LEMAN ACADEMY of EXCELLENCE PRESCHOOL

PRESCHOOL ENROLLMENT PACKET

KEEP IN MIND...

- When filling out forms, it's important to ensure that all fields are completed accurately to avoid any processing delays or misunderstandings.
- If a field does not apply to your situation, you should write “N/A” (not applicable) in the space provided. This indicates that you have not overlooked the question and clarifies that the information requested is not pertinent to your circumstances.
- There must be at least two alternate pick up names (first and last) and phone numbers listed.
- Please write clearly!

Forms CHECKLIST

Please ensure that all required forms are fully completed before submitting your enrollment packet to the Director of the Preschool Program in which you would like to enroll.

- [ ] Application Form - complete all areas
- [ ] Parent Policy Agreement - each line is initialed and signature at bottom
- [ ] All About Me - provide as many details as you can
- [ ] Emergency Card - no blank answers, signed and dated & a copy immunization record or request a waiver
- [ ] Photo Consent - choose ONE option. *If you choose the 3rd option, NO pictures will be taken or shared, even in the Procare app.
- [ ] Automated Payment Form - complete ONE section for payment processing each week - THIS IS THE ONLY WAY TO SET UP AUTOPAY. Cards saved on file in the Procare app are not linked for autopay.

LEMAN ACADEMY of EXCELLENCE PRESCHOOL

APPLICATION FOR PRESCHOOL ADMISSION

Today's Date:_____ 2027-2028 School Year

What Campus are you applying for? Central Campus □ East Campus□ Marana Campus □ Oro Valley Campus□

Choose one of the schedule options below:

□4-5 Full Days □ 4-5 Half Days □ 3 Full Days □ 3 Half Days □ 2 Full Days □ 2 Half Days

I am open to the following alternate schedule(s) based on program availability:

□4-5 Full Days □ 4-5 Half Days □ 3 Full Days □ 3 Half Days □ 2 Full Days □ 2 Half Days

Scholar's Name: First _____ Middle _____ Last _____

Nickname: _____ Birth Date: _____ Age: _____ □Male □Female

I have: □ IEP □ IFSP □ None (If your child has an IEP or IFSP, it must be submitted upon enrollment)

Name of child care provider most recently attended, if any.

Name: _____Phone #: _____

Name: _____Phone #: _____

Name and ages of siblings: _____

Do they attend Leman Academy:□Yes □No I have a Procare Account □Yes □No □Unsure

	PARENT / GUARDIAN - 1	PARENT / GUARDIAN - 2
Full Name:		
Relationship to scholar:		
Phone:		
Email:		
Address:		
City, State, Zip code:		

Leman Academy Preschool admits students of any race, color and national or ethnic origin.

LEMAN ACADEMY of EXCELLENCE PRESCHOOL

PARENT POLICY AGREEMENT

To enroll your child at Leman Academy Preschool, please review, initial, and acknowledge the following criteria:

___Tuition is due on Mondays. If tuition is not received by Wednesday at 6 pm, a late fee of $25 will be charged.
___A Procare "Automated Payment Processing" form must be on file.
___Tuition is based on **contract schedule, not attendance,** with the exception of camp weeks.
___I understand if I receive childcare subsidies or scholarships, any fees not covered by these funds will be my financial responsibility.
___If more than 10 hours of child care is needed per day, an additional fee of $10.00 will be charged.
___If my account is delinquent for more than one week, my account may be suspended until my account is made current. Scholars may not attend Preschool if accounts are suspended.
___An annual, non-refundable registration fee of $125 per child or $150 per family is due at the time of enrollment.
___Leman Academy Preschool is open from 7:00 am to 6:00 pm. A late fee of $20.00 per child plus $1.00 per minute will be applied for pick-up after 12:30 pm for Half Day or 6:00 pm for Full Day.
___Drop off times are between 7:00 am and 8:30 am. Director approval is required for drop-offs after 8:30 AM.
___It is a parent/guardians responsibility to ensure that their child has a nutritious and well-balanced lunch each day.
___Our naptime is scheduled from 12:30 pm to 2:00 pm. We expect all students to rest quietly during this period. **Disruptive behavior during naptime will result in parents being contacted for pickup and persistent disruptive behavior may result in a schedule change to a half day schedule.**
___Child Protective Services will be notified after half an hour if listed emergency contacts cannot be reached for late pick up.
___Notifying the Director at Leman Academy Preschool of any changes in contact information is my responsibility.
___If my child's behavior becomes unsafe for others or themselves, I will be asked to pick them up from school. Continued unsafe behavior may result in my child's disenrollment from the program.
___**I understand that in the event of my child's illness or misbehavior, someone will be available to arrive within 30 minutes of notification.**
___If my child is ill, they must be symptom-free without the use of medication for 24 hours or have a doctor's note stating that the child is "not contagious" before returning to Leman Academy Preschool.
___Leman Academy Preschool communicates with parents mainly through our Procare App. Please notify the Director of other communication preferences if needed.
___Federal Holidays are accounted for in the set weekly tuition, **therefore it is not pro-rated if a Federal Holiday falls on a scheduled school day.**
___One vacation week per year, **per account**, is allotted and can be used at the family's discretion as a full week with no attendance. This will renew yearly in August and will not roll over to the following year.
___Leman Academy Preschool may be closed for staff professional development to better enrich our preschool program. Notice will be given a month in advance. Annual professional development dates are on the Preschool calendar.
___I understand that I must provide a two week written notice of withdrawal from the program. If this notice is not provided, I agree to pay all tuition and fees for two weeks, whether or not my scholar attends.
___I acknowledge that full potty-training is a prerequisite for my child's enrollment in Leman Academy Preschool. Failure to meet this requirement may necessitate withdrawal from the program due to repeated accidents.
___I understand it is my responsibility to sign my scholar in and out of preschool each day.
___A parent or someone over the age of 18 must pick up and sign my child in and out of Leman Academy Preschool. Written permission must be given for anyone other than those listed as emergency contacts to pick up my child. Photo identification will be required at the time of pick-up.
___I confirm that I have read and accepted the rules and regulations outlined in the Family Handbook for Leman Academy of Excellence Preschool. The Family Handbook is on our Preschool webpage and a printed copy is available in the Preschool office.

_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Name (Signature)	Date

LEMAN ACADEMY of EXCELLENCE PRESCHOOL

ALL ABOUT ME

This confidential questionnaire is to help us support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By provide complete information about your child, you will be assisting us in creating a positive experience for your child while in our care.

Scholar's Name: _____ Date of Birth: _____

Parent/Guardian completing this form:_____ Custody agreement on file: □ Yes □ No

What is your preferred method of communication? □ Email □ Phone Call □ School use Procare App

Has your scholar previously attended child care? □ Yes □ No
If yes, what type of setting(s) was your scholar in? (*Childcare Center, in-home daycare, etc.*)_____

Are there any holiday celebrations that you **DO NOT** want your scholar to participate in?
_____

Would you like to volunteer? **YES** **NO** If yes, which of the following would you be interested in:

TEACH ABOUT MY CULTURE/HERITAGE **TEACH ABOUT MY OCCUPATION** **READ WITH SCHOLARS/HELP IN THE CLASSROOM** **ANYTHING NEEDED**

What is important to you about your scholar's care?
_____

Does your scholar prefer to play alone or with other children? □ Alone □ Other Children

Does your scholar have a favorite toy of comfort object? □ Yes □ No
If yes, what? _____

What is your scholar's current sleep schedule?
_____

Does your child fall asleep easily? □ Yes □ No

What is your scholars mood like upon awakening?
_____

What does your scholar like?
_____

What does your scholar dislike or avoid?
_____

Special things you say or do to comfort your scholar are:
_____
_____

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ALL ABOUT ME

How do you know when your scholar is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other: _____

How does your scholar react when:

Something unexpected happens:

_____

Something happens they don't like:

_____

They are scared:

_____

Other:

_____

Does your scholar have any health issues? □ Yes □ No

If yes, please explain:

_____

_____

Has anything happened recently in your scholar's life that might affect them? □ Yes □ No

Events at home often influence a child's behavior, for example, changes in the family, such as new siblings, separations or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your scholar needs.

If yes, please explain:

_____

_____

Is there anything else you would like to share about your scholar to help us create a positive environment and relationship with your scholar?

_____

_____

_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Name (signature)	Date
_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Name (signature)	Date

ADMIN USE ONLY:

Photo Consent: All No Restricted

Schedule: _____

ARIZONA
DEPARTMENT OF
HEALTH SERVICES

License# or Facility Name:_____

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

Child's Name:	Date Enrolled:	Sex: ☐ male ☐ female
Home Address:		
Date of Birth:	Date Disenrolled:	Updated:

Parent or Guardian Name:	Home Address:
Phone:	Email Address:

Parent or Guardian Name:	Home Address:
Phone:	Email Address:

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 and R9-5-716, 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:

*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:

☐	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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CONSENT TO PHOTOGRAPH AND VIDEO RECORD

SCHOLAR PHOTOGRAPHY/ VIDEO/ MEDIA RELEASE FORM

Throughout the year, numerous memorable moments will occur in our Preschool, and we aim to capture these moments through photos and videos. We would appreciate your permission to use any pictures or videos of your child on our Instagram, Private Facebook, and Procare platforms, as we believe in sharing our learning adventures with our educational colleagues and communities. Please indicate your preference below.

Please check **ONE** of the following for photography/video release:

☐ I approve of Scholar Information and Photograph/Video/Media Release without reservation, compensation or restrictions.

☐ I approve of Scholar Information and Photograph/Video/Media Release for school/class pictures, cubbies, portfolios and Yearbooks. I understand these pictures will only be used for individual pictures, pictures in school used only app, class pictures, cubbies, portfolios and Yearbooks used inside the classroom

☐ I DO NOT approve of any Scholar Information or Photograph/Video/Media release for my child. I understand this means my child may not be photographed, videoed or interviewed under any circumstances including outside agencies. (Please Note: This option includes, but is not limited to, school pictures (individual), class pictures and/or yearbook pictures).
*Does not apply to DCS officials

_____

I understand that I may revoke or change these permissions at any time. In order to do so, I will need to complete and resubmit this document to the Preschool Office.

Scholar Name: _____ Date of Birth:_____

Parent Name: _____Parent Signature: _____

Automated Payment Processing

Safe. Convenient. Easy.

Procare SOLUTIONS

Weare excited tooffer 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) Leman Academy of Excellence 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 (Credit Card)

Scholar Name: _____

Cardholder Name | Phone #

Cardholder Address | City | State | Zip

Card Number (VISA or MASTERCARD ONLY) VISA MasterCard | Expiration Date | CVV

Cardholder Signature | Date

SECTION B (Bank Account)

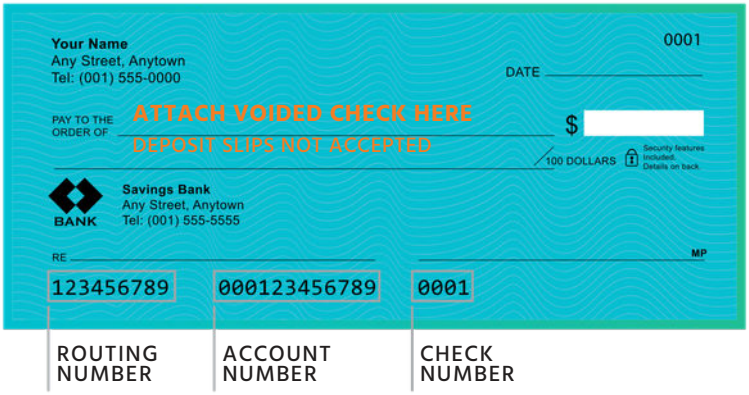
Your Name | Phone #

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) | ☐ Checking ☐ Savings

Authorized Signature | Date



FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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