



Little Palms Preschool 2026-2027 School Year

Enrollment Folder Contents & Enrollment Process:

Please completely fill out and **RETURN (right side)** the following:

- **Blue AZ Emergency Information & Immunization Record** (both sides)- REQUIRED by AZ
- **2026-2027 Little Palms Preschool Admission Agreement/Registration Form**
- **Enrolled Child Health History Form**
- **Field Trip Forms:** Chapel & Grandparent's Day/Special Friend's Day,
- **Policy Agreement & Releases Form** (having read the Parent Handbook)
- **Scholarship Application** (if applicable)

Please carefully read and **KEEP (left side)** the following:

- **Parent Handbook:** This is for your information and contains all of our policies and procedures.
- **Ages & Stages for 3-5 year olds:** These are classroom standards set by the School Ministries department of the Pacific Southwest District of the Lutheran Church-Missouri Synod (our church body and leaders that oversee all regional Lutheran schools) that align with the expected behavior and academic standards of our state. These are the things that we aim to teach and encourage your child to accomplish. Our teachers use these documents to structure their learning time, and to evaluate student progress each semester.
- **ProCare Info:** These instructions walk you through the app that we use for sign in and out each day, as well as billing each month, and communications with your teacher.

Your enrollment is NOT COMPLETE until ALL required forms, a copy of your child's updated immunization records, a copy of your child's birth certificate, and the first month's tuition, snack and registration fee are returned to the preschool office in its entirety. Copies can be made in the office.

Should you have any questions/concerns about our program, fees, and/or enrollment, please feel free to contact me in person, by telephone, or via email.

Many Blessings,

Annie Anderson

Annie Anderson, Hosanna Little Palms Preschool Director
School Office 480-986-9436 | Church Office 480-984-1414
admin@littlepalmsschool.com



9601 East Brown Road | Mesa, Arizona 85207
School Office: 480-986-9436 | Fax: 480-984-7839

admin@littlepalmsschool.com | www.hosanna-lcms.com | CDC#10000

2026-2027 FOR OFFICE USE ONLY		
Returning	New	Amt \$ _____
Scholarship/Discount: _____		
Program: <input type="checkbox"/> Pre <input type="checkbox"/> Pre-K <input type="checkbox"/> KinderPrep		
M T W T F		
Teacher _____		
Start Date _____		

2026-2027 ADMISSION AGREEMENT

Age Requirements: 2 years old as of 8/1/2026;

Diapering/potty training assistance allowed ONLY for children 2-3 years old, enrolling in Preschool Class.

Children enrolling for PreK & KinderPrep classes MUST be able to toilet independently

STUDENT NAME _____
(Last) _____ (First) _____ (Middle) _____

ADDRESS _____
(Street) _____ (City, State) _____ (Zip Code) _____

Phone # _____ Primary Parent Email: _____

Classroom name (nickname) for your child _____ Language spoken in the home _____

Date of Birth _____ Age: _____ Gender: M _____ F _____

(REQUIRED: Copy of birth certificate & up to date immunizations)

(Copies may be made in preschool office or emailed to admin@littlepalmsschool.com)

MOTHER'S NAME _____

Name of Employer _____ City _____

Occupation _____ Work Phone _____ ext. _____

Cell Phone _____ Email _____

FATHER'S NAME _____

Name of Employer _____ City _____

Occupation _____ Work Phone _____ ext. _____

Cell Phone _____ Email _____

Church Membership of Parents _____ Attend worship services regularly? Y _____ N _____

Child Baptized? Y _____ N _____ Date of Baptism: Month _____ Year _____ Where _____

How did you learn about Little Palms School? _____

SIBLINGS	AGE

CLASSROOM OPTIONS

Please Place an "X" For Desired Program and Payment Plan.
Circle the days you wish to enroll your child.

Preschool

2-3 years old

PreK

3-4 years old

KinderPrep

4-5 years old & entering Kinder in Fall 2027

	2-Day Program <i>(PreSchool Only)</i>	3-Day Program <i>(PreK & KinderPrep)</i>	4-Day Program <i>(PreK & KinderPrep)</i>	5-Day Program <i>(PreK & KinderPrep)</i>
Choice of Days	T/Th or M/W <i>(Choose)</i> Classroom max 8	M T W TH F <i>(Choose 3 Days)</i>	M T W TH F <i>(Choose 4 Days)</i>	Monday - Friday
Annual Tuition	\$2250.00	\$3,050.00	\$3600.00	\$4000.00
Monthly Tuition	\$225.00	\$305.00	\$360.00	\$400.00
<i>(Annual Tuition divided into 10 equal monthly Payments)</i>				
Snacks <i>(monthly add to invoice)</i>	\$12	\$15	\$20	\$25

SCHOLARSHIPS, DISCOUNTS & INCENTIVES:

- ❖ **Referral Incentive:** Refer a friend who enrolls their child and receive a \$100 credit!
- ❖ **Early Enrollment Incentive:** \$50 credit if enrollment file is completed early- completed enrollment packet, first month's tuition, snack and registration fee received by March 20, 2026
- ❖ **Multiple Child Discount:** 5% off annual tuition for more than 1 child enrolled
- ❖ **Other Discounts:** 10% off annual tuition for Hosanna Lutheran Church members, or First Responders (Police, Fire), Veterans & Active-Duty Military *(must show proof of ID)*
Only one discount will be applied. The largest discount will be applied except for multiple children.

Needs-Based Scholarships as provided by Hosanna Lutheran Church's Preschool Scholarship Fund available by application only.

PAYMENT PLAN

- _____ **Early Enrollment Discount:** \$50 off annual tuition when registered (with registration fee & first month tuition) by March 20, 2026
- _____ **Standard Tuition Rate:** Enrollment received after March 20, 2026
- _____ 10 equal monthly payments (first month's tuition paid at time of enrollment) and continuing monthly from September 2026 – May 2027; tuition payments can be made by cash or check to the preschool office, or online through ProCare. ALL BILLING & invoices will be sent through the ProCare mobile app.



Arizona Department of Health Services
Bureau of Child Care Licensing

PERMISSION to Participate in a Field Trip

Special Friends/ Grandparents Day 2026

My child has permission to attend a field trip to: Hosanna Upper Level of Learning Center, Worship Center & Hosanna Patio

Address: 9601 E. Brown Rd., Mesa, AZ 85207

Telephone Number: 480-984-1414, 480-986-9436

Description of trip: Grandparents Day (attend Chapel in Hosanna's Life Worship Center and have craft and brunch In Learning Center in the upper level of the Learning Center or Hosanna Patio)

Date(s) of trip: Tuesday, September 15, 2026

Departure time: 10am

Return time: 11:45 a.m.

Special Instructions: None

Name of Adult(s) Attending with Child:

CHILD'S NAME:

PARENT SIGNATURE & Date:

Attendance

Start: (leave Hosanna Learning Center and walk on sidewalk to Hosanna Christian Life Worship Center to attend chapel from 10-10:30am, then leave Hosanna Christian Life Worship Center and walk on sidewalk to Hosanna Learning Center, walk up the stairs, or take the elevator with Grandparent to the upper level of the Learning Center): 10:30-11:30am

Arrival: (Arrival at Hosanna Upper Level of Learning Center): 10: 30am

Field Trip Timeframe: 10am-11:45am

Return: 11:45am

* A copy of this trip plan is to remain at the facility *

Rule # R9-5-518.A.3 requires the field trip information be retained for 12 months for centers from the date of the field trip.



Arizona Department of Health Services

Bureau of Child Care Licensing

PERMISSION to Participate in a Field Trip

2026-2027 Little Palms Chapels

My child has permission to attend a field trip to: Hosanna Christian Life Worship Center

Address: 9601 E. Brown Rd., Mesa, AZ 85207

Telephone Number: 480-984-1414

Description of trip: Attend Chapel Every Tuesday and Wednesday when school is in session

Date(s) of trip:

2026: August 11, 12, 18, 19, 25, 26; September 1, 2, 8, 9, 15, 16, 22, 23, 29, 30; October 6, 7, 13, 14, 20, 21, 27, 28;
November 3, 4, 10, 11, 17, 18; December 1, 2, 8, 9, 15, 16
2027: January 5, 6, 12, 13, 19, 20, 26, 27; February 2, 3, 9, 10, 16, 17, 23, 24; March 2, 3, 9, 10, 16, 17, 23, 24, 30, 31;
April 6, 7, 13, 14, 20, 21, 27, 28; May 4, 5, 11, 12

Departure time: 10:25-10:30 a.m.

Return time: 11:00 a.m.

Special Instructions: None

CHILD'S NAME:

PARENT SIGNATURE & Date:

Attendance

Start (leave Hosanna Learning Center and walk across courtyard to Hosanna Christian Life Worship Center):
10:25-10:30 a.m.

Arrival (Arrival at Hosanna Christian Life Worship Center): 10:35 a.m.

Chapel Field Trip Timeframe: 10:25 a.m. – 11:00 a.m.

Leaving Hosanna Christian Life Worship Center : 10:55 a.m.

Return (leave Hosanna Christian Life Worship Center at 10:55 a.m. and walk across courtyard to Hosanna Learning Center):
11:00 a.m.

* A copy of this trip plan is to remain at the facility *

Rule # R9-5-518.A.3 requires the field trip information be retained for 12 months for centers from the date of the field trip.



ENROLLED CHILD HEALTH HISTORY REPORT

Child's Name: _____ Male: _____ Female: _____ DOB: _____
Father's Name: _____ Does father live in home with child? _____ Yes _____ No
Mother's Name: _____ Does mother live in home with child? _____ Yes _____ No
Is/has the child been under supervision of physician? _____ Yes _____ No Date of last physical/medical exam: _____

DEVELOPMENTAL HISTORY

Walked at _____ months
Began toilet training at _____ months

Began using 4 - 6 word sentences at _____ months
Toilet independently at _____ months

MEDICAL INFORMATION

Past Illnesses - Check illnesses that child has had and specify approximate date of illness.

	DATES		DATES	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps		

Please specify any other past or present serious or severe illnesses, accidents or medical conditions or concerns:

Any environmental or medical allergies? _____

DAILY ROUTINES

What time does child get up? _____ What time does child go to bed? _____ Does child sleep well? _____
Does child sleep during the day? _____ At what time of day? _____ How long? _____

FOOD SENSITIVITIES:

Any specific food sensitivities or allergies? _____
Any food dislikes? _____
Any eating problems? _____

TOILETING PATTERNS

Does the child toilet independently? _____ Yes _____ No Word used for urination _____
Are bowel movements regular? _____ Yes _____ No Word used for bowel movement _____
Any other toileting issues we should be aware of? _____

EVALUATION: To help us further understand your child's needs please evaluate and share with us:

Parent's evaluation of child's health: _____

Parent's evaluation of child's personality: _____

Speech, hearing or vision issues _____

Previous school or group experiences _____

Parent/Guardian Signature _____ Date _____



Policy Agreement & Release Statements:

Please initial each space confirming your agreement of each statement.

- I understand that children in PreK (3's & 4's) or KinderPrep (4's & 5's) must be able to toilet **completely** independently. Children in Preschool (2's & 3's) may need assistance with diapers, pull ups, or potty training support.
- I understand that all immunization requirements must be met prior to the first day of school/attendance.
- I understand that all enrolled children must be age 2 by August 1, 2026. No exceptions will be made for those turning 2 after August 1, 2026
- I understand and give my consent for Little Palms staff to take pictures of my child for promotional purposes and to keep me informed of my child's activities and growth through text, social media, ProCare apps. *(See Parent Handbook for full photo release policy).*
- I understand that all tuition, snack and extended care fees are due to be **PAID IN FULL** by the 15th of every month, or will incur a \$35 late fee.
- I agree to inform Little Palms Preschool immediately if my child will be absent on any day. I understand that no allowances, credits, refunds or makeup days shall be made for occasional absences (i.e. sickness) or holidays.
- I allow Little Palms Preschool staff to sign my child in or out on the ProCare tablets should I or another authorized pickup adult forget. I understand that staff will never release my child to anyone not listed on the EIIRC AZ form.

I, _____, **acknowledge that I have received, read,**
(please print name)

understand and agree to abide by the policies and procedures listed in the Hosanna Lutheran Church & Little Palms Preschool Parent Handbook and herewith enroll my child in the program chosen on the Admission Agreement & Registration form.

Signature

Date

Child's Name