



Estrella Foothills Preschool Registration 2025-26

Agreement Start and End Dates: August 04, 2025 to May 20, 2026

Located at Estrella Foothills School

Student Information

Child's Name: _____ Birth Date: ____/____/____ Age on Aug 4: _____
Address: _____ 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 Fee + \$75.00 Supply Fee (Due Yearly)

Check the box for the plan(s) for which you are registering:

☐ Preschool Only: Weekly Fee \$160.00 (8:00-3:00) *Student cannot be signed in before 7:55 and must be picked up by 3:05*

☐ Preschool + AM: Weekly Fee \$195.00 (6:30-3:00)

☐ Preschool + PM Care: Weekly Fee \$230.00 (8:00-6:00)

☐ Preschool + AM/PM Care: Weekly Fee \$250.00 (6:30-6:00)

☐ Drop-In Early Release Day: \$25.00 Per Day *(Early Release Dismissed at 1:30 if not currently enrolled in PM Care)*

☐ Drop-In Morning Care: \$20.00 Per Day *(Any time before 7:55 a.m.)*

☐ Drop-In After Care: \$20.00 Per Day *(Any time after 3:05 p.m.)*

Read and Initial Each Statement Below:

_____ I have read, understand, and agree to adhere to the parent handbook and payment policies.

_____ I understand if my tuition payment is not paid before service my child cannot attend and I may lose my space.

_____ I understand **NO CREDIT** will be given for days that are not used. Accounts cannot be placed on hold.

_____ **A TWO-WEEK WRITTEN NOTICE IS REQUIRED TO STOP OR DECREASE SERVICES.**

_____ I understand that if my child is registered for the "Preschool Only" plan and I arrive early (before 7:55 a.m.) I will be billed an additional \$20.00 for that day.
If I pick up late (after 3:05) I will be billed an additional \$20 for that day or \$75.00 if it is for more than one day.

_____ I understand I am responsible for my child's lunches. Your child may bring their own sack lunch or purchase one. School lunches are \$2.50 per meal.
Qualified families may apply for free or reduced meals.

_____ I understand my child must be toilet-trained to attend these programs.

_____ This agreement is subject to change to meet the needs of the Laveen School District.

_____ I give permission for my child to be photographed or videotaped in a child care setting, including public programs provided by schools, and have the pictures and/or videotapes reproduced in the media and/or school-related publications such as, but not limited to; newsletters, brochures, and school/district website

Parent /Guardian's Signature_____ Date_____

- **I am currently employed for the Laveen School District 2025-2026 school year.**
- **I understand that I must submit a copy of my 25-26 School Year Contract in order to receive a 10% employee discount. *The Drop In Program/Option is excluded from this discount.**

DES Authorized Services

_____ I understand if my DES services stop, I am subject to the same fees as cash paying participants.

_____ I understand if I fail to follow DES rules regarding times and signatures on the attendance sheet

_____ I will be responsible for that day's tuition fees.

_____ I understand I am responsible for paying any charges DES does not cover including weekly fees.

Registration will not be accepted without the following documentation attached:

- Completed registration form with signature
- New Student Enrollment Form Part 1 & 2
- Official Birth Certificate
- ADHS Emergency Information Form
- Immunization Record
- Parent/Guardian's ID
- Special Diet Form
- Court Paperwork (If applicable)
- IEP (Required if applicable)

If you wish to change your original registration you must complete a new registration form.

All changes must be done in person two weeks prior to the effective date at the Kids Club office located at Desert Meadows School.

New registration form submitted on: _____ Change effective date: _____

\$20 fee will be assessed on the 3rd registration change.

Due at Time of Registration:

\$_____ Registration Fee (Non-Refundable)

\$_____ Supply Fee (Non-Refundable)

\$_____ First-week Tuition Payment (Not Refundable if space is forfeited)

\$_____ Total Due today

Fees can be paid online or by check, money order in the designated checkboxes. Cash payments can only be made at the Kids Club office.

Start Date: _____

For Office Use Only

ProCare Information: Parent/ Guardian	Office Copy
Billing	Site Copy
Ledger/Tracking	DES Authorization Received
Billed Registration/Supply / 1 st Week	School Emailed on:
Information: Rosters	Processed By: _____