Owner: Joe Calloway

Director: Angie Jimenez

(623) 907-9938

ELITE PRESCHOOL
& LEARNING CENTER

- **Elite Preschool and Learning Center** emphasizes an individual approach to every child, with respect for all as children of God, within an atmosphere of acceptance and grace. While Elite Preschool makes its home in Grace Walk Community Church, the preschool welcomes all children, of any faith or none.

- **Registration for 2026-2027** is on-going until classes are full. A non-refundable $100 deposit fee and registration form is required upon registration to reserve your child's spot in our program. An Annual Registration Fee will be billed every Fall. Our curriculum is designed to provide a loving, safe and fun environment for children to learn and grow at their own pace. We address the social, emotional, cognitive, physical, and spiritual needs of children.

- **Our teachers** seek to celebrate the unique gifts and address the individual needs of each child in our program.
- **Our approach to faith formation and spiritual growth** cultivates love, kindness, gratitude and other important Christian virtues.
- **Our focus** is to encourage the growth of each child through exploration, hands-on learning, cooperative play, and building respect for self and others.

Tuition Rates

Age Group	*Prices*	
1 year old	*$265 Full Time*	*$175 3-day PT*
2-year-old	*$265 Full Time*	*$175 3-day PT*
Preschool (3,4 &5 years)	*$250 Full Time*	*$170 3-day PT*

- NSF fees: $35 per payable debit/credit card.
- Late pick-up fees: $25 per 15 minute per family after 6:00pm billed at time of pick-up.
- All tuition is billed **the Friday before** the week of attendance. Auto draft takes a few extra days to come out of your account.
- Tuition is paid by Visa, Master Card, or Cash (weekly $5 handling fee for cash payments) at the center.
- Rates are subject to change within a 30-day written notice

Inspection reports and pesticide information are available for upon request

ELITE PRESCHOOL
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General Checklist for Parents

Please check all of the following that apply to your student's file.

Child's Name:_____ Enrollment Date: _____

DOB:_____ Class: _____

- o Copy of Driver's License or photo ID of primary payer
- o Immunization Records
- o Tuition Rates
- o Tuition Agreement
- o ProCare and Email Setup Form
- o Sick Policy
- o Medication Policy
- o Disenrollment Policy
- o Discipline Policy
- o Getting to Know My Child/ Best of Care Form (goes to teacher)
- o Permission to Photograph my Child
- o Social Media & Marketing Consent Form
- o **Emergency Information and Immunization Record Card (Front & Back)**
- o Parent Handbook Acknowledgement Form (Posted in back of handbook)
- o Meal and Snack Guidelines & Ideas

Elite Only

Verified By: _____

ELITE PRESCHOOL
& LEARNING CENTER

Tuition Agreement

Child's name: _____ Date of Birth: _____

Class: _____

Mother/ Guardian: _____ Father/ Guardian: _____

I have enrolled my child in the following program:

Full time (M-F) _____ 3-day program _____M____ T____ W____TH ____ F____

Non- refundable $ 100 registration fee that is required upon registration to reserve your child's spot in our program.

For Admin only:

_____ Vacation Policy reviewed Parents initials: _____

Tuition & Fees

NON-REFUNDABLE **ANNUAL** REGISTRATION FEE (Due Every Fall) **$100.00/150.00 Family**

TUITION. Child 1 $_____ Child 2 $_____ Child 3 $_____ Child 4 $_____

Weekly Tuition $_____

Total Weekly Tuition Cost $_____

____ I UNDERSTAND MY TUITION MUST BE PAID BY MONDAY 6:00PM OR I WILL BE CHARGED A $25.00 LATE FEE AND MY CHILD WILL NOT BE ABLE TO RETURN UNTIL MY BALANCE IS PAID IN FULL.

On my Child's first day:

- For toddlers, please bring diapers, wipes, diaper cream, blanket, morning snack, lunch, evening snack and a complete change of clothing.
- Download the Procare application on your phone to be able to sign in and out your child. Also, you will be able to communicate with Teachers and front Office. In addition, you will receive daily updates on your child's day and activities.
- ***All registration fees must be paid in advance.***
- If you are qualified for DES, we will have you sign a DES contract and let you know your co-pays. We must receive as verbal DES authorization on file before your child can start.

_____

Parent/ Guardian Signature Date

ELITE PRESCHOOL
& LEARNING CENTER

Tuition Agreement 2026-2027

Please initials yellow spaces

_____ Tuition is billed to your account on Fridays, for the upcoming week of school. When signing up for *Procare,* your payment can be Automatically Processed from your Debit/Credit Card by selecting the auto payment button upon initial payment. the Friday before the week of attendance.

_____ Payment is DUE-NO LATER than 6:00pm Monday for the week
If payment has not been received by 6:00 Monday evening, a $25 late fee will be applied and your account and will be inactive until payment is made in full.

_____ $35 declined charge will be applied to declined payments.

Weekly Tuition reserve's your child's enrollment space and is due regardless of attendance. Tuition remains payable during school closures, including holidays, to maintain your child's reserved spot. This policy applies to all families including those enrolled through Private Pay, DES Child Care Assistance, and Quality First Scholarships.

If a student takes a leave of absence due to medical, personal or any other reason, the registered parent of guardian remains responsible for all tuition payments during the absence in order to retain the child's enrollment space.

-Refer to page 9 &10 in the Parent Handbook.

Late pick-up fees: $25 per 15 minute per family after 6:00pm payable at time of pick-up.

- All tuition is due by 6:00PM Monday for week of attendance.
- We accept Visa or Master Card via Procare App, and Cash at the front desk with a charge of $5.00 dollars for handling fees.

Rates are subject to change within a 15-day written notice.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

ELITE PRESCHOOL
& LEARNING CENTER

We use the ***Procare Childcare App*** for all things. This includes signing in and out your children, making payments, incident reports and communication between parents and teachers. Please make sure to provide both Parent/Guardian's names and emails. We will send you a setup code to the email's below as soon as we enter all the enrollment information in our system.

Parent Name: _____

Parent Email: _____

Parent Name: _____

Parent Email: _____

ELITE PRESCHOOL
& LEARNING CENTER

Sick Policy

The following list is a guideline that we follow when determining the health of A child. These guidelines are written in accordance with the Arizona Department of Health Services, Child Care Licensing. These guidelines have Been set up to help eliminate some of the problems that arise when a child Becomes ill at our center.

Children must be sent home when they become ill with any of the following symptoms:

1. **Fever:** If the fever is over 100 degrees the child cannot return to the center for 24 hours.

2. **Vomiting:** For the health and well-being of all the children you must keep your child out of school for 24 hours.

3. **Diarrhea:** We will send a child home after the third case, unless the case is severe. We reserve the right to determine on an individual basis what is severe.
4. **Any undetermined rashes**

5. **Sever nasal discharge:** Green, discolored mucous from the nose.

6. **Eye redness or discharge**

7. **Unusual child behavior**

The Department of health services, child care licensure stipulates these guidelines along with a provision that allows us to ask that a child be remove from the center for the reasons listed above.

Your child may not return the following day if they have been sent home and must be symptom-free upon their return.

Parent Initials: _____

ELITE PRESCHOOL
& LEARNING CENTER

Medication Policy

Only life-saving medications will be allowed to be given by Elite Staff. Examples of life-saving medications include inhalers, breathing treatments, and EpiPens. You must fill out the permission form which will then be kept in the office.

- All medication must be in the original container and labeled with the child's first and last name, the dosage to be given and the time(s) that the medication should be dispensed.
- Only administrative staff will dispense medication according to the directions given on the Medication form completed by the parent.
- Parents must provide the measuring and dispensing devices.
- All medications will be stored according to directions in a secure location.
- A record will be kept of all medications dispensed indicating the date, time, dosage, any adverse reactions and the signature of the staff that dispensed the medication / supplement.
- This information will be available to the parent daily and retained in the Medication Binder. Once the dosing is complete, the documentation will be placed in the child's file.

The medication Authorization Form must be completed on or before the first day the child is to receive the medication, and the form must be updated based on the type of medication or as required by State Law.

Medication for emergency use will also require a Medical Emergency Response Plan to be completed and be on file.

Parent Initials: _____



Disenrollment Policy

Elite Preschool & Learning Center Equal Opportunity Policy, applies to all aspects of customer relations, including but not limited to disenrollment of a child. It is against Elite Preschool & Learning Center policy to dis-enroll a child or otherwise discriminate against a child or family on the basis of race, color, creed, religion, sex or national origin or any other classification prohibited by law. Subject to the foregoing, Elite Preschool & Learning Center reserves the
right to dis-enroll a child at any time for any reason.
Elite Preschool and Learning Center will use its best efforts to give parents reasonable notice
(generally, at least two week) before dis-enrolling a child. However, there may be situations in which immediate disenrollment is appropriate. Those situations include, but are not limited to, the following:

Aggressive Child Behavior

Aggressive child behavior includes behavior that is potentially physically or emotionally harmful to the child engaging in the behavior, other children or Elite Preschool & Learning Center staff. Such behavior includes but is not limited to hitting, kicking, spitting, scratching, and biting, age- inappropriate sex play, throwing objects, threatening serious harm and using foul or abusive language. A teacher who observes aggressive behavior directed at another child or staff member, will document the behavior on an Accident/ Incident post on our Procare App. This information will be placed in the child's file. The parent of the child engaging in aggressive behavior will be notified that aggressive behavior of a nature that could harem another child cannot be tolerated by Elite Preschool & Learning Center. If the Director determines that the aggressive behavior cannot be controlled with reasonable staff supervision and the child continues to display such behaviors, the child should be dis-enrolled. If the aggressive behavior poses significant risk of harm to the child or others, Elite Preschool & learning Center reserves the right to immediately dis-enroll the child with no prior attempt to modify or correct the behavior.

Abusive or Inappropriate Parent Behavior

Such behavior includes any behavior that is disruptive or potentially damaging to Elite Preschool & Learning Center staff or children, including but not limited to: use of foul or abusive language; refusal or failure to cooperate with staff; inappropriate discipline of a child in the center; inappropriate interaction with children other than the parent's children; and threatening or harassing staff members, other parents or children.
If a parent exhibits inappropriate or abusive behavior that does not present an immediate threat to the safety of children, staff or other parents, the Director will discuss the behavior with the parent. The goal of this communication should be to set agreed standards of behavior for the future. In no event will a parent be permitted to remain in the center if the parent poses a threat of harm to children or staff members in the center. If after discussion, the inappropriate or abusive behavior continues, the child(ren) should be immediately dis-enrolled, and the parent should be asked not to return to the center.

Non-Payment of Tuition

Weekly tuition payments due Monday by 6pm in advance each week, with no deductions for absences during the week or holidays. If the full week's tuition is not received prior to the close of business on the Tuesday of the week, the account will be considered "past due." If tuition is not paid on the first day of the following week, the account will be considered "delinquent." If a delinquent account has not been brought current by the last day of the week it is considered delinquent, the Director will inform the parent that the account is past due and considered "delinquent" and that, unless the parent can bring the account current the child(ren) will be dis-enrolled immediately.

Parent Initials: _____

ELITE PRESCHOOL
& LEARNING CENTER

Discipline Policy

Elite is committed to providing children and families with quality care in a safe and loving environment. The purpose of discipline for young children is to teach coping skills and discourage inappropriate behavior. Elite believes in positive reinforcement and redirection. Staff encourages good behavior and recognizes children for doing so.

The early years are a time for children to develop confidence and self-control. Elite creates environments that respect each individual child; they set forth a message that the world is a warm, friendly learning place. Positive discipline techniques that combine caring and direction are a part of this healthy environment. Elite looks for meaningful ways to show children why harmful and aggressive acts are unacceptable.

Very young children should not be isolated, nor should they be ignored or left without proper stimulation. Infants or young toddlers who do not understand why their behavior is unacceptable should gently be directed to more acceptable behaviors or activities.

Elite staff will use a kind, firm voice when disciplining or redirecting and will use words and tones that help the child feel confident and respected. A child's behavior will be immediately addressed. When children experience immediate repercussions for harming others, they understand more clearly, why we are disciplining them. Whenever possible, Elite will offer children positive alternatives to their actions (asking a child to help rebuild a block structure she has knocked down is more productive than removing her from the area entirely).

No child will be left alone, unless he wants to be. Young children need our support to work out their feelings. When we show children that their feelings count, they will be more likely to respect the feelings of others, Elite will always visually observe a child during a time-out I redirection period.

Children develop their abilities to control themselves at different rates. We take into consideration the needs of the particular child involved. No single technique will work for every child every time. However, we at Elite strive for consistency. Time-out is not used as a punishment. Time-out is an opportunity for a child to clear her mind and rejoin the group or activity in a more productive state.

Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative or intimidating to children.

Parent Initials: _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

BEST OF CARE

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

Instructions: This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME	DATE OF BIRTH

PARENT/GUARDIAN COMPLETING THIS FORM	WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?

PROVIDER/CENTER NAME

Has your child attended child care in the past? ☐ Yes ☐ No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)

What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? ☐ Alone ☐ Other children

Does your child have a favorite toy or comfort object? ☐ Yes ☐ No

If yes, what?

What is your child's current sleep schedule?

Does your child fall asleep easily? ☐ Yes ☐ No

What is his/her mood upon waking?

What does your child like?

What does your child dislike?

See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:
Happy?
Sad?
Mad?
Tired?
Other?

How does your child react when:
Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? ☐ Yes ☐ No
If yes, please explain:

Does your child have any other special needs? ☐ Yes ☐ No
If yes, please explain:

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

Has anything happened recently in your child's life that might have an effect on him/her? ☐ Yes ☐ No
If yes, please explain:

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

☐ Parent/Guardian declined to complete

Parent/Guardian Signature Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

ELITE PRESCHOOL
& LEARNING CENTER

Photograph Permission Slip

_____ I understand that photos/ videos may be taken of my child during class time and during on-site field trips and I give permission for photos/ videos to be used for Elite Preschool's website as well as classroom management, birthday boards, cubbies and to display in the classroom.

_____ **My child may NOT be photographed.**

_____ _____

Parent/Guardian Full name (Please Print) Parent/Guardian Signature & date

ELITE PRESCHOOL
& LEARNING CENTER

PHOTO & MEDIA CONSENT FORM

Dear Parents/Guardians,

Throughout the school year, Elite Preschool & Learning Center may take photographs and/or short videos of students participating in classroom activities, special events, and school programs. These images may be used for educational, promotional, and marketing purposes, including but not limited to:

- School social media platforms
- School website
- Newsletters
- Promotional materials

Please review the options below and indicate your preference.

Student Information

Child's Name: _____
Classroom: _____

Consent Options (Please check one)

☐ **YES, I GIVE PERMISSION**
I grant Elite Preschool & Learning Center permission to photograph and/or video my child for use on the school's social media pages, website, newsletters, and promotional materials.

☐ **NO, I DO NOT GIVE PERMISSION**
I do not grant permission for my child to be photographed or video recorded for social media, website, newsletters, or promotional purposes.

I understand that this consent will remain in effect unless I provide written notice to the school requesting a change.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

ARIZONA
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: https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-home 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, other substances, or needs a modified diet? ☐ **No** ☐ **Yes** **If yes**, describe symptoms, name foods or substances to be avoided or modified, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes** **If yes**, specify procedure:
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.)? ☐ **No** ☐ **Yes** **If yes**, list precautions:
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:**

ELITE PRESCHOOL
& LEARNING CENTER

Healthy meals ideas

Healthy Lunch Ideas

- Ham and cheese wrap
- P.B & J. Sandwich
- Lunchable (Store bought or homemade)
- Chicken salad sandwich
- Tuna salad on a whole wheat tortilla
- Cheese & lunch meat sandwich
- Turkey & cheese bagel
- Soup (In thermos)
- Chef's salad
- Taco salad
- Anything warmed at home

Guidelines for packing a lunch

Make sure to have adequate ice packs Everything **MUST BE READY-TO-SERVE** Nothing will be microwaved here Please send either milk or 100% Juice **NO SUGARY DRINKS OR SODA**

Don't forget utensils

*Please pack enough food for morning snack, lunch & afternoon snack

Snacks ideas and sides ideas

- Fresh fruits/ Fresh Veggies w/dip
- Applesauce
- Granola/Cereal bars cereal & milk
- String cheese chips & salsa
- Bagel & cream cheese English muffins
- Cereal & milk
- Crackers
- Pretzels
- Yogurt
- Salad
- Fruit snack
- Muffins
- Pita chips & hummus