



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_____ One-month non-transferable tuition will be withdrawn on May 1, 2025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)**



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2025-2026 Kindergarten 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
Half Day Kindergarten* (9am-12pm) (5 years old before 9/1/25)	5 Day Class Mon., Tues., Wed., Thurs., Fri.	\$650.00
Full Day Kindergarten* (9am-2pm) (5 years old before 9/1/25)	5 Day Class Mon., Tues., Wed., Thurs., Fri.	\$915.00

***Kindergarten students are eligible to apply for tuition scholarships through either Arizona Tuition Connection or Arizona Empowerment Scholarship.**

All classes are subject to availability.

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.

5 half days = \$650 x 9 = \$5850		
9 mos.	\$650	May, Sept-April
11 mos.	\$550 May	\$530 July-April

5 full days = \$915 x 9 = \$8235		
9 mos.	\$915	May, Sept-April
11 mos.	\$735 May	\$750 July-April

Please indicate your choice of payment

9 month

11 month*

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

A 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 School who is not listed on his/her "Emergency Information and Immunization Record Card", I will be responsible for calling the School 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 School 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

_____ 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

_____ It is vital that the Preschool has current emergency information for my child. I agree to notify the School 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 School 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.desertspringspreschool.com under the "Parents" section (a hard copy may be requested).

_____ I understand that the School 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 School 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.

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)

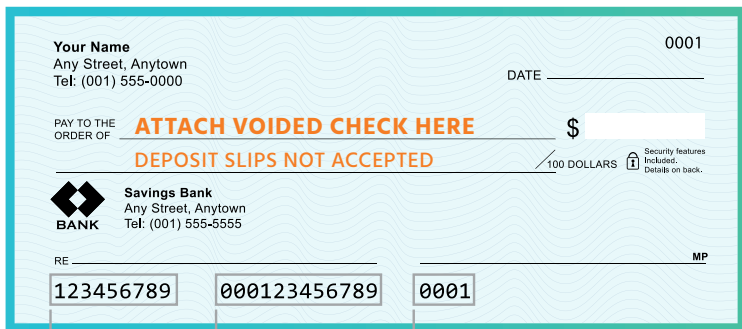
DEBIT

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:	
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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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ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY - Grades K-12 (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 3-4 of this document for minimum interval and catch-up schedule information.
- The 4-day grace period only applies to vaccine-administration minimum age and intervals. Refer to the Handbook for questions.

Vaccine	4-6 Years Old and attendance in Kindergarten or 1 st grade	7-10 Years Old	11 Years and Older
HepB Hepatitis B	3 doses The final dose of HepB must be given at 24 weeks of age or older. Only 3 doses are required if the 3 rd dose was received at or after the child was 24 weeks of age; otherwise, 4 doses are required.		
Polio Poliomyelitis (IPV) For OPV see page 2	4 doses The final dose of polio must be received at/after 4 years of age and at least six months after the previous dose. Only 3 doses are required if the 3 rd dose was received on/after the child's 4 th birthday and at least six months after the 2 nd dose. Additional doses may be needed to meet requirements. See pg. 2 for retrospective history guidance.		
MMR Measles, Mumps and Rubella	2 doses Minimum recommended age for dose 1 is 12 months. A 3 rd dose will be required if dose 1 was given more than 4 days before 1 st birthday.		
VAR Varicella (chickenpox)	1 dose Minimum recommended age for dose 1 is 12 months. 2 doses, at least 4 weeks apart, are required if dose 1 was given at 13 years of age or older.		
DTaP, Tdap, Td Diphtheria, Tetanus, and Pertussis	5 doses of DTaP The final dose of tetanus-diphtheria-containing vaccine must be received at/after 4 years of age and at least six months after the previous dose. Only 4 doses are required if the 4 th dose was received on/after 4 years of age; in certain situations, an additional dose may be required, up to a maximum of 6 doses (before age 7).	4 doses of tetanus-diphtheria-containing vaccine (or combination of DTaP, Td, or Tdap doses). At least one dose at/after 4 years of age and at least 6 months from the previous dose. 3 doses (with one at/after 4 years) are acceptable if the first dose was given on/after 1 st birthday; otherwise, refer for an additional dose.	1 dose of Tdap is required If the student does not have a Tdap but received a dose of tetanus-diphtheria-containing vaccine within the past 5 years, refer for the adolescent Tdap dose when 5 years have passed since that dose. If a student has received 1 valid dose of adolescent Tdap (age 10 years or older), no further doses are needed. Students must have a minimum series of 4 doses of tetanus-diphtheria-containing vaccine; 3 doses are acceptable if the 1 st dose was given on/after 1 st birthday.
MenACWY, MenABCWY or MCV4 Quad or Pentavalent Meningococcal	Retrospectively: Menactra (Meningococcal Quadrivalent Polysaccharide Conjugate) vaccine was discontinued in 2022 and was replaced by MenQuadfi. Menomune (Meningococcal Polysaccharide) vaccine was discontinued in February 2017. Because both Menactra and Menomune are quadrivalent vaccines, both are considered acceptable for school requirements.		1 dose of MenACWY or MenABCWY is required A dose administered at 10 years of age will meet the requirement.

**ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY -
Minimum Interval/Catch-up Guidance; Grades K-12 (School year 2024-2025)**



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"> 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 interval between doses is met, 4+ doses meet requirements. 2 doses, at least 4 months apart, meet the requirement if the child received the adolescent series using the Merck Recombivax HB Adult Formulation when the child was 11-15 years of age.
	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	
Polio IPV or OPV	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Retrospectively: 1) A final dose given on or after August 7, 2009, must be given at or after 4 years of age and a minimum interval of 6 months from the previous dose. 2) Students who received 4 doses (with at least 4 weeks minimum intervals between doses and/or before the age of 4 years) PRIOR to August 7, 2009, have met the requirement. OPV given prior to April 1, 2016, will be presumed to be trivalent and therefore acceptable, regardless of age, or country, of administration. Any OPV doses administered on or after April 1, 2016, are presumed to be bivalent and therefore unacceptable. Poliomyelitis vaccine is not recommended in the U.S. for individuals 18 years of age or older; however, a complete series is still required for school attendance.
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 4 weeks between dose 3 & 4	
	dose 4	4 years	At least 6 months between final dose and previous dose (could be final dose 3 or final dose 4)	
MMR Measles, Mumps and Rubella	dose 1	12 months	At least 4 weeks (28 days) between dose 1 & 2	<ul style="list-style-type: none"> If MMR dose 1 was given between 6 months old and 4 days prior to the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day 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	At least 3 months between dose 1 & 2 4 weeks (28 days) between doses if administered at age 13 or older	<ul style="list-style-type: none"> If varicella dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
DTaP, Tdap, Td Tetanus, Diphtheria, and Pertussis	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> DTaP is licensed for children through age 6. If catch-up doses are needed at age 7 or older, Tdap or Td should be used to start/complete the series. A Tdap given at age 7-9 years of age does not count for the 11-12-year-old Tdap requirement; a Tdap should be given once 5 years have passed since the last dose of tetanus-diphtheria-containing vaccines was given. Retrospectively, if a child received a Tdap at age 10 as part of a catch-up series, or inadvertently earlier than the recommended age of 11-12, the dose may be counted as the adolescent dose and is acceptable to meet school requirements. Once a valid adolescent Tdap dose has been received, a tetanus booster is recommended when 10 years have passed since last dose of tetanus-containing vaccine Refer to DTaP, Tdap, Td (Diphtheria, Tetanus, Pertussis) Grades K-12 Flowcharts
	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	At least 6 months between dose 4 & 5	
	dose 5	4 years	In general, a child should not receive more than 4 doses prior to the 4 th birthday or a total of 6 doses prior to the 7th birthday; however, the child should still receive a dose at/after 4 years of age and at least 6 months from previous dose	
MenACWY, MenABCWY, MCV4 Meningococcal	dose 1	10 years	<p>CDC recommends routine MenACWY vaccination for:</p> <ul style="list-style-type: none"> All preteens and teens at 11 to 12 years old with a booster dose at 16 years old Children and adults at increased risk for meningococcal disease <p>CDC recommends routine MenB vaccination for:</p> <ul style="list-style-type: none"> People 10 years or older at increased risk for meningococcal disease <p>CDC recommends MenABCWY vaccination as an option for:</p> <ul style="list-style-type: none"> People 10 years or older who are getting MenACWY and MenB vaccines at the same visit. 	<ul style="list-style-type: none"> Only quadrivalent meningococcal (MenACWY: Menveo or MenQuadfi) or pentavalent meningococcal (MenABCWY, Penbraya) vaccine doses will be accepted. The vaccines given currently in the U.S. are Menveo (quadrivalent), MenQuadfi (quadrivalent), and Penbraya (pentavalent). Menactra was discontinued in 2022 and was replaced by MenQuadfi. No monovalent or bivalent meningococcal vaccinations will be accepted (MenA, MenB, MenC, or MenC/Y). Refer to Vaccines for Meningococcal CDC Refer to Use of the Pfizer Pentavalent Meningococcal Vaccine Among Persons Aged ≥10 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 MMWR



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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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