Day Class Mon., Tues., Wed., Thurs.	\$500.00

All classes are subject to availability.

Teacher requests may be made, but will not be guaranteed.

All children must be **independently potty trained** to attend classes.

Desert Springs Christian Preschool admits students of any race, color, and national or ethnic origin.

Fees

Registration Fee - non-refundable/non-transferable - due at time of registration

At time of registration, a \$150.00 non-refundable fee will secure placement of first student. A \$100.00 non-refundable fee will secure placement for additional preschool siblings. If registering after December, the registration fee will be prorated at \$75.00 (\$50.00 for siblings).

Wait List

If a class is full at the time of registration, the student can be placed on a waiting list. If you plan on being unavailable for an extended part of the summer, please leave a name and phone number of a person we can contact in your absence should a space open. If we do not receive a response within 48 hours, the spot may be forfeited.

One-month Tuition - non-transferable

One-month tuition is due May 1, 2025. This will secure placement for your child in a classroom and will be applied towards May 2026 tuition. **Space will be forfeited if NO TUITION PAYMENT is received by May 10, 2025.** If registering after May 1, 2025 you may pay within 30 days of registration. If you withdraw your child before July 31, 2025 the first monthly installment will be refunded. Otherwise the fee is non-refundable.

Monthly Tuition Payments - non-refundable/non-transferable

Payments are due on the 1st of each month, starting as early as July 1, 2025 depending on the payment option you choose.

Recurring Automatic Payment is preferred. In our efforts to keep tuition rates as low as possible, our preferred method of payment is a recurring transfer from your bank account. You may also set up a recurring payment or a month-to-month payment by debit card. With the convenience of our automatic payment options, tuition will be automatically deducted from your account on the 1st of the month. Other methods of payment are available. Please inquire at the Preschool office for details. Payment is considered late after the 10th of the month, and a \$5.00 late fee will be charged. A late notice will go out on or after the 11th, followed by a second notice on or after the 19th. If no approved payment plan has been made, a withdrawal notice will be sent out on the 26th due to non-payment. If the total outstanding balance is not received within 10 days the child's class seat may be forfeited.

Tuition payment amounts are based on a full 9 month preschool school year and the tuition is divided equally into 9 or 11 payments depending on the option you choose. Any enrollment after July will automatically default to the 9 month payment plan. Some months may have more or less class days than others, but the monthly fee is designed to allow for equal monthly payments.

Payment Options

The monthly tuition fee is due by the first of each month. 9 and 11 month payment options are available.

2 day 3's = \$330 x 9 = \$2,970		
9 mos.	\$330	May, Sept-April
11 mos.	\$270 May	\$270 July-April

3 day Pre-K = \$445 x 9 = \$4,005		
9 mos.	\$445	May, Sept-April
11 mos.	\$355 May	\$365 July-April

3 day 3's = \$400 x 9 = \$3,600		
9 mos.	\$400	May, Sept-April
11 mos.	\$350 May	\$325 July-April

4 day Pre-K = \$500 x 9 = \$4,500		
9 mos.	\$500	May, Sept-April
11 mos.	\$400 May	\$410 July-April

Please indicate your choice of payment

9 month

11 month*

***11 month payment options are not available if registering after July 2025**

Media Release / Classroom Roster

Media Release (please indicate your choice by initialing the appropriate box/es:)

Throughout the school year opportunities will arise to photograph/video-record students actively engaged in fun and learning inside and outside of the classroom. Teachers share pictures and videos via Homeroom app accessible only to parents through authorized email addresses. From time to time, we create fun social media reels or posts to share with current and prospective families. Student names will never be associated with photos or postings.

Please initial each box that applies to indicate your consent below:

Classroom Photo Sharing App - Access granted to parents only via email invite.

Social Media/Advertising - My student may appear in all school sponsored social media reels and/or posts.

No Media - My student may not be pictured in any media including the classroom photo sharing app.

DSCP Classroom Roster (please indicate your choice/s by initialing the appropriate box/es):

The classroom roster is prepared for sole purpose of facilitating communication within class community, specifically regarding classroom related activities and for social activities outside of school (such as playdates, birthday parties). It is prohibited to use or to supply any information from the classroom roster to any individual or organization for the purposes of solicitation of business or any other commercial purpose via email, mail or any other means.

Phone: You may include my preferred phone number: _____.

E-mail: You may include my preferred email address _____.

No Listing: Please do not include any of my family's contact information in the classroom directory.

Developmental Screening

Has your child received a developmental screening or received a recommendation for developmental screening at any time?

YES

NO

The copy of the developmental screening report must be provided along with the registration. This information will help your child's teachers as they strive to support your child in the classroom and work with your child to be successful.

Parent Agreements - Please initial next to each statement below

I agree to pick my child up on time at the end of each class and understand that a late pick-up penalty of \$5.00 for every 10 minutes may be imposed.

The Telephone Authorization Code provided at the bottom of the first page of the "Emergency Information and Immunization Record Card" is required for phone authorizations. For example, if someone will be picking up my child from Preschool who is not listed on his/her "Emergency Information and Immunization Record Card", I will be responsible for calling the Preschool office and authorizing the pickup by providing this code. Otherwise, I understand my child will not be released to that individual. If advance notice is given in writing to my child's teacher, phone authorization will not be required.

I understand that Desert Springs Christian Preschool has the authority to require proof of identity from any person picking up my child such as a valid Arizona Driver's License or other picture I.D.

In order to keep the overall tuition cost affordable to everyone, parents are asked throughout the year to donate snack items and miscellaneous classroom supplies. Teachers will post Wish List items throughout the year as needed.

I understand that the Preschool will be using emails to distribute information on a regular basis. I agree to provide my email address and add the coolpreschool@desertsprings.com to my "safe sender list".

My child has permission to attend programs that may be held upstairs in the Education Building, the Worship Center, the Activity/Student Center, the Prayer Garden, or the grassy areas outside of the classrooms.

It is vital that the Preschool has current emergency information for my child. I agree to notify the Preschool office of any changes that are made during the school year.

I understand that Desert Springs Christian Preschool reserves the right to cancel the enrollment of a student for non-payment of tuition or other fees, not observing the rules of the Preschool as outlined in Parent Handbook and/or verbal or physical abuse of staff or children by a student or his/her parent or guardian.

I agree to read and follow all of the policies outlined in the DSCP Parent Handbook which is available online at www.coolpreschool.com under the "Parents" section (a hard copy may be requested).

I understand that the Preschool seeks to monitor the healthy development of all students as an integral part of the program. Monitoring is done through a variety of methods including observations, assessments of developmental milestones, and narrative records.

I understand that the Preschool will seek to communicate any concerns regarding my child's physical, emotional, social behavioral and educational development with parents. It is the preschool's goal to partner with parents to build a strong foundation for your child's continued success in and out of the classroom. If a developmental concern arises, teachers may request additional monitoring by a parent at home, by a pediatrician, speech therapist, developmental pediatrician, etc.

I understand that DSCP uses security cameras on campus and every classroom is equipped with a security camera for monitoring by the school administrators for the safety and security of the children in our care.

I understand that I need to give the Preschool 30 days written notice prior to withdrawing my child. For example, if notice is given on December 3rd that your child's last day will be December 7th, you will owe tuition through January 3rd.

I understand and agree to the terms of this agreement.

Signature: _____ Date: _____
Parent/Guardian's Signature

Please Print Name: _____

Signature: _____ Date: _____
Parent/Guardian's Signature

Please Print Name: _____

Automated Payment Processing



Safe. Convenient. Easy.

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) DESERT SPRINGS CHRISTIAN PRESCHOOL 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 (Card)

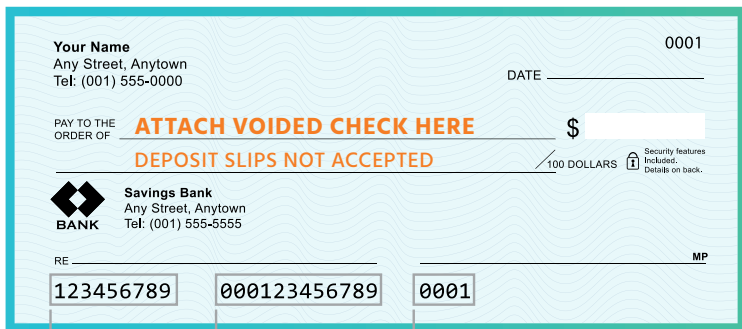
DEBIT

CREDIT

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



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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INSTRUCTIONS/CHECKLIST
for completing the
EMERGENCY INFORMATION AND IMMUNIZATION RECORD CARD

- Make sure all fields on the form are completed. If not applicable, please write N/A.**
- The “I authorize the following individuals to collect my child from the facility if I cannot be located” section needs at least **two emergency contact people from different households** with different telephone numbers in town.
- The Telephone Authorization Code at the bottom of the first page is required for phone authorizations. For example, if someone will be picking up your child from Preschool who is not listed on your "Emergency Information and Immunization Record Card", you will be responsible for calling the Preschool office and authorize the pickup by providing this code. Otherwise, your child will not be released to that individual.
- Immunization Information
 - The enclosed form titled “Immunization Requirements for Preschool and Childcare” lists those immunizations that are required.
 - Attach the doctor’s verification of these immunizations.
 - Please use the most recent doctor who gave the immunizations.
 - Proof of your child's immunizations needs to be provided to the Preschool prior to your child's first day of school.
 - Immunizations Records will be submitted to the Arizona State Health Department for verifications. If any immunizations are missing, you will be notified. You will need to provide proof that your child received the missing immunizations within 15 days.
 - After 15 days, the child may not attend until documentation of these immunizations is received.
- Please complete the “Medical Information” section with caution and put N/A for not applicable if your child has none of the conditions mentioned.
- One parent’s printed name, signature, and date need to be completed at the bottom of the form to verify all information.



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

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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ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

(Child Care, Preschool, or Head Start (School year 2024-2025))



- Requirements are shown below as stated in [Arizona Administrative Code, R9-6-702](#), Table 7.1 and Table 7.2
- Please review the [Arizona Immunization Handbook for Schools and Child Care Programs](#) along with the [Vaccine Catch-Up Flowcharts & FAQs](#) for further information and details about immunization requirements and exemptions.
- Vaccines must follow ACIP minimum intervals and ages to be valid. See pages 2-3 for minimum interval and catch-up schedule information.
- The 4-day grace period only applies to vaccine-administration minimum age and interval. Refer to the Handbook for questions.

Vaccine	2-3 months	4-5 months	6-11 months	12-14 months	15-17 months	18 months – 59 months
HepB Hepatitis B	1 dose (May get dose 1 at birth and dose 2 as early as 1 month of age)	2 doses	2 doses (May receive dose 3 as early as 6 months)	3 doses (Final dose must be given at 24 weeks of age or older)	3 doses	3 documented doses (Final dose must be given at 24 weeks of age or older)
DTaP Diphtheria, Tetanus, and Pertussis	1 dose	2 doses	3 doses	3 doses	4 doses	4 documented doses
Hib <i>Haemophilus influenzae</i> type b	1 dose	2 doses	2-3 doses	2-3 doses (A Hib dose at/after 12 months is required for all children under 5 years)	3-4 doses (or 1 dose at or after 15 months of age)	3-4 documented doses OR 1 dose at or after 15 months of age
Polio IPV	1 dose	2 doses	2 doses	3 doses	3 doses	3 documented doses
MMR Measles, Mumps and Rubella	Not given before 12 months of age, unless traveling <ul style="list-style-type: none"> • <i>Infants under 12 months old who are traveling:</i> May get an early dose at 6 through 11 months; must follow the recommended schedule and get an additional dose at 12 through 15 months 			1 dose	1 dose	1 documented dose
VAR Varicella (chickenpox)	Not given before 12 months of age			1 dose	1 dose	1 documented dose
HepA Hepatitis A	Not given before 12 months of age The Hepatitis A vaccine series (2 doses) is REQUIRED in Maricopa County for children 1-5 years of age but is recommended in all other counties.			1 dose	1 dose	2 documented doses

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY – Minimum Interval/Catch-up Guidance

Child Care, Preschool, or Head Start (School year 2024-2025)



- A child who is missing vaccines required for their age must get a dose of needed vaccines within 15 days of enrollment; after 15 days the child may not attend without documentation that the child has received the required vaccinations or started the series.

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
HepB Hepatitis B	Dose 1	Birth	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> • Final dose of HepB vaccine must be given at 24 weeks of age or older. If HepB dose 3 was given before 24 weeks of age, a 4th dose is required. • Some children may receive a birth dose and then a combination vaccine resulting in a total of 4 (or more) doses. As long as the minimum intervals between doses and receipt of final dose at 24 weeks of age or older are met, 4+ doses meet the requirement.
	Dose 2	4 weeks	At least 8 weeks between dose 2 & 3 (or final)	
	Dose 3	24 weeks	At least 16 weeks between dose 1 & 3 (or final) AND at/after 24 weeks of age	
DTaP Tetanus, Diphtheria, and Pertussis	Dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> • A child may receive a dose of DTaP at or after 4 years of age; although not required for attendance in child care/preschool, this dose is usually given in preparation for attendance in kindergarten. Minimum age for final dose is 4 years of age and at least 6 months since previous dose.
	Dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	Dose 3	14 weeks	At least 6 months between dose 3 & 4	
	Dose 4	12 months		
Hib <i>Haemophilus Influenzae</i> type b	Dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> • If all 3 doses given are PedvaxHib, only 3 total doses are needed; dose 3 must be at or after 12 months of age. • A Hib dose at or after 12 months is required for all children under 5 years of age. • Only one dose is required if the first/only dose is given at or after 15 months of age. • Hib is not given after 5 years of age unless the child has a medical condition.
	Dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	Dose 3	14 weeks	At least 8 weeks between dose 3 & 4	
	Dose 4	12 months		
Polio IPV or OPV	Dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> • Only 3 doses are required for kindergarten entry if the 3rd dose was received at or after the child's 4th birthday and at least six months after the 2nd dose. • OPV given prior to April 1, 2016, will be presumed to be trivalent and therefore acceptable, regardless of country of administration. Any OPV doses administered on or after April 1, 2016, are presumed to be bivalent and therefore unacceptable. (The U.S. currently does not give anything other than IPV (inactivated polio vaccine) whereas some foreign countries still give the OPV (oral polio vaccine)).
	Dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	Dose 3	14 weeks	At least 6 months between dose 3 & 4	
	Dose 4	4 years		

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
MMR Measles, Mumps and Rubella	Dose 1	12 months *6 months, if traveling	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> • First dose routinely given at 12-15 months • If traveling, CDC recommends an early dose beginning at 6 months of age. Another dose will need to be administered between 12-15 months, at least 28 days after dose 1. Refer to Plan for Travel Measles (Rubeola) CDC • If MMR dose 1 was given between 6 months old and up to 4 days before the 1st birthday, another dose is required. • Must get the same day as varicella OR at least 28 days apart (this rule also applies to live nasal influenza doses).
	Dose 2	13 months		
VAR Varicella (chickenpox)	Dose 1	12 months		<ul style="list-style-type: none"> • If varicella dose 1 was given more than 4 days before the 1st birthday, another dose is required. • Must get the same day as MMR OR at least 28 days apart (this rule also applies to live nasal influenza doses).
HepA Hepatitis A	Dose 1	12 months	At least 6 months between dose 1 & 2	<ul style="list-style-type: none"> • If HepA dose 1 was given more than 4 days before the 1st birthday, another dose is required. • Children 1 – 5 years of age are required to obtain dose 1 within 15 days of enrollment in child care, preschool, or Head Start. Dose 2 is due 6 months after dose 1.
	Dose 2	18 months		



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Medical Information

Please note that the American Academy of Pediatrics recommends that children between the ages of 2-6 should have an annual physical examination. Please have your doctor complete this form at your child's next visit.

Please have medical doctor sign and return to school once complete.

To the best of my knowledge, _____
(Patient's Name)

is in good health and can actively participate in a preschool program.

(Doctor's Name)

(Date)

(Doctor's Signature)

(Doctor's Address)

(Doctor's Phone Number)

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