



RKZ

CHRISTIAN PRESCHOOL

CONTACT:

623.374.4378

INFO@RKZPRESCHOOL.COM

WWW.RADIANTPRESCHOOL.COM

15522 W. PARADISE LN. SURPRISE, AZ 85374

Registration Guidelines

NO ENROLLEMENTS WILL BE ACCEPTED UNLESS ALL PAPERWORK IS COMPLETED AND RETURNED. Please read the Parent Handbook on our website (www.radiantpreschool.com) thoroughly as some policies and programs have changed. Part-Day classes are filled on a first-come, first-filled basis; Full-Day classes are filled subject to availability.

PAPERWORK TO BE COMPLETED AND RETURNED

(Re-Enrollments must resubmit all paperwork and Immunization Records)

- ☐ Full Day/Part Day Enrollment Form
- ☐ Child Profile Sheet
- ☐ Emergency Information & Immunization Record Form
- ☐ Parental Agreement Form
- ☐ Copy of Immunization Record
- ☐ Individual Photo of Child (no larger than 4x6)
- ☐ Registration Fee (CHECKS, CASH or CREDIT/DEBIT CARD)
- ☐ Talent Release Form

EMERGENCY INFORMATION AND IMMUNIZATION FORM

- Please complete **ALL** lines of the form (front and back), including Mother AND Father signatures (if applicable). If something is not applicable, write "NA".
- Must provide doctor/hospital name, address and telephone number.
- Must provide THREE emergency contacts in addition to mother/father. Contacts must have name, address and telephone numbers.
- ***Please note that the emergency contacts must be different than the parent/guardian***

Commonly Used Doctor/Hospital Information

Arrowhead Pediatrics
14300 W. Granite Valley Rd
Sun City West, AZ 85375
(623) 556-5437

Cactus Children's Clinic
5310 W. Thunderbird Ave
Glendale, AZ 85306
(602) 978-2500

Desert Valley Pediatrics
15264 W. Brookside Lane #155
Surprise, AZ 85374
(623) 877-7337

Surprise Pediatrics
14239 W. Bell Rd.
Surprise, AZ 85374
(623) 876-9983

Arrowhead Community Hospital
18701 N. 67th Ave
Glendale, AZ 85308
(623) 561-7111

Del Webb Hospital
14502 W. Meeker Blvd
Sun City West, AZ 85375
(623) 214-4000

Thunderbird Samaritan
5555 W. Thunderbird
Glendale, AZ 85306
(623) 588-5555

West Valley Hospital
13677 W. McDowell Rd
Goodyear, AZ 85338
(623) 882-1500

Luke AFB Pediatric Doctor/Hospital
Luke AFB
(623) 856-2273

Part/Full Day Enrollment Form

Child's Name _____ Birth Date _____ Start Date _____

Street Address _____

City _____ State _____ Zip _____

Mother/Guardian _____ Father/Guardian _____

Mailing Address _____ Mailing Address _____

city state zip city state zip

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Address _____ Address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email (*required): _____

PART DAY ENROLLMENT

Please circle your program preference from the following programs:

Seahorse Class Only:

T/TH, 3 yr old//8-11am T/TH, 3 yr old//12:30-3:30pm MWF, 4/5 yr old//8-11am
MWF, 4/5 yr old//12:30-3:30pm

All Classrooms:

5 half days (4 hours or less-birth through 5)

FULL DAY ENROLLMENT (Up to 10 hours per day)

Please Circle Days of Attendance: 2 days (T/TH) 3 days (MWF) 4 days 5 days

List Days of Attendance: _____

Mother/Guardian _____ Father/Guardian _____

For office use only

Start Date _____ Classroom _____

Registration Fee \$ _____ Cash _____ Check _____ Credit Card _____

_____ Copy to Teacher _____ Allergy list updated _____ Monthly Sign-In Sheet _____ Key Card

Child Profile

This information is for the use of the Radiant Kidz Zone's staff to better understand and work more effectively with your child. All information will be kept confidential.

CHILD'S NAME _____ BIRTHDATE _____

Mother/Guardian Name _____ Occupation _____

Father/Guardian Name _____ Occupation _____

Is there an unusual situation in your home that we should be made aware of that would help us in understanding and working more effectively with your child? (Recent baby, marriage, divorce, death, new step-parent, adoption, CPS or foster placement, etc.) _____

With whom does your child reside? _____

Is there a court ordered parent plan in place or custody arrangement? _____
(If yes, please provide a copy for the child's file.)

Is there any person not permitted to pick up your child? _____

Does your child have difficulty communicating verbally? _____

Do you have any areas of concern regarding your child's development/skills? _____

Has your child been assessed by a development preschool or have an IEP or IFSP? _____

What languages are spoken in your home? _____

Does your child have any medical and/or behavioral problems that we should be made aware of? _____

Does your child have any allergies, including food allergies? _____

Please list: _____

Does your child require any life saving medications (i.e. Epinephrin, Benadryl, inhalers, breathing treatments)? _____

Is your child fully potty-trained without use of Pull-Ups (including nap time)? _____

Does your child have siblings (name and age)? _____

Signature of Parent/Guardian _____ Date _____

For office use only

Start Date _____ Classroom _____ F/T OR P/T _____ AM/PM _____

Days: Mon _____ Tues _____ Wed. _____ Thurs _____ Fri _____

_____ Copy to Teacher _____ Allergy list updated



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: ☐ male ☐ female

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

Father 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.

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:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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? If yes , describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	☐ No ☐ Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes , list precautions:	☐ No ☐ Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes , specify procedure:	☐ No ☐ Yes
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.)? If yes , list precautions:	☐ No ☐ Yes
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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CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize RADIANT KIDS ZONE (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

Please contact RKZ Administration for credit cards accepted

Child's Name				
Cardholder Name			Phone #	
Cardholder Billing Address			Card Number	
City	State	ZIP	Expiration Date	CVV Number
Cardholder Signature			Date	

BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize RADIANT KIDS ZONE (called "CENTER" in this Authorization) to initiate recurring debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the United States Law. **This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.**

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Child's Name				
Name			Phone #	
Billing Address			Account Number	
City	State	ZIP	Routing Number	
Bank or Credit Union Name ☐ Checking ☐ Savings			Bank or Credit Union Address	
Signature			Date	

**Tuition Express is an assumed business name of Blum Investment Group, Inc.*

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

For Official Use Only
Date Received: _____
Employee Signature: _____

Radiant Kidz Zone Tuition Policy
(Revised June 18, 2014)

PAYMENT SCHEDULE

Full time Students: For your convenience, tuition may be divided into two equal monthly payments. Each payment is the same regardless of holidays, long months, short months, Christmas Break, Spring Break, teacher/staff development days, vacations, and absences of children.

Part Time Students: Tuition is only billed monthly.

Please note, we do not charge extra for months that have five weeks versus only four weeks. Make-up days are not permitted nor will parents be reimbursed for absences.

Tuition is based on your child's classroom ratio and does not change if your child has a birthday during the school year.

TUITION PAYMENTS

Effective August 4, 2014, all tuition payments must be paid by Tuition Express. Initial registration fee and first tuition payment must be paid in advance of first day.

Tuition is billed on the 1st of the month. If your child is full time and you have selected the bi-monthly billing option the second payment will be billed on the 15th of the month. If billing dates fall on a weekend or holiday the payment will be due on the next business day. A late fee of \$30 will be assessed if Tuition Express payment is rejected. It is the parents' responsibility to make sure that payment is received on the date due. Rejected tuition express payments may or may not be automatically reprocessed. All delinquent payments, including any fees, must be paid before your child will be allowed to attend the center again. Should your payment remain delinquent for a period in excess of three (3) business days, your child's space may be lost. Please note that tuition is due in advance of services rendered.

Any applicable discounts will be automatically applied to accounts. Only one discount and/or coupon will be permitted per family. RKZ reserves the right, at its sole discretion, to withdraw, modify and/or terminate any coupon/discount program.

LATE PICK-UP

Radiant Kidz Zone charges a \$5.00 per minute late fee per child. Late pick up fees will be charged to your account and must be paid within that week. If you are going to be late, please call us so that your child will not worry. If you are late picking up more than three times in one year, Radiant Kidz Zone reserves the right to disenroll your child from our program.

REFUND POLICY

Refunds will only be granted if there is an administrative error. RKZ will not reimburse any tuition for a voluntary or behavioral disenrollment.

I agree to the terms and conditions of the Radiant Kidz Zone Tuition Policy.

Signature

Date

Print Name

Department of Economic Security ("DES") Policy

ENROLLMENT

Any families receiving childcare/family assistance for childcare payment through the Department of Economic Security must have a completed registration packet turned in to RKZ 48 hours prior to the child starting preschool. RKZ must also receive a Verbal Notification from DES prior to the child's start date.

Parents/guardians are required to sign the DES Family Agreement for Changes form upon enrollment.

PAYMENTS

Parent's/guardians are responsible for the co-payments authorized by DES due by the 15th of each month for the prior month's services. Tuition is charged based on the days and hours the child attends. All parents/guardians must have a completed Tuition Express form completed with current billing information on file. The tuition will be processed automatically on the 15th of each month, or the next business day if the 15th is on a holiday or weekend. No exceptions.

All delinquent payments, including any fees, must be received within 3 business days of the 15th before the child will be allowed to attend the center again. Should an account remain delinquent past the 3 business day grace period your child's space may be lost.

SIGN IN/OUT

Parents are responsible for signing their child in and out each day using accurate times-no rounding. Any days not signed in or out correctly will not be covered by DES and the parents will be responsible for the full daily tuition rate.

I agree to the terms and conditions of the DES Policy.

Signature

Date

Print Name

RADIANT KIDZ ZONE BITING POLICY

Biting is a developmentally appropriate behavior observed in young children as they learn to cope with their feelings and environment. Biting occurs for a variety of reasons and is most common in children nine months through 30 months. Generally, children over the age of three have developed verbal skills and are able to communicate.

Experts in the field of child development tell us that biting occurs primarily as a result of a child's inability to communicate. Children may become frustrated by a new experience, such as another child taking away their toy, or by being around many other children in a child care setting, and may respond by biting.

While biting during the toddler years is developmentally appropriate, it is upsetting to parents and caregivers when it occurs. The goal of our policy is to help correct the child's undesirable behavior and to ensure the health and safety of everyone in our program. Children who bite will be observed by the teacher in the classroom for frequency and cause. Each biting incident will be written up and placed in the child's file. The Center Director will be notified of all biting incidents.

If biting occurs the following steps will be followed:

1st Biting Incident:

The biting incident will be documented and placed in the child's file. If the bite broke the skin, the parents will be called and be asked to remove their child for the remainder of the day. The child may return to the center the following day.

2nd Biting Incident:

The biting incident will be documented and placed in the child's file. If the bite broke the skin, the parents will be called and be asked to remove their child for the remainder of the day. The child may return to the center the following day. Parents will be notified and may be requested to have a conference with the teacher and/or the Director to address the biting issue. The purpose of the meeting will be to work on strategies in the classroom and at home to prevent biting. The parents may also be asked to shadow their children for one day in the classroom to observe their behaviors.

3rd Biting Incident:

The biting incident will be documented and placed in the child's file. If the bite broke the skin, the parents will be called and be asked to remove their child for the remainder of the day. After the 3rd biting incident of breaking the skin, the parents may be asked to remove their child from the center for the safety of other children.

Biting Disclaimer

Each biting incident will be evaluated based upon the severity of the bite. Radiant Kidz Zone reserves the right to ask a child to be removed IMMEDIATELY from the facility on a permanent basis, regardless of what incident the child has received, for the safety of our staff and children.

NOTE:

If a bite breaks the skin on any incident, Radiant Kidz Zone requests that the parents pick up their child from the center within one (1) hour of the call being placed.

Confidentiality of the biter will be kept by the center and therefore parents and teachers are asked not to discuss names of children that have been bitten or who bit their own child.

RECEIPT AND ACKNOWLEDGEMENT OF THE RADIANT KIDZ ZONE BITING POLICY:

I, _____, have read and understand the Radiant Kidz Zone Biting Policy. I agree to hold harmless Radiant Kidz Zone and Radiant Church of any fees that may be incurred as a result of a biting incident, including medical and hospital fees. I also understand and agree that I will keep the biting incidents confidential and not disclose information to other parents or staff members.

Signature

Date

Print Name

Child's Name(s)

Radiant Kidz Zone Parental Agreement

(Please initial on each line)

1. ___ I understand that ADHS mandates a legible first and last name signature with time on the sign-in / sign-out pages. I also understand that I must check my child(ren) in and out using the computer check-in / check-out system.
2. ___ I understand that yearly tuition is divided into equal monthly payments. Each monthly payment is the same regardless of holidays, long months, short months, Christmas break, staff development days, vacations, and children's absences.
3. ___ I understand that Part Day program tuition payments will be automatically deducted each month on the 1st by Tuition Express. Full day tuition payments can be divided in half and applied on the 1st and 15th. This will be managed by Tuition Express. If the 1st or the 15th falls on a weekend or holiday, tuition will be charged on the next business day (Although we process on the 1st & 15th, or next business day, the charges may not be taken out of your account for a couple days depending on your bank).
4. ___ I understand there is a \$30.00 charge for NSF fee if my card is declined. I understand that if this payment is not made within 3 business days of the due date it will result in my child being dis-enrolled from the program and a new registration fee will be applied for re-enrollment.
5. ___ I understand there is a late pick-up fee of \$5.00 per minute for every minute you are late to pick up per child.
6. ___ I am aware of Radiant Kidz Zone's closure dates, including all major holidays, Good Friday, and staff development days.
7. ___ I understand that my child's immunization records must be kept updated at all times and an updated copy provided to Radiant Kidz Zone.
8. ___ I understand that children not potty-trained must have disposable diapers and wipes provided by parents.
9. ___ I understand that I must provide one photo that is not larger than 4"x6" for the emergency form that will be kept in the office.
10. ___ I understand that I must provide a standard size crib sheet (sleeping mat cover) for children ages 1 – 5 enrolled in the full day program and labeled with the child's first and last name. The crib sheet must be taken home and laundered weekly. No pillows are permitted.
11. ___ I understand I must provide a complete change of clothing in a Ziploc bag labeled with the child's first and last name and must include underwear, socks, and shoes.
12. ___ I grant permission for my child to be photographed for classroom use and Radiant Kidz Zone use only. (Photos may be emailed to parents from time to time, upon request).
13. ___ I understand that medications (other than life threatening) will not be administered to children by Radiant Kidz Zone staff.
14. ___ I grant permission for my child to take "walking field trips" (if applicable) around Radiant Church and the Radiant Kidz Zone campus.
15. ___ I have read and agree to the policies and procedures in the Radiant Kidz Zone Parent Handbook (available online).
16. ___ I understand that if my child reaches a temperature of 101 or greater they are required to be picked up within one hour of parent notification. If the child's temperature reaches 104, 911 will be called and the child will be transported to the nearest hospital at the cost of the parents.
17. ___ I understand there is an \$80.00 registration fee for one child and a \$120.00 registration fee for two or more children payable upon enrollment.
18. ___ I understand there is a \$6.00 fee for additional or replacement key cards.

Parent's Signature

Date

RKZ Signature

Date



Statement of Services

- Radiant Kidz Zone is a childcare and early learning center for ages infant (6 weeks) through preschool (5 years) and school age (K-4th grade).
- Hours of operation are 6:00am to 6:00pm Monday through Friday.
- Radiant Kidz Zone does not provide transportation.
- Radiant Kidz Zone is a licensed facility regulated by the State of Arizona DHS, 150 N. 18th Avenue, Phoenix, AZ 85007 (602) 364-2539.
- All inspection reports are available for review upon request of the Director.
- Proof of liability insurance can be obtained from the Director.
- Radiant Kidz Zone does not administer medication. With written permission and instructions from the child's doctor, Radiant Kidz Zone will administer EpiPens or breathing treatments if the need arises. Prior notification and a medical release form MUST be signed and dated by the parent or guardian and kept on file in the office.
- Radiant Kidz Zone does not participate with offsite Field Trips. Parents sign a release form allowing walks on Radiant property when needed.
- Our discipline philosophy is designed to help children learn self-control. When a child's behavior is inappropriate, we use a variety of techniques to assist the children with learning how to recognize their feelings and manage their reactions. We believe that teachers create environments for learning that decrease inappropriate behavior. Our trained teachers support activities that engage the child in learning in a positive environment. Occasionally "Time Out" is needed as a "cooling off" period for the child to gain control. Teachers may also remove a child from an area to have some quiet time and talk about behavior with that child.

Please review our parent handbook online for a full range of our programs and service. If you have any questions, comments, or concerns please feel free to contact one of the following RKZ staff members by calling (623) 374-4378.

Director: Janelle Davis
Assistant Director: Tami Warren

RADIANT CHURCH TALENT RELEASE

In consideration of the opportunity to provide certain statements and/or to participate in photography and/or audio/video recording relating to Radiant Church or its affiliated agencies, I, _____, for myself and/or, in the case of a minor over whom I have guardianship, agree as follows:

1. I hereby consent to the recording of statements, photographs, and or audio or video recordings of me or the minor by Radiant Church or its contractors.
2. All statements, photographs, and/or audio or video recordings taken of me or the minor by Radiant Church or its contractors, may be used by Radiant Church for promotional, commercial, or other purposes as determined by Radiant Church anywhere in the world in its sole discretion. Neither I nor the minor shall have any right to control the use, publication or broadcast by Radiant Church of the statements, photographs, and/or audio or video recordings.
3. All statements, photographs, and/or audio or video recordings taken of me or the minor by Radiant Church or its contractors, shall be the sole property of Radiant Church. Neither I nor the minor shall receive any compensation in connection with the use by Radiant Church of the statements, photographs, and/or audio or video recordings for promotional, commercial, or other purposes.
4. On behalf of myself and/or the minor, I hereby release, waive, and discharge any claims of any kind or nature arising out of or relating to the use of the statements, photographs, and/or audio or video recordings against Radiant Church or any person or firm authorized by Radiant Church to publish said materials. Such release, waiver, and discharge shall also extend to all affiliated companies, agencies, shareholders, directors, officers, employees, agents, and assigns of Radiant Church and any publisher.
5. This release shall be binding upon me and/or the minor and our respective successors, heirs, assigns, executors, administrators, spouse, and next of kin.
6. I HAVE READ THIS DOCUMENT AND I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS ON BEHALF OF MYSELF AND/OR THE MINOR (INCLUDING RIGHTS RELATING TO PUBLICITY AND PRIVACY WITH RESPECT TO THE COMMERCIAL USE OF ANY STATEMENTS, PHOTOGRAPHS, AND/OR AUDIO OR VIDEO RECORDINGS) AND I SIGN THIS FREELY AND VOLUNTARILY.

Printed Name of Parent/Guardian

Printed Name of Participant or Minor

Signature of Parent/Guardian

Date