



## Profile Information

\* Required Field

Student first name\*:

Student last name\*:

D.O.B\*:

Age\*:

Preferred name:

Student's Gender\*:

Male

Female

Registering student for:

MWF: 9:30am-12:30pm

Has your child attended preschool before?\*:    \* Yes                    \* No

Number of months attended:

Student's Address\*:

Is English your child's first language?\* Yes                    No

Languages Spoken:



## Contacts Information

Primary contact name\*:

Relationship\*:

Address\*:

Contact number\*:

Work number:

Email address\*:

Secondary contact full name:

Relationship:

Address:

Contact number:

Work number:

Email address:

Custody of the child is with:

Primary Contact

Secondary Contact

Both (Joint Custody)

Other: Explain

Explain contact restrictions, if any:



## Emergency Contacts

Emergency Contact (NOT primary contacts):

Relationship:

Address:

Mobile number:

Work number:

I, hereby consent and grant permission to the following persons to collect my child (Must be 18 years or over. Please provide Full name, Address, and contact details for authorized persons:

Pick-up Passcode: Non-legal guardians will need this code in order to be able to pick up your child.

(Passcode must include at least one word and number)\*:



## Medical

Allergies, if any:

Medical conditions, if any:

Special Dietary Needs, if any:

Special Needs:, if any

Any other relevant information we may need to be aware of ?:

Insurance Carrier:

Primary Doctor:



## Informed Consent

### Consent for Protection from Elements:

I give permission to apply sun cream as necessary. Where required, I will provide clothing appropriate for current weather conditions\*:

- I have read the above and agree, or  
I agree to provide teacher with alternative arrangements/protection for my child

### Consent for Communications:

I consent to receive Monthly Newsletters via email with important updates regarding KinderNest Preschool and Afterschool Programs.:

- I have read the above and agree

### Consent for Bathroom Policy:

Toilet related accidents occur from time to time. If my child has an accident while at Phoenix KinderNest, I give my permission to have Stacey Thompson change my child's clothes, if necessary: \*

- I have read the above and agree, or  
I will come change my child every time it becomes necessary



## Phoenix KinderNest Terms & Conditions

### The standard terms and conditions:

These are the terms and conditions on which we provide educational services. Please read these terms carefully. Parents or anyone else with parental responsibility will be required (as a condition of attending Phoenix KinderNest) to accept and be bound by these Terms and Conditions.

### **TUITION PAYMENTS AND EARLY WITHDRAWAL FEES**

**TUITION:** Yearly tuition is calculated and then divided into ten equal monthly tuition payments (August-May) and is due by the 1st day of each month.

Monthly Tuition for 2023-2024 school year:

- MWF 3 hour - \$300.00

Phoenix KinderNest Preschool and Afterschool Programs follow the Alpine School District Calendar, as such we will take off the same holidays, teacher days, etc. There will be no pro-rating or credit given for holidays or classes missed. Class times are subject to change. Preschool Registration Fees, Afterschool Materials Fee, and Tuition Fees are all Non-Refundable.

**PAYMENTS:** Payments are due on the 1st day of each month. Automatic payments are preferred. We accept Venmo and debit/credit card payments. Venmo payments will have a 1.9% + \$0.10 processing fee and debit/credit card payments will have a 3% processing fee calculated onto the charge. A \$25 late fee will be added to your account if received after the 5th, or if your payment bounces back.

**EARLY WITHDRAWAL POLICY:** I understand that I am registering my child for the full term at Phoenix KinderNest and agree to pay a \$100 early withdrawal fee for preschool should I choose to cancel my student's enrollment. Withdrawal notices must be provided in writing 10 days prior to when tuition is due. Tuition for preschool and afterschool programs upon withdrawal will NOT be prorated. Verbal withdrawal notices to teachers and/or via voice mail will not be accepted.

### **REGISTRATION FEES**

Registration fees reserve my child's placement in class and help cover the cost of materials for my child's instruction. UPON ENROLLMENT I agree to have my account charged for the applicable registration fee of \$125.

### **AUTHORIZATION FOR AUTOMATIC PAYMENTS**

I authorize Phoenix KinderNest to automatically deduct monthly payments from the bank account/card provided. I understand that the balance of my account will be deducted from the designated account on the 1st day of the month. I also understand that if my payment is declined for any reason, I will be charged a service fee of \$25.00. I understand that this authorization will remain in effect until Phoenix KinderNest is notified in writing that I no longer desire the service.



### **BEHAVIOR, MEDICAL, AND DISMISSAL POLICY**

**BEHAVIOR/MEDICAL/DISMISSAL POLICY:** Phoenix KinderNest reserves the right to protect the integrity and safety of the classroom, your child, fellow students, and others within her home. In the event that you, your spouse or your child becomes disruptive or disrespectful to themselves, his/her teacher, his/her classmates or others at school or your child leaves the classroom and/or facility without permission, you may be asked to withdraw your child without refund. If your child has medical concerns, IT IS YOUR RESPONSIBILITY AS THE PARENT TO ENSURE your child's teacher is aware of the issues and any treatments that may be required. Phoenix KinderNest reserves the right to cancel services at any time, for any reason.

**CAUSE FOR DISMISSAL:** It is requisite for all students to be able to safely participate in our classroom routine. Aggressive behaviors that become a physical threat to the teacher or other students, such as hitting, biting, yelling out, kicking, etc or hiding under tables or otherwise refraining from participation in the classroom structure, would be cause for dismissal. Students who are a flight risk and cannot be kept in the safe bounds of the facility, without using physical restraint by a teacher would also be cause for dismissal.

**SPECIAL NEEDS:** Phoenix KinderNest does not have the teacher resources or training to service students with special needs or IEPs. We would recommend seeking help from your pediatrician as well as Alpine School District.

### **LATE PICK-UP AND BATHROOM POLICIES**

**LATE PICK-UP POLICY:** I understand that Phoenix KinderNest expects that each child will be picked up from class on time. I also understand that Phoenix KinderNest allows for a 7-minute window for pick up after my child's class is over. I can be charged \$1.00 for every minute past the 7-minute window.

**BATHROOM POLICY:** Phoenix KinderNest does not formally address potty training needs. Parents will be required to come change their child for all non-urination related accidents. Phoenix KinderNest does not provide a change of underwear or pull-ups for students. Parents are advised to send an extra set of clothing to school in their child's schoolbag each day.

### **SICK AND MEDICAL CARE/TRANSPORTATION POLICIES**

**SICK POLICY:** If your child exhibits any of the following symptoms they will need to remain home. Temperatures higher than 100.4, mild, cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea. Our sick policy will be strictly enforced. If you are in doubt about your child's health please keep your child home and contact your child's teacher if you would like to pick up at-home resources.

**MEDICAL CARE/TRANSPORATION POLICY:** In case of an emergency or serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

**PARTICIPATION WAIVER**

VOLUNTARY ASSUMPTION OF ALL RISKS, HAZARDS AND DANGERS: I give permission for my child to participate in activities at Phoenix KinderNest and will not hold Phoenix KinderNest or affiliated businesses responsible for any injuries or accidents which may occur at school or on its premises. Incident to my child's enrollment in Phoenix KinderNest Preschool, Afterschool Programs and related events/activities, including the risk of personal injury (including death), the risk of exposure to communicable diseases, viruses, bacteria or illnesses, including but not limited to COVID-19, or the causes thereof, sickness, or lost, stolen or damaged property, whether occurring before, during, or after enrollment, however caused, and hereby waive all claims and potential claims relating to such risks, hazards and dangers to the fullest extent of the law.

**PHOTO RELEASE**

I acknowledge that Phoenix KinderNest will periodically take, and own, visual images/videos of preschool classrooms, activities and preschool students, and I grant my permission for these images/videos to be used by Phoenix KinderNest for marketing purposes. I acknowledge that my student and I will not be compensated for these images/videos and release Phoenix KinderNest and its affiliates from any liability in connection with the use of these images/videos. We will not associate a student's photograph (but may acknowledge the class and teacher) with a name on social media without accepting permission from parents.

**ARBITRATION**

In the event of action, both parties agree to arbitration and to abide by the laws of the State of Utah. Any legal fees incurred in the enforcement of this agreement will be the responsibility of the prevailing party.

**Electronic Signature Declaration:** I have read and agree to all the above terms and conditions. By entering my name below, I am signing this agreement electronically. I agree this electronic signature is the legal equivalent of my manual signature consent to all terms and conditions set forth in this agreement. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

**I Agree**

Full Name of Parent/Carer:

Signature:

Date: