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[globalmindsschool@gmail.com](mailto:globalmindsschool@gmail.com)

## 2026 Summer Camp Registration Form

(Financial Agreement and Terms)

**CHILD'S FULL NAME** \_\_\_\_\_ Name usually called \_\_\_\_\_

Birthplace \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents are married ( ) Living together ( ) Separated( ) Widowed ( ) Single ( )

**PARENT/GUARDIAN'S FULL NAME** \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Email address \_\_\_\_\_

**PARENT/GUARDIAN'S FULL NAME** \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Toilet Trained? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Afternoon nap? \_\_\_\_\_ yes \_\_\_\_\_ no

Children under 4 yrs. old must take a nap. Exceptions can be made at discretion of the director.

# Registration and Tuition Due Dates

If applying after April 15<sup>th</sup>, 2026, please call Global Minds regarding availability.

## Summer Camp Tuition Per Week

Days	Extended Day	Full Day 8:30-3:15	Part Day 8:30-12:45
<b>5 days, M-F</b>	7:30-5:30 \$435.00 8:30-5:30 \$395.00	\$345.00	\$275.00
<b>3 days</b>	7:30-5:30 \$315.00	\$265.00	\$215.00

Please indicate the program in which you wish to enroll your child. If you are interested in more than one language program, please explain below, including how you prefer to distribute their time in each program. In order to keep low student to teacher ratio, Global Minds reserves the right to make changes to scheduling for dual language students.

Mandarin					Spanish				
M	T	W	Th	F	M	T	W	Th	F
_____	7:30-5:30	_____	7:30-5:30		_____	8:30-5:30	_____	8:30-5:30	
_____	8:30-5:30	_____	8:30-5:30		_____	8:30-3:15	_____	8:30-3:15	
_____	8:30-3:15	_____	8:30-3:15		_____	8:30-12:45	_____	8:30-12:45	
_____	8:30-12:45	_____	8:30-12:45		_____		_____		_____

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

## PLEASE INDICATE THE WEEKS THAT YOU WOULD LIKE TO ATTEND

### WEEKLY THEMES

The weekly themes are what the schools plans to teach for each week of the 2026 summer. However, if something unforeseen occurs and Global Minds is not allowed to offer that theme for the week or our visitors are not allowed to come to our school (double booked, emergency, etc.) we reserve the right to change the theme for the week. **Week 5 is a short week. \$345 for the 4 days extended, \$280 for the 4 full days, and \$235 for 4 half days.**

Week and Dates	Weekly Theme
_____ Week 1 6/01-6/05	<b><i>Cultural Cuisine Week</i></b> (cooking and baking)
_____ Week 2 6/8-6/12	<b><i>Fireman and Water Safety</i></b> (firetruck comes to school)
_____ Week 3 6/15-6/19	<b><i>Exploring our Deserts</i></b> (herpetologist will visit)
_____ Week 4 6/22-6/26	<b><i>Water Week</i></b> (towels are necessary!)
_____ Week 5 6/29-7/02	<b><i>4<sup>th</sup> of July Celebration</i></b> Celebrating 250 years!
_____ Week 6 7/06-7/10	<b><i>Chinese Cultural Week</i></b> (food, art, games, guests, & more)
_____ Week 7 7/13-7/17	<b><i>Rock and Roll</i></b> (musical guests will visit)
_____ Week 8 7/20-7/24	<b><i>Hispanic Cultural Week</i></b> (food, art, games, guests, more)
_____ Week 9. 7/27-7/31	<b><i>TBA</i></b>

Total Amount of Weeks \_\_\_\_\_ Weeks Checked (by #) \_\_\_\_\_

By signing below, I acknowledge that I am responsible for payment for the number of weeks selected for Global Minds Preschool summer camp by April 15<sup>th</sup>, 2026. Global Minds has a no refund policy that is strictly adhered to (illness, absence, vacation, school closure, and all other reasons included). Tuition cannot be transferred to alternative weeks of camp, or future tuition at Global Minds.

Parent/Guardian name printed

Parent/Guardian Signature

Date



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## MUST BE RETURNED WITH REGISTRATION

### GLOBAL MINDS PRESCHOOL AGREEMENT

The ownership and staff at Global Minds are committed to our students, their families and the expectations that parents have for their children in an educational and social growth environment. We pride ourselves on hiring qualified, experienced and enthusiastic preschool teachers who take an active role in helping in the social and educational development of your child. We ask that parents with children at Global Minds be as committed to our school as we are to their children. By signing this contract, it is acknowledged that you are committed to the enrollment of your child (for the weeks of summer camp that you indicated in this form) for the 2026 Global Minds summer camp, and that you will pay tuition on time or will be assessed the penalties listed in these financial terms and agreements.

- I/We the parents of \_\_\_\_\_, agree to make my/our payment prior to the commencement of summer camp for our child's summer camp weeks indicated on the previous page of this contract.
- In the event that my child decides or is unable to attend Global Minds for any reason, I/We understand that I/We am/are still responsible for all of the weeks tuition listed in this agreement.

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Parent/Guardian name printed

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Parent/Guardian Signature

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Date



## REGISTRATION AND TUITION

Global Minds reserves the right to cancel any class due to insufficient registration.

Students with medical conditions that exceed the scope of care that the school is able and willing to provide may be denied admittance.

Global Minds will attempt to meet the needs of special children. A scheduled conference with the director and parents/guardians is required prior to admittance.

Children must be at least two years old to enroll at Global Minds. Children who are not potty trained by age 3 will be assessed a weekly fee of \$20.00 until they are potty-trained. Global Minds reserves the right to deny enrollment if potty-training is not feasible.

Tuition for Global Minds 2026 summer camp is not prorated and will not be refunded for vacations, school holidays, absences due to sickness or other circumstances.

Tuition for the weeks listed in this contract must be paid by April 15<sup>th</sup>, 2026 for summer camp for all of the sessions that your child will attend. If you find yourself in need of an extra week during the summer, Global Minds will do their best to accommodate your needs. However, our summer schedule is made before the summer camp begins in order to accommodate vacation times requested for our teachers. We cannot transfer tuition for one week to another week for summer camp should you be unable to attend a particular week that you have signed up for.

## EARLY AND LATE PICK UP POLICY

Students must be dropped off and picked up at the appropriate times. There is a 10 minute grace period for students that begin class at 8:30. Students dropped off before 8:20 sharp will be assessed a \$12.00 charge to be paid before the child's next day of school. Pick up time for the afternoon is deemed late after 12:45, p.m. and 3:15 p.m. sharp and will be assessed a fine of \$10.00 for the first 10 minutes. Each minute thereafter will be assessed \$1.00 per minute. Students picked up after 5:30 p.m. will be assessed a \$20.00 fine for the first 10 minutes. Each minute thereafter will be assessed \$2.00 per minute. Payment must be made before the child's next day of class.

## **DISMISSAL**

A child may be dismissed from Global Minds for the following behavior:

A child is overly aggressive toward other children or the staff and causes harm to others or self.

An inordinate amount of the teacher's time is needed to attend to a particular child's special situation, to the extent that it is depriving the other children in the classroom of the level of care and concern to which they are entitled. In such a situation, the child may have to leave the school temporarily for safety's sake. Repeated uncontrollable behavior can lead to discontinuation of preschool services. If feasible, a two-week notice may be given before termination of services in order to allow parents to find alternative childcare. However, in extreme cases, Global Minds will call for immediate dismissal.

The child is not fully toilet trained and is older than 3 years old.

Parents/guardians fail to honor the obligations of payments or any rules or regulations.

Parents/guardians undermine the dignity, serenity, and reputation of the school by adverse behaviors and actions (e.g. Causing a scene at school, cursing in front of children or at staff, defamation or adverse commentary of school on social media, etc.).

The child's special needs are beyond the scope of Global Minds' care.

**I have read and understand all of the terms of this tuition, payment and dismissal agreement. By signing below, I acknowledge that payment for the weeks listed on page**

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Parent/Guardian Printed Name

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Parent/Guardian Signature

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Date

## **PHOTO RELEASE**

Throughout the course of the summer sessions there are many opportunities for us to take pictures of your children in their classrooms, the Jefferson Theater, the playground, and at outdoor events. Global Minds likes to share these pictures on their Facebook page, Instagram, the school website, and other school related materials (newsletter, Facebook print ad, etc.). By signing below, you are giving your consent for Global Minds to use pictures of your child for school related material and communication.

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Parent/Guardian Name Print

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Parent/Guardian Name Sign



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

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, at least two contact persons are required.)

Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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\*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:
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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:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<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?		<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>
If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:			
Is child usually susceptible to infections and if so, what precautions need to be taken?		<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>
If yes, list precautions:			
Is child subject to convulsions and what should be our procedure if one occurs?		<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>
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.)?			
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:
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