



RADIANANT
Kidz Zone

CHRISTIAN PRESCHOOL
and **CHILDCARE**

Registration Packet

Registration Guidelines

NO ENROLLEMENTS WILL BE ACCEPTED UNLESS ALL PAPERWORK IS COMPLETED AND RETURNED. Please read the Parent Handbook on our website (www.rkzpreschool.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)

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***

Part-Day Enrollment Form

Child's Name _____ Birthdate _____ Start Date _____

Street Address _____

City _____ State _____ Zip _____

Mother/Guardian _____ Father/Guardian _____

Social Security Number _____ Social Security Number _____

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 _____

Please circle your preference for non-emergency communication: Email/Phone/Cell
Email: _____

Please Circle Your Program Preference from the following programs: AM PM
2 Days (T/TH, 3 yr old AM) 2 Days (T/TH, 3 yr old PM) 3 Days (MWF, 4/5 yr old AM)
3 Days (MWF, 4/5 yr old PM) 5 Days (M-F)

List Days of Attendance: _____

I have read, understand, ~~& and~~ agree to the fees ~~& and~~ policies of Radiant Kidz Zone Preschool and Childcare.

Mother/Guardian _____ Father/Guardian _____

Office Use Only:

Start Date _____ Classroom _____
Registration Fee _____ First Month Tuition _____
Cash _____ Check# _____ Credit Card _____ Auto With. _____
Staff Signature _____ Date _____

Wait List Fee _____ Date _____
Cash _____ Check# _____ Credit Card _____
Staff Signature _____ Date _____

_____ ProCare _____ Key ordered _____ Allergy List _____ Monthly Sign-in Sheet _____ Child Profile to teacher

Full-Day Enrollment Form

Child's Name _____ Birthdate _____ Start Date _____

Street Address _____

City _____ State _____ Zip _____

Mother/Guardian _____ Father/Guardian _____

Social Security Number _____ Social Security Number _____

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 _____

Please circle your preference for non-emergency communication: Email/Phone/Cell
Email: _____

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

I have read, understand, ~~& and~~ agree to the fees ~~& and~~ policies of Radiant Kidz Zone Preschool and Childcare.

Mother/Guardian _____ Father/Guardian _____

Office Use Only:

Start Date _____ Classroom _____
Registration Fee _____ First Month Tuition _____
Cash _____ Check# _____ Credit Card _____ Auto With. _____
Staff Signature _____ Date _____

Wait List Fee _____ Date _____
Cash _____ Check# _____ Credit Card _____
Staff Signature _____ Date _____

____ ProCare ____ Key ordered ____ Allergy List ____ Monthly Sign-in Sheet ____ Child Profile to teacher

Emergency Information and Immunization Record Card

Child's Name: _____ Date Enrolled: _____ Updated: _____
Home Address: _____ Date Disenrolled: _____
Street City State Zip
Home Phone: _____ Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

Father or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes Name of Insurance Company _____
(Optional)

In case of injury or sudden illness, _____ will be called first. 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. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. yes no

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name Signature Date: _____

Immunization Information

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 – 3 months	#1	#1	#1				
4 – 5 months	#2	#2	#2	#2			
6 – 11 months	#3		#2 - #3 ¹				
12 – 14 months		#3	#1 - #4 ²	#3		#1	#1
15 – 59 months	#4						
24 – 71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	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? No Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? 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.)? No Yes _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code : _____ (optional)

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, etc.) _____

With whom does your child reside? _____

Does your child have difficulty communicating verbally? _____

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

What languages are spoken in your home? _____

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

Does your child have any allergies? _____

Is your child fully potty-trained without use of Pull-Ups? _____

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		

Radiant Kidz Zone Parental Agreement

1. ___ I understand that ADHS mandate a legible first initial 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, Spring 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.
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 a week of the due date it will result in my child being disenrolled 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 for the first minute and \$2 each minute after that.
6. ___ I am aware of Radiant Kidz Zone's closure dates.
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.
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 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.

Parent's Signature

Date

RKZ Signature

Date



ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate 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 United States Law.

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

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Routing Transit Number (see sample below)

Account Number (see sample below)

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.

Signature _____

Date _____

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.

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



Routing Transit Number Account Number Check Number

Please attach a copy of a voided check here. Deposit slips not accepted.



Radiant Kidz Zone
15522 W. Paradise Lane
Surprise, AZ 85374
P:(623) 374-4378
F:(623) 975-2651

Statement of Services

- Radiant Kidz Zone is a childcare and early learning center for ages infant (6 weeks) through preschool (5 years)
- 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
Assistant Director: Fernando Amaro