



**Little Big Minds Preschool – Uptown
Registration Package**

Return to:

Little Big Minds - Uptown
1973 E. Maryland Ave., Phoenix, AZ 85016

**Returning students and their siblings will have placement priority.*

***Uptown Campus
August 2019 – May 2020 Registration***

Dear Prospective Little Big Minds Preschool® Families,

Thank you for your interest in Little Big Minds Preschool. We know that your child's education is a priority and we work hard to provide the highest quality Spanish immersion preschool experience possible.

Research shows that learning a second language at an early age stimulates brain development and expands cognitive abilities. Positive academic outcomes for children who develop more than one language within the first seven years of life are substantial. Put simply, bilingualism builds brain power!

We use an inquiry-based approach to education, which actively engages children in the process of learning. Our **Piezas Del Mundo**® curriculum provides authentic opportunities for exploration using real world topics that help children develop critical-thinking and communication skills through meaningful play-based activities.

Our Mission is to engage children in Hands On/ Minds On activities that teach children how to think, not what to think. We give children the confidence to find their voice in any language and to solve problems through creativity and innovation.

We know just how critical these formative years are and we work hard to make each moment magical and joyful. We hope you will join our preschool family as we endeavor to share the gift of bilingualism. We can't wait to watch your little **BIG** minds GROW.

Sincerely,

Pilar Kelley, M.Ed.
Owner and Principal - Little Big Minds Preschool®
pkelley@lbmpreschool.com
www.littlebigmindspreschool.com

Heyli Garcia
Uptown Campus Director
hgarcia@lbmpreschool.com



UPTOWN CAMPUS PROGRAMS AND MONTHLY FEES

Days/ Week	Académico (Academic Day)	Abejas Ocupadas (Busy Bees)	Madrugador (Early Birds)	Todo El Dia (All Day)
	9:00 – 1:00	9:00 – 3:00	7:00 – 3:00	7:00 – 5:30
5 (M-F)	\$650	\$840	\$950	\$1,025
3 (M,W,F)	\$525	\$630	\$760	\$850
2 (T/TH)	\$400	\$500	\$600	\$680

Academic Year: Enrollment is based on a commitment for the entire 10-month Academic year.

Registration Fee: A one-time, non-refundable fee of **\$200.00** per child is due at the time of registration.

Student Calendar: All classes will follow the Madison School District Academic Calendar. Little Big Minds is **closed to all students during Fall, Spring and Winter breaks.**

New Student Package: Student handbook, school activity calendar and after school enrichment activities will be delivered to registered families in July 2019.

Ratios: Low student/teacher ratios are essential in an effective immersion environment. We have two teachers in each classroom.

Class	Birth date & Guidelines	Class Size	Ratio
2 year olds	<i>24 months by 8/1</i>	14	1:7
3 year olds	<i>Must be toilet trained</i>	18	1:9
4 and 5 year olds		20	1:10

Program Selection: If your choice of program is not available at time of registration, your child's name may be added to the class waitlist at your request. Waitlists are updated throughout the year. If an opening occurs, you will be notified immediately.

Extra Hours: Care Beyond Your Program is offered on an as needed basis and is based on space available. Space is not guaranteed. The charge is \$6.50 for one child or \$10.50 for two children per hour. The hourly rate is not prorated. A full hour will be charged 15 minutes past the hour.

All Day Students: Naptime is available from 1pm to 3pm daily. The nap room is open to all children. Children not yet toilet trained or not yet 3 years old must go to the nap room if they stay for an extended day.



REGISTRATION INSTRUCTIONS

Little Big Minds only accepts completed registration packets. Registrations will be accepted on a first-come, first-served basis. A registration fee must accompany each application to cover the initial cost of administration, supplies, enrichments and special projects. Current students and siblings of current students will have placement priority. Please return completed packets to: Little Big Minds Preschool – 1973 E. Maryland Ave., Phoenix, AZ 85016

Checklist:

- Registration Form
- \$200 Registration Fee
- Blue Form - Emergency Information and Immunization Form*
- Birth Certificate (copy)*
- Current Immunization Records
- Photo and Directory Release
- Financial Policy
- Confidential Form*
- Credit Card Authorization Form

* If your child is already a Little Big Minds Preschool student and these items are current and on-file in the Little Big Minds Preschool office, you do not need to turn these forms in with your re-application. Returning families must turn in completed application by January 18th, 2019 to qualify for priority placement.

IMPORTANT: Incomplete registration packets will not be accepted. We cannot add your child's name to the enrollment list or "hold" spots with partially completed packets. You must turn in ALL of the above information to be added to the registration list.

Little Big Minds Spanish Immersion Preschool places great value on providing a global and multicultural environment for its students. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, or other school administered programs.



Office Use Only:

Registration Fee	
Blue Form	
Birth Certificate	
Current Immunizations	
Financial Policy	
Confidential Form	
Photo/Directory Release	
Credit Card Auth.	

Uptown Campus – 2019/2020

Return to:
 Little Big Minds Office at
 1973 E. Maryland Ave., Phoenix, AZ 85016

UPTOWN CAMPUS - Please **CIRCLE** your program of choice

Days/ Week	Académico (Academic Day)	Abejas Ocupadas (Busy Bees)	Madrugador (Early Birds)	Todo El Dia (All Day)
	9:00 – 1:00	9:00 – 3:00	7:00 – 3:00	7:00 – 5:30
5 (M-F)	\$650	\$840	\$950	\$1,025
3 (M,W,F)	\$525	\$630	\$760	\$850
2 (T/TH)	\$400	\$500	\$600	\$680

* I will consider other program options if my first choice is not available: Yes No _____

Child's First Name _____ Middle Name _____ Last Name _____

Nickname/Name to be called _____ Male/Female _____ Birth Date _____

Home Address _____ City/State _____ Zip code _____

() _____
 Home Phone Number _____ Child Lives With _____

() _____
 Father's Name _____ Telephone _____ E-mail _____

() _____
 Mother's Name _____ Telephone _____ E-mail _____

Toilet Trained? Yes No Working on it Afternoon Nap? Yes No Sometimes

Allergies: Yes No Please list: _____

Parent Signature: _____ Date: _____

Monthly Tuition Costs are paid for the 10-months from August 2019 to May 2020.
Tuition will not be prorated for absences due to illness, vacations or school holidays.



LITTLE BIG MINDS PRESCHOOL FINANCIAL POLICY

Little Big Minds Preschool is an independent, private preschool. Our operations are not subsidized by a sponsoring organization and our income derives solely from tuition fees and fundraising efforts. Our budget constraints mean that every family has a responsibility to pay their tuition in-full and on-time. An explanation of the schools fees and refund policies follows:

Registration Fee: Annual Registration fee is paid once each year to cover the cost of initial administration, supplies, special projects, and enrichment opportunities. The registration fee for all classes is \$200 and it is nonrefundable and nontransferable.

Tuition Payment: Tuition is payable on the 1st of each month of the school year. August 2019 tuition is due August 1st, 2019. Monthly Tuition Costs are paid for 5-months (from January through May). The **campus is closed to all students for Spring break** according to the Madison School District Calendar.

Late Charges: Tuition payments received after the 10th day of the month are deemed late and subject to a late charge of \$25.00. Any payment received will first be applied to any outstanding late fees, then to the outstanding tuition balance. A charge of \$25.00 will also be assessed on checks or credit card payments returned for insufficient funds. **Late pickup** is \$75 per hour after 6:00pm. Teachers will report late pickups to the Director and families will then be invoiced.

Non-Payment: If a family experiences a change in circumstances or is otherwise unable to meet their payment obligations, it is the responsibility of family to contact the Director to work out an acceptable arrangement. If a family remains in arrears and a satisfactory arrangement cannot be reached, the Director may require that the child(ren) be withdrawn from the school and a payment schedule will be made until all owed is paid in full.

Withdrawal: Should unforeseen circumstances arise, parents must provide the Director with 30-days prior written notice of withdrawal for any reason and shall be liable for tuition for a period of 30-days from the date notice is given to the school.

Temporary Absences: No refunds will be made for temporary absences due to family vacations, illness, accidents, health notices, etc. In the event of special circumstances, a parent may apply in writing to the Executive Committee of the Preschool Board of Directors for special consideration.

Multi-Child Discount: In the event a family has two or more children enrolled in the school during the same school year, the family will receive a 10% discount on the tuition for one additional child. (The discount applies to the child in the family with the lowest tuition.)

Teacher/Staff Discount Madison School District: Any teacher or staff member under contract with the district will receive a discount of 10% on the tuition for any child(ren) enrolled for that school year. The 10% discount will be applied after the multi-child discount, if both are applicable.

Care Beyond your Program: Care beyond your program will incur a charge: One child: \$6.50/hour. Two children: \$10.50/hour. Three children: \$14.50/hour. Before care is available between 7:00am and 9:00am at a cost of \$6.50/hour. Hourly costs are not prorated. A full hour will be charged after 15 minutes. Care beyond your program fees are payable on the first of each month with monthly tuition. Monthly Tuition Costs are paid for 10 months, including December. **Late pickup** is \$50 per hour after 6:00pm. Teachers will report late pickups to the Director and families will be invoiced.

I, _____ (Printed Name) have read the Little Big Minds Preschool Financial Policy in its entirety and agree to comply with the terms stated herein.

Signature

Date



Credit Card / ACH Debit Authorization Form

Student / Childs Name: _____

I, _____ (payer name) hereby authorize Little Big Minds Preschool / ProCare Tuition Express to debit my credit/debit card /bank account for:

- Recurring** monthly tuition of \$ _____ and any extra care hours that have been accumulated on the 1st of each month for the enrollment period.
- One-time** payment of \$ _____.

Name as it Appears on Account	
Billing Address	
Email Address	
Phone Number	

Credit Card: **Visa** **Mastercard** **Discover** **American Express**

Name on Credit Card	
Credit Card Number	
Expiration Date	
CVV Code	

ACH Debit Authorization: **Checking** **Savings**

Name on Account	
Routing Number	
Account Number	
Bank Name	

Payer Signature

Date _____



Child's name: _____

PHOTO RELEASE FORM

During the course of a school year many wonderful photos are taken both in the classrooms and at school-related events. We would like your permission to use images of your child (if the occasion arises) in our school newsletter, on our school website or in other school related materials. Please note that each classroom has their own PRIVATE Schoology account. Schoology postings are only accessible by classroom families.

Signing below permits Little Big Minds Preschool to use photos of your child through school communications.

Parent/Guardian's Name (Print) _____

Parent Signature _____

PRESCHOOL STUDENT DIRECTORY RELEASE

I/We authorize Little Big Minds Preschool to include our name, our child's name, our address, phone number and email address in the Little Big Minds Student Directory.

I/We understand that the directory will be distributed to all families enrolled in the preschool. The intention of the Little Big Minds Directory is solely to include everyone in classroom and birthday communications. The list will not be sold, used or distributed outside of the preschool.

- Please include my information as listed in my child's file.
- We do NOT wish to be included in the Little Big Minds Directory.
- Please include ONLY the following information:

Parent Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Parent Signature: _____ Date ____/____/____



CONFIDENTIAL INFORMATION

Date: ____/____/____

Child's Name (first and last): _____

Name to be called: _____ Date of Birth ____/____/____ Sex: F M

Address: _____

Mother's Name:	
Employer:	
Occupation:	
Cell Phone:	
Email:	

Father's Name:	
Employer:	
Occupation:	
Cell Phone:	
Email:	

Does your child have a history of or does he or she currently have:

1. Any allergies? Milk Nuts Pets Eggs Other _____

2. Reactions/allergies to medications? Penicillin Other _____

1. Check ALL that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Visual Disorders | <input type="checkbox"/> Crossed Eyes | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> History of Ear Infection | <input type="checkbox"/> Measles | <input type="checkbox"/> Chicken Pox (____/____/____) |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Aids | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Roseola |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Convulsions |

Please provide further explanation of any "yes" answers:

Is your child on any daily medications? If so, what? _____

Was your child premature? yes no baby's birth weight _____

Is your child adopted? yes no If so, at what age? _____

Has he/she been told of the adoption? yes no

Are the child's parents divorced? yes no child lives with: _____

Does the child visit the parent who is not living at home? yes no

How often? _____ Is it a positive relationship? _____



Family religious preference- (optional) _____

Names and ages of other children living at home: _____

How do they interact? _____

Does the child share a room? yes no

Any other adults living in the home? yes no Relationship to child? _____

Please tell us about any pets you have: _____

Is the child accustomed to playing with: older children same age younger children none

Does the child usually get along with other children? _____

What are some of his/her favorite indoor and outdoor activities?

Describe your child's disposition: _____

What means of discipline do you find most effective? _____

Does the child have any specific fears? yes no If so, describe: _____

What is the child's usual attitude towards being in a situation, which separates him/her from parents?

Is this child's first preschool experience? yes no

Name of previous preschool(s) and dates attended: _____

Does the child have any problems with:

Eating: yes no describe: _____

Sleeping: yes no describe: _____

Bathroom: yes no describe: _____

Is your child toilet trained? yes no

Does s/he nap? yes no

Are there any emotional, developmental or physical needs we should be aware of? yes no

Please describe: _____

Please use the following space to tell us anything we need to know about the child. The child's teacher keeps this form confidential.



CDC/SGH# or name: _____

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

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

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

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

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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