

Desert Spring Children's Center

740 E. Speedway Tucson, AZ 85719 Ph: (520) 620-1575

Registration Form – 2013-2014 School Year

**** Please complete, sign, and return form with enrollment fees listed below:**

- **RETURNING FAMILIES:** \$50 Materials Fee
- **NEW FAMILIES:** \$50 Materials Fee and \$75 Registration Fee

Student Information: Birthday (MM/DD/YY): _____ Gender: _____

Legal Name: _____

Street Address: _____ Zip Code: _____

Home Phone: _____ E-mail Address: _____

Parent/Guardian Information:

Relation	Last Name	First Name	Address	Work Phone	Alt Phone
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Program Information

There are 4 classrooms. Classrooms will be assigned according to age and availability.

- Rainbow (2 year olds)
- Monsoon (2 year olds)
- Sun (3-5 year olds)

- Mountain (3-5 year olds)

Choose Hours:

Two Year Olds:

- | | | | | |
|--------------------------|--------------|-------------------|-----------------|-----------------------|
| <input type="checkbox"/> | Full Day | 7:30am – 3:30pm | Monday – Friday | \$600/month |
| <input type="checkbox"/> | Half Day | 8:30am – 12:15pm | Monday – Friday | \$555/month |
| <input type="checkbox"/> | Extended Day | (3:30pm – 5:30pm) | | \$50 additional/month |

Preschool (ages three and older):

- | | | | | |
|--------------------------|----------|------------------|---------------------------|-------------|
| <input type="checkbox"/> | Full Day | 7:30am – 5:30pm | Monday – Friday | \$575/month |
| <input type="checkbox"/> | Full Day | 7:30am – 5:30pm | Four Days, Specify: _____ | \$555/month |
| <input type="checkbox"/> | Half Day | 8:30am – 12:15pm | Monday – Friday | \$485/month |

Release of Information: Please initial next to consent/non consent

_____ I DO CONSENT _____ I DO NOT CONSENT

To be included in the publication of a school directory which includes my child's name, parent's name(s), and home phone numbers. If you do not wish to be included in the directory, please initial above.

_____ I DO CONSENT _____ I DO NOT CONSENT

To my child being videotaped or photographed during the current 2011-2012 school year. I understand that the tapes/photos will be used for professional/educational purposes or for promoting the school vision in the community or through the media.

Parent/Guardian Signature: _____ **Date:** _____