

# HUSD Early Childhood Programs

## OUR MISSION

Our certified, early childhood educators and staff inspire curiosity, build problem solving skills, self-esteem and foster a love for learning in our young children within a nurturing and play-based environment.

## OUR VISION

Bring teachers, parents and community together to educate and improve the lives of children and their families.

## OUR GOAL

- Provide quality, foundational early childhood experiences
- Provide loving, safe and nurturing early childhood environments
- Build self-esteem
- Develop creativity and a joy of learning
- Expand communication and language skills
- Foster self-control and responsibility
- Develop fine and gross motor skills
- Cultivate academic skills
- Develop problem-solving and decision-making skills
- Encourage concern for others

## OUR STAFF

Master educators will guide your child in learning new skills, help your child develop a sense of belonging and foster a love of learning and celebration of life each and every day. All **Brilliant Beginnings** and **Kindergarten Prep** teachers are highly qualified, early childhood certified teachers. Paraprofessionals are selected for their depth of educational training and the quality of prior experiences. Teachers and paraprofessionals participate in continued formal training each year as well as ongoing professional development opportunities in the areas of classroom management, discipline and child psychology. We limit our class sizes to enable our teachers to provide our students with quality instruction individually and in small groups.

Our teachers along with our curriculum provide a foundation for inquiry and will challenge each individual student. We are committed to providing meaningful and developmentally appropriate educational experiences for your child's intellectual, social, emotional, creative and physical development.

## PROGRAM OPTIONS AND TUITION

All classes will follow HUSD school calendar year. Before and after school care is available beginning at 6 a.m. until 8:15 a.m. and 2:45 p.m. until 6 p.m. For details contact Community Education at 480- 279-7055. There will be **no school** for half day preschool students and early release for full day students on Professional Development days and **no school** for all preschool children on the Friday before Fall Break & Spring Break for Parent Teacher Conferences. These dates will follow the Professional Development for our Early Childhood Development Centers and are found on the 2021-2022 ECDC school website calendar.

**Brilliant Beginnings** - *Three and early four year olds. Must be 3 years old and FULLY potty trained (no Pull-Ups)*

### Tuesday/Thursday Classes

Half Day Sessions: 8:15-11:15 A. M. or 12:15-3:15 P.M. \$160 per month  
Full Day Session: 7:45 A.M. - 2:45 P.M. \$300 per month

### Monday/Wednesday/Friday Classes

Half Day Sessions: 8:15-11:15 A.M. or 12:15-3:15 P.M. \$215 per month  
Full Day Session: 7:45 A.M. - 2:45 P.M. \$430 per month

### Monday - Friday Classes

Half Day Sessions: 8:15-11:15 A.M. or 12:15-3:15 P.M. \$370 per month  
Full Day Session: 7:45 A.M. - 2:45 P.M. \$710 per month

**Kindergarten Prep** – includes full day options for Mandarin, Spanish and THINK Higley’s Highly Gifted Academy. *Four and Five year olds - recommended four by Aug 31, 2021.*

### Monday - Friday Classes

Half Day Sessions: 8:15-11:15 A.M. or 12:15-3:15 P.M. \$370 per month  
Full Day Session: 7:45 A.M. - 2:45 P.M. \$710 per month

**Peer Pals** – Special Education Peer Models – Three and Four year olds. Do not need to be potty trained.

### Tuesday/Thursday/Friday

Half Day Session: 8:40 – 11:10 A.M. or 11:25 – 1:55 P.M. \$125 per month

**Discounts - HUSD Employee Discount:** 20% per Child **Sibling Discount:** 10% per Sibling  
(Discounts may not be combined)

## **KINDERGARTEN-PREP PROGRAMS**

In addition to our traditional Kindergarten Prep curriculum, we also offer these innovative programs:

### **Mandarin Dual Language Program**

Our Mandarin Dual Language class is located at our Cooley Early Childhood Development Center. The class meets 5 days a week from 7:45 to 2:45 and is for four to five-year-old's who will be going to kindergarten the next school year. Students in the Mandarin Dual Language program will receive instruction in both Mandarin and English during their school day. Foundational Mandarin language experience, along with our Kindergarten Prep curriculum, will provide meaningful, developmentally appropriate learning experiences for your child's social, emotional, intellectual, creative and physical development to prepare them for the rigors of kindergarten. This program will feed into the Mandarin Immersion Program at Coronado Elementary where students will build upon this foundation.

### **Spanish Dual Language Program**

Our Spanish Dual Language class is located at our Sossaman Early Childhood Development Center. The class meets 5 days a week from 7:45 to 2:45 and is for four to five-year-old's who will be going to kindergarten the following school year. Students in the Spanish Dual Language program will receive instruction in both Spanish and English during their school day. Foundational Spanish language experience, along with our Kindergarten Prep curriculum, will provide meaningful, developmentally appropriate learning experiences for your child's social, emotional, intellectual, creative and physical development to prepare them for the rigors of kindergarten. This program will feed into the Spanish Immersion Program at San Tan Elementary where students will build upon this foundation.

### **THINK – Higley's Highly Gifted Academy Preschool Program**

Our Gifted Academy Preschool class is located at our Sossaman Early Childhood Development Center. This class meets 5 days a week from 7:45 to 2:45 and students must be four by August 31, 2020 with an IQ score of 130 or above. This program is the first step in THINK-Higley's Highly Gifted Academy which continues in kindergarten at our state-of-the-art Bridges Elementary School. This program provides personalized instruction to actively engage exceptional learners in an innovative thinking environment. Deep conceptual exploration is achieved through thematic interdisciplinary units of study that foster critical and creative thinking. This project-based approach is integrated with social and emotional learning for a well-rounded education individualized for each student.

### **Peer Pals Program**

Our Integrated Preschool Program, Peer Pals, offers an exciting first learning experience for preschool children who may not be potty trained. This class meets two and a half hours, 3 days a week and integrates typically developing students with other students who are experiencing delays in their development. This is the perfect setting for your child to ease into the school experience.

# YOU MUST REGISTER IN PERSON AT THE ECDC PRESCHOOL SITE!

## ENROLLMENT PROCEDURES

Open registration for the 2021-2022 **Brilliant Beginnings** and **Kindergarten Prep** programs begins January 19, 2021. We encourage you to register early. We will accept registrations daily at our preschool campuses.

### ECDC Locations

**North Campus** - Elona P. Cooley Early Childhood Development Center located at 1100 S. Recker Road, Gilbert, AZ 85296. Phone 480-279-8400.

**South Campus** - Sue Sossaman Early Childhood Development Center located at 18655 East Jacaranda Blvd., Queen Creek, AZ 85142. Phone 480-279-8600.

### Items needed for registration:

**\*Completed Registration Form** – This form must be filled out entirely for registration to be accepted. Please note that we will not be able to accept partially completed paperwork at registration. (The registration forms are available online and at each Early Childhood Development Center location.)

**\*Non-Refundable Registration Fee - \$75.00** per child is due at registration to finalize your child's placement in the program.

**\*Emergency Information and Immunization Record** – It is the parent's responsibility to make sure that the information provided on the Emergency Information and Immunization Record is kept current. It is extremely important that all home, business, and emergency contacts are correct and **COMPLETE**. At least **2** emergency contacts, in addition to the parents/guardians, must be listed on this form. **No one may pick up your child unless they are listed on this card or added at the front office.**

**\*Proof of Current Immunizations** – Your child's immunization records will be reviewed by the school health aide. The Department of Health Services requires that the immunization record provided by a parent from a health care provider contain all current, age-appropriate immunizations. **If a child's immunizations are not up to date, they will not be allowed to attend until the parent/guardian brings an updated immunization record.**

**\*Copy of Child's Birth Certificate** – Please provide a copy of your child's birth certificate.

**\*Copy of your Driver's License and Proof of Residency** - See enrollment packet for acceptable AZ Proof of Residency.

## LUNCH OPTIONS FOR FULL DAY STUDENTS

Full day Brilliant Beginnings and full day Kindergarten Prep students have the option to either purchase a lunch each day or bring a well-balanced meal from home. Parents can put money in an online account once school has started. You will need your child's student ID number which will be provided in the welcome packet. Parents may also complete a free and reduced meal form found on [www.husd.org](http://www.husd.org) under food services by July 2021.

## PAYMENT INFORMATION

Tuition will be deducted from your account on the first of every month. If you have questions or concerns, please contact the HUSD Community Education Office: Community Education HUSD located at the District Office 2935 S. Recker Rd., Gilbert, AZ 85295, 480-279-7055.

### Payment Schedule:

**THE FIRST MONTH'S TUITION FOR THE 2020-2021 SCHOOL YEAR IS DUE ON JULY 1, 2021.** The remaining tuition is paid monthly beginning on September 1, and your last payment is due on May 1. For your convenience, the total annual tuition is divided into 10 equal payments. Payments are due on the first day of each month. Late payments will be assessed a \$25.00 late fee. Please note that NO monetary credit will be given for unused, sick or vacation days.

## REFUND POLICY

*Brilliant Beginnings* and *Kindergarten Prep* programs have a **non-refundable monthly tuition policy**. The ECDC Director and the Community Education Director may process a refund under extenuating circumstances.

**For additional information, please contact either ECDC site:**

Elona P. Cooley Early Childhood Development Center at 480-279-8400

Sue Sossaman Early Childhood Development Center at 480-279-8600

## KIDS CLUB

Kids Club is a before and after school care program coordinated through our district's Community Education department. This program is set up to accommodate working families with care options that start at 6:00 am – 8:15 am and 2:45 pm – 6:00 pm

### Daily Rates

AM ONLY - \$9.00

PM ONLY - \$13.50

AM/PM - \$22.50

Higley Unified School District  
Student Enrollment Form

2935 South Recker Road  
Gilbert, Arizona 85295  
(480) 279-7000  
[www.husd.org](http://www.husd.org)



**STUDENT  
INFORMATION**

**For Office Use Only**

COOLEY EARLY CHILDHOOD DEVELOPMENT CENTER     SPED     PEER  
 SOSSAMAN EARLY CHILDHOOD DEVELOPMENT CENTER

Student ID # \_\_\_\_\_ SAIS ID # \_\_\_\_\_  
 Teacher \_\_\_\_\_ Received by \_\_\_\_\_  
 Grade \_\_\_\_\_ Entry Code \_\_\_\_\_ Entry Date \_\_\_\_\_  
 Date Entered in Synergy \_\_\_\_\_ Input By \_\_\_\_\_

Birth Certificate     Immunizations     Proof of Residency     Parent ID     PHLOTE  
 Custody/Guardian Papers

PROGRAM: \_\_\_\_\_

Please PRINT your child's name as it appears on the legal documentation required for enrollment.

Legal Last Name	Legal First Name	Legal Middle Name	Suffix
<input style="width: 100%;" type="text"/>			
Grade	Gender	Nick Name	Last Name Goes By
<input style="width: 100%;" type="text"/>			
Birth Date (mm/dd/yyyy)			
<input style="width: 100%;" type="text"/>			
Birth State	Birth Country	Student's Email Address	Mother's Name on Birth Cert.
<input style="width: 100%;" type="text"/>			

What is the primary language used in the home regardless of the language spoken by the student?     English     Spanish     Other \_\_\_\_\_

What is the language most often spoken by the student?     English     Spanish     Other \_\_\_\_\_

What is the language that the student first acquired?     English     Spanish     Other \_\_\_\_\_

**The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff.**

**Ethnicity (Must select one):**     No, not Hispanic/Latino     Yes, Hispanic/Latino

**Race (Must select one or more):**

Black or African American     White     Asian  
 American Indian / Alaskan Native     Native Hawaiian / Pacific Islander

Student's Home Address			Student's Mailing Address (if different)		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
City	State	Zip Code	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Student's Primary Home Phone		Student's Secondary Home Phone		Subdivision	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Dwelling Type		<input type="checkbox"/> Single Family (House) <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Trailer			
Last school attended (including HUSD schools)		Address of last school attended (including HUSD schools)		Enter & Withdraw Dates	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

My student is currently on long-term suspension or expulsion from another school district     Yes     No

**REQUIRED DOCUMENTATION: A birth certificate or other reliable proof of the student's identity or age, immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872.**

**Household Information**

**PARENT/GUARDIAN INFORMATION**

Student lives with  Both parents  Mother  Father  Guardian  Foster Other: \_\_\_\_\_  
 Custody of student  Joint  Mother  Father  State  Temporary Other: \_\_\_\_\_  
 Custody papers  Non-custodial restrictions

**NOTE: The school will not honor a request of restrictions unless copies of court orders supporting the request are on file with the school. A power of attorney document cannot replace court-ordered custody papers.**

Parent/Legal Guardian #1  
 Legal Name (First, Middle, Last, Suffix **(Please print clearly)**)  
  
 Relationship to Student   
 Home Address   
 City, State, Zip   
 Mailing Address (if different)   
 City, State, Zip   
 Home phone   Primary number  
 Cell phone   Primary number  
 Work phone   Primary number  
 Email address   
 Currently serves in uniformed services, incl. National Guard and Reserves.  
 Please do not send me School or District information via email.

Parent/Legal Guardian #2  
 Legal Name (First, Middle, Last, Suffix **(Please print clearly)**)  
  
 Relationship to Student   
 Home Address   
 City, State, Zip   
 Mailing Address (if different)   
 City, State, Zip   
 Home phone   Primary number  
 Cell phone   Primary number  
 Work phone   Primary number  
 Email address   
 Currently serves in uniformed services, incl. National Guard and Reserves.  
 Please do not send me School or District information via email.

**PLEASE LIST ALL CHILDREN OF SCHOOL AGE AND YOUNGER RESIDING IN THE HOME (OLDEST FIRST)**

First, Middle, Last Name, Suffix	Gender	Birth Date	Grade	School Name (if attending)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMERGENCY CONTACTS (Persons to contact, other than parent, if child becomes ill)**

First, Middle, Last Name	Relationship to Student	Home Phone	Work Phone	Cell Phone	Priority
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**I hereby affirm, by my signature, that I am either the parent or guardian of the above named student (or the student if over 18) and that all information provided is true, accurate and up-to-date. Any false statement subjects the above named student to immediate withdrawal. Also, I hereby grant the Higley Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.**

\_\_\_\_\_  
 Parent/Guardian (Student if over 18) Signature

\_\_\_\_\_  
 Date



**SUPPORT PROGRAMS**

**PLEASE SELECT SCHOOL PROGRAM**

- COOLEY PRESCHOOL**                       **SOSSAMAN PRESCHOOL**  
 **BB**    Please Select:    T/TH     M/W/F     M-F  
 **KINDER PREP**

**This information will be kept confidential and will be used only to identify students for support services.**

Student Name

Student ID

Birth Date




**Questions 1. and 1a. are intended to address the McKinney-Vento Assistance Act, U.S.C.A. 42 section 11302(a). Your answers will help us determine residence information necessary for potential services for this student.**

1.	Where is the enrolling student presently living? (Check the <b>one box</b> that applies)	
	<input type="checkbox"/> In an emergency shelter. <input type="checkbox"/> In a motel, car, park, camper or campsite. <input type="checkbox"/> With another family in a house or apartment, <input type="checkbox"/> With friends or family members other than parent/guardian. <input type="checkbox"/> None of the above. <b>You do not need to answer question 1a. Please go to question 2.</b>	
1a.	The student lives with:	
	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> One Parent and another adult that is not the legal guardian <input type="checkbox"/> A relative, friend(s) or another adult(s) <input type="checkbox"/> Alone with no adults <input type="checkbox"/> An adult that is not the parent or legal guardian	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any member of your household moved in the past 3 years for the purpose or working in agriculture-related jobs such as field work, fruit or vegetable packing companies, dairies or ranches?
2a.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student been previously enrolled in a migrant child education program?
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the child was born outside of the United States, has the student attended U.S. schools for a total of more than 3 academic years?
3b.		What is the date the student first enrolled in a U.S. School? <input style="width: 150px; height: 20px;" type="text"/>
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student Native American?
	If <b>YES</b> , name of Tribe _____ Tribal number _____	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student under refugee status?
	If <b>YES</b> , Country _____ I-94 Number _____	

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

2935 South Recker Road  
Gilbert, Arizona 85295  
(480) 279-7000  
[www.husd.org](http://www.husd.org)



**Special Education, 504 and Gifted Program Services Information**

**PLEASE SELECT SCHOOL PROGRAM**

- COOLEY PRESCHOOL**                       **SOSSAMAN PRESCHOOL**
- BB**    Please Select:    T/TH       M/W/F       M-F
- KINDER PREP**

Student Name

Student ID

Birth Date

Grade





Welcome to Higley Unified School District. In order to assist us in meeting the educational needs of your child, please read below and supply the requested information to the extent you are able. There are many regulations that govern Special Education, students receiving 504 accommodations and services for gifted students. Services provided by your child's previous school should continue, but HUSD must be provided with proper documentation. (Please understand that not all documentation from the previous school is automatically forwarded in a timely manner.) If you want your child to receive the appropriate services, please submit current reports, evaluations, individualized Education Program (IEP's) and other information you may have regarding your child as soon as possible. Your effort will expedite services. Thank you for taking the time to provide this valuable information.

**SERVICES/PROGRAMS**

Please check all programs that student has been enrolled in:

- |   |  |
|---|--|
| <input type="checkbox"/> Special Education with IEP | <input type="checkbox"/> Title I Reading |
| <input type="checkbox"/> Speech Therapy             | <input type="checkbox"/> Title I Math    |
| <input type="checkbox"/> OT/PT                      | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> ELL Program                |  |

**504 SERVICES**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your child receive accommodations under a 504 plan?
	If <b>YES</b> , please indicate the disability for which the child had a 504 plan: _____
	Name of diagnosing physician: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a copy of the physician's statement or report?
	If <b>YES</b> , please provide a copy

**GIFTED PROGRAM SERVICES**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your child receive Gifted and Talented Services (GATE) at the previous school?
	Please describe the services provided to your child: _____

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter Higley Unified School District \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



# HEALTH INFORMATION

(480) 279-7000  
[www.husd.org](http://www.husd.org)

Student Name (*Legal Last, First, and Middle Names*)

Birth Date

Does your child take any medications on a routine basis?  Yes  No During school hours?  Yes  No

Name of medication \_\_\_\_\_ Purpose of medication \_\_\_\_\_

Name of medication \_\_\_\_\_ Purpose of medication \_\_\_\_\_

**\*\* Please contact the school health office regarding the policies for medication(s) taken during school hours. \*\***

## HEALTH CONDITIONS (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADD/ADHD                     | <input type="checkbox"/> CARDIOVASCULAR   | <input type="checkbox"/> MIGRAINES        |
| <input type="checkbox"/> ALLERGIES (ENVIRONMENTAL)    | <input type="checkbox"/> CYSTIC FIBROSIS  | <input type="checkbox"/> PSYCHOLOGICAL    |
| <input type="checkbox"/> ALLERGIES (LIFE THREATENING) | <input type="checkbox"/> DIABETES         | <input type="checkbox"/> SEIZURE DISORDER |
| <input type="checkbox"/> ASTHMA                       | <input type="checkbox"/> G.I. DISORDER    | <input type="checkbox"/> TRACH/G-TUBE/O2  |
| <input type="checkbox"/> BLOOD DISORDERS              | <input type="checkbox"/> HEARING IMPAIRED | <input type="checkbox"/> URINARY/KIDNEY   |
| <input type="checkbox"/> CANCER                       | <input type="checkbox"/> OTHER _____      | <input type="checkbox"/> OTHER _____      |

Please fully explain any answers checked above:

\_\_\_\_\_

**\*\* FOR STUDENT'S WITH DIABETES – PLEASE SEE HEALTH OFFICE FOR CARE PLAN AND TO PROVIDE SUPPLIES \*\***

**\*\* FOR STUDENT'S WITH SEIZURES – TYPE \_\_\_\_\_ SEE HEALTH OFFICE FOR CARE PLAN \*\***

## Food Allergies

YES  NO  WHAT FOODS?

EPI PEN NEEDED\*  YES  NO BENADRYL NEEDED\*  YES  NO

**\*\*PLEASE BRING THESE ITEMS TO THE HEALTH OFFICE TO SIGN IN\*\***

## Asthma

YES  NO  DOES YOUR CHILD USE AN INHALER OR NEBULIZER?  YES  NO

DOES YOUR CHILD NEED TO CARRY HIS/HER INHALER AT SCHOOL?  YES  NO

**\*\*PLEASE BRING THESE ITEMS TO THE HEALTH OFFICE TO SIGN IN\*\***

Please list any other concerns, surgeries, illnesses or accidents in the past year:

I HEREBY GRANT THE DISTRICT STAFF PERMISSION TO ADMINISTER FIRST AID TO MY CHILD IN THE EVENT OF INJURY, AND SEEK MEDICAL CARE AND/OR EMERGENCY TRANSPORT, AS DEEMED NECESSARY. I UNDERSTAND THAT PARENTS WILL BE NOTIFIED AS SOON AS POSSIBLE. I GIVE CONSENT TO USE AT THEIR DISCRETION: **ACETAMINOPHEN.**

HEARING SCREENINGS ARE GIVEN TO SELECTED GROUPS OF STUDENTS PER ARIZONA GUIDELINES. PRESCHOOL, K-2, 6<sup>TH</sup>, 9<sup>TH</sup>, SPECIAL EDUCATION SERVICES AND NEW TO DISTRICT STUDENTS ARE SCREENED EVERY YEAR. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT YOUR CHILD'S HEALTH OFFICE.

IF A PARENT/GUARDIAN CANNOT BE REACHED PLEASE LIST TWO LOCAL CONTACTS WHO CAN PICK UP YOUR CHILD AND TRANSPORT THEM FROM SCHOOL IN CASE OF ILLNESS OR AN EMERGENCY SITUATION.

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



**Arizona Department of Education**  
**Arizona Residency Documentation Form**

Student: \_\_\_\_\_ School: \_\_\_\_\_

School District or Charter Holder: Higley Unified School District

Parent/Legal Guardian:

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)

I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on- base billeting facility as the address for proof of residency.



**Program Options and Tuition: (All prices monthly)**

**\*\*\*Brilliant Beginnings (3 years old and early 4's)\*\*\***

**Students MUST be potty trained.**

**Half Day Programs**

2 days (T/Th) \$160\_\_\_\_ 3 days (M/W/F) \$215\_\_\_\_ 5 days (Monday to Friday) \$370\_\_\_\_

8:15-11:15 AM \_\_\_\_ 12:15-3:15 PM \_\_\_\_

**Full Day Programs 7:45 a.m.-2:45 p.m.**

2 days (T/Th) \$300\_\_\_\_ 3 days (M/W/F) \$430\_\_\_\_ 5 days (Monday to Friday) \$710\_\_\_\_

**\*\*\*Kindergarten Prep (4 and 5 years old)\*\*\***

**Students MUST be potty trained.**

**Half Day Programs**

5 days (Monday to Friday) \$370\_\_\_\_

8:15-11:15 AM \_\_\_\_ 12:15-3:15 PM \_\_\_\_

**Full Day Programs 5 days (Monday to Friday) 7:45 a.m.-2:45 p.m. \$710**

Kindergarten Prep \_\_\_\_ Mandarin (Cooley ECDC) \_\_\_\_ Spanish (Sossaman ECDC) \_\_\_\_

THINK - Highly Gifted Academy (Sossaman ECDC) \_\_\_\_

**\*\*Peer Pals (3 & 4 years old) \*\* Students DO NOT have to be potty trained**

**Half Day Program**

3 days (Tuesday/Thursday/Friday) \$125

8:40- 11:10 AM \_\_\_\_ 11:25 – 1:55 PM \_\_\_\_

**Non-refundable Registration Fee:** \$75.00 per child

**HUSD Employee Discount:** 20% per Child

**Sibling Discount:** 10% per Sibling

**Discounts may not be combined**

## Enrollment Agreement

I, \_\_\_\_\_, certify that I am the legal guardian of \_\_\_\_\_  
\_\_\_\_\_. I understand that only the legal guardian may make changes to this agreement and that **all change requests must be made to the school secretary/registrar two weeks prior to the changes taking effect to avoid unnecessary charges. I understand that I will be assessed one-month tuition if not submitted in the required time frame.** I further certify that a Financial Agreement has been completed regarding the payment of this account and that my child may be removed from the program if the terms of the financial agreement are violated.

I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending should the program determine the behavior(s) poses a safety risk to my child, peers, or program staff, or if it is determined that the child's behavior cannot be safely managed within the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Optional:

I hereby grant my permission for my child's photograph to be taken at Brilliant Beginnings, STARS or Kindergarten Prep for purposes of brochures, newspaper articles and/or news releases. Use of these images will be at the discretion of Community Education administration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### First Aid Consent

I hereby grant the program staff permission to administer first aid to my child in the event of injury, and seek medical care and/or emergency transport, as deemed necessary, in an emergency. I understand that parents (or other emergency contacts) will be notified as soon as practical after the child's needs are addressed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sibling(s) Name \_\_\_\_\_  
\_\_\_\_\_

Other Program(s) \_\_\_\_\_  
\_\_\_\_\_

#### \*Discount Schedule\*

Only one discount applies (whichever is greater)

20% Employee Discount (**Legal Guardian Only**)

10% Sibling Discount

\_\_\_\_\_ Total Tuition

\_\_\_\_\_ % Discount

\_\_\_\_\_ Total Due

**Any family removing a child from the program or making a change for the upcoming month must contact the school secretary/registrar two weeks prior to the changes taking effect to avoid paying further monthly charges.**

**\*\*REMEMBER: Payments are due on the 1st of EACH MONTH to avoid late payment fees.**

## Financial Agreement 2021-2022

Legal Guardian name: \_\_\_\_\_

Child enrolling: \_\_\_\_\_

Program(s) enrolling: \_\_\_\_\_

Total Monthly Fee: \_\_\_\_\_

### Please read and initial beside each item

#### Tuition and Monthly Fees:

- \_\_\_1. I understand that the tuition is due the 1st of each month. The first monthly payment is due July 1, 2021 and then the first of each month (Sept. through May) throughout the school year. The total annual tuition is divided into 10 equal payments.
- \_\_\_2. I understand that I am required to pay my child's monthly tuition via Automatic Payment with a debit/credit card – Visa, MasterCard or Discover only. My first payment must be made online in order for the online payment system to electronically store my debt-credit card information for future payments.
- \_\_\_3. I understand that the tuition will be deducted from my account on the first of every month. If for some reason that payment is not collected, and it is not rectified by the 4<sup>th</sup> of the month, a \$25.00 late fee will be assessed per student.
- \_\_\_4. I understand that there is no refund or credit for unused program days.
- \_\_\_5. I understand that if, at any time the account becomes delinquent, the contract will be terminated and the child removed from the program without regard to multiple financially responsible parties.

#### Additional Fees:

- \_\_\_1. I understand that the following fees will be assessed to my account based upon the criteria listed in relation to said fees and that I will be held financially responsible for the payment of these fees. I understand that all fees are non-refundable and non-transferable.
- **\$75.00** non-refundable registration fee for each child due at time of enrollment.
  - **\$25.00 per child Late Payment fee - assessed if tuition is not paid on the 1<sup>st</sup> of each month.**
  - **\$2.00/minute Late Pick-Up fee – assessed to the account for any child picked up after contracted program end time. (This is a per child fee as stipulated in the Parent Handbook)**

#### Procedure Agreements:

- \_\_\_1. I will read the HUSD Early Childhood Program Parent Handbook and abide by the terms and conditions.
- \_\_\_2. I understand that if I wish to make changes to my child's program, I must contact the secretary/registrar **two weeks prior to the changes taking effect**. Changes become effective on the first business day of the following month.

I, \_\_\_\_\_ (please print legal name), certify that I have read, understand, and received a copy of the conditions, regulations, and stipulations contained herein. I agree to the Financial Terms and Conditions as listed above.

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(Signature of Financially Responsible Party)

(Date)