

Paseo Pointe Preschool Registration 2024-25

Agreement Start and End Dates: August 05, 2024 to May 21, 2025

Located at Paseo Pointe School

Student Information				
Child's Name:	Birth Date:///	Age on Aug 5:		
Address:	Birth Date:/Age on Aug 5: City Zip code			
Parent/Guardian Information				
Parent #1 Name:	Contact Phone Number:	Email:		
Parent #2 Name:	Contact Phone Number:	Email:		
Plans and Fees Non-Refundable Fees: \$75.00 Registration Check the box for the plan(s) for which you		arly)		
□ Preschool Only: Weekly Fee \$155.00		before 7,25 and must be nicked up by 2,25		
□ Preschool + AM: Weekly Fee \$185.00		vejore 7.25 and mast be picked up by 2.35		
□ Preschool + PM Care: Weekly Fee \$2	·			
□ Preschool + AM/PM Care: Weekly Fe	·			
<u> </u>	·	if not ourrently onrolled in DNA Care)		
□ <u>Drop- In Early Release Day:</u> \$25.00 Pe	•	ij not currently enrolled in PM Care)		
Drop- In Morning Care: \$20.00 Per D	•			
□ <u>Drop- In After Care:</u> \$20.00 Per Day (Any time after 2:35 p.m.)			
Read and Initial Each Statement Belo	w·			
I have read, understand, and agree to adhere to the				
I understand <u>if my tuition payment is not paid before</u>		e my space.		
I understand NO CREDIT will be given for days tha				
A TWO-WEEK WRITTEN NOTICE IS REQUIRED TO	STOP OR DECREASE SERVICES.			
I understand that if my child is registered for the "day. If I pick up late (after 2:35) I will be billed	Preschool Only" plan and I arrive early (before 7: an additional \$20 for that day or \$75.00 if it is for			
I understand I am responsible for my child's lunch Qualified families may apply for free or reduce		ourchase one. School lunches are \$2.50 per meal.		
I understand my child must be toilet-trained to att	tend these programs.			
I understand my child cannot attend unless he/she participate in the preschool program.	e is in good health, has no fever and no current he	ealth issues that make it unsafe for my child to		
This agreement is subject to change to meet the n	eeds of the Laveen School District.			
I give permission for my child to be photographed pictures and/or videotapes reproduced in the school/district website	or videotaped in a child care setting, including pumedia and/or school-related publications such as			
Parent /Guardian's Signature	 Date			

DFS	Authorized Services					
	I understand if my DES services stop, I an I understand if I fail to follow DES rules re I will be responsible for that day's tuition	egarding times and sign fees.	nature	s on the attendance	sheet	
	I understand I am responsible to pay any	charges DES does no	t cove	r including weekly fe	9 es.	
Reg	istration will not be accepted witl	hout the followin	g do	cumentation at	ttached:	
	Completed registration form with si				ncy information form	
	Immunization record	=		IEP (if applicab	le)	
	Court papers (if applicable)				•	
If yo	ou wish to change your original	registration you	mu	st complete a i	new registration form.	
-		-		-	te at the Kids Club office located at	
	ert Meadows School.					
Nev	v registration form submitted or	1:	Cha	nge effective o	date:	
	fee will be assessed on 3 rd regis			0	· · · · · · · · · · · · · · · · · · ·	
T						
Due	at Time of Registration:					
	Registration Fee (Non-Refundable)				
	Supply Fee (Non-Refundable)	,				
\$ Supply Fee (Not Refundable) \$ First-week Tuition Payment (Not Refundable if space if forfeited)						
	Total Due today	•		•		
		order in the desigr	nated	checkboxes. Cash	n payments can only be made at the Kids	
Club	office.					
Star	t Date:					
Jtai	t bate.	_				
For	Office Use Only					
	Care Information: Parent/ Guardian	Office Copy]	
Bill	ing	Site Copy			1	
Lec	lger/Tracking	DES Authorization	Rece	eived]	
Bill	ed Registration/Supply / 1st Week	School Emailed or	1:			

Processed By:

Information: Rosters