



# Shepherd of the Desert Lutheran Preschool

9400 E Mountain View Road, Scottsdale, AZ 85258  
480-860-0488 - <https://shepherdaz.school>

## Student Information & Schedule Preference

Please list the names of all students enrolling in Shepherd of the Desert Preschool and desired class schedule.

**Student One:** \_\_\_\_\_  Male  Female \_\_\_\_\_  
Name Date of Birth Age as of 9/1/22

**Days of the Week Desired:** Mon/Wed/Fri  Tues/Thurs  Monday-Friday

**Hours:** 8:30-11:30  8:30-12:30  8:30-2:45  Before Care (7:30-8:30am)  After Care (2:45-4:30pm)

**Additional Notes or Requests:** \_\_\_\_\_

**Student Two:** \_\_\_\_\_  Male  Female \_\_\_\_\_  
Name Date of Birth Age as of 9/1/22

**Days of the Week Desired:** Mon/Wed/Fri  Tues/Thurs  Monday-Friday

**Hours:** 8:30-11:30  8:30-12:30  8:30-2:45  Before Care (7:30-8:30am)  After Care (2:45-4:30pm)

**Additional Notes or Requests:** \_\_\_\_\_

**Student Three:** \_\_\_\_\_  Male  Female \_\_\_\_\_  
Name Date of Birth Age as of 9/1/22

**Days of the Week Desired:** Mon/Wed/Fri  Tues/Thurs  Monday-Friday

**Hours:** 8:30-11:30  8:30-12:30  8:30-2:45  Before Care (7:30-8:30am)  After Care (2:45-4:30pm)

**Additional Notes or Requests:** \_\_\_\_\_

## Parent Information

\_\_\_\_\_  
Father's Name / Guardian 1

\_\_\_\_\_  
Mother's Name / Guardian 2

\_\_\_\_\_  
Stepfather

\_\_\_\_\_  
Stepmother

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address (if different)

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Father's Employer

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Mother's Employer

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

Student Lives With: \_\_\_\_\_

Custody Arrangements (if applicable): \_\_\_\_\_

Who is financially responsible for tuition and fees? \_\_\_\_\_

Ethnicity (optional – used for school statistics report): \_\_\_\_\_

How did you hear about Shepherd of the Desert Preschool? \_\_\_\_\_

### Family Worship Life

Home Congregation/Religious Affiliation: \_\_\_\_\_

Would you like more information about Shepherd of the Desert Church? Yes  No

Would you like more information about baptism? Yes  No

Baptism Dates (month/year): Child One: \_\_\_\_\_ Child Two: \_\_\_\_\_ Child Three: \_\_\_\_\_

### School History & Medical Information

Has anyone in your family attended Shepherd of the Desert in the past? \_\_\_\_\_ Whom? \_\_\_\_\_

Most Recent School Attended (name, location): \_\_\_\_\_

Has your child(ren) ever been dismissed from school? Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_

Has your child(ren) been tested or recommended for testing for any condition which may affect school performance (e.g., Attention Deficit Disorder, Autism, learning disabilities, behavior/emotional disorders, etc.)? Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_

Does your child(ren) have an Individualized Education Plan? Yes  No  If yes, please provide copies to school.

*Shepherd of the Desert Preschool reserves the right to dismiss a student after enrollment acceptance has been finalized if prior disciplinary action or undisclosed special needs come to light or if accommodations for special needs are unable to be met.*

Please describe any additional screening or health conditions of which the school needs to be aware: \_\_\_\_\_

Does your child(ren) take medication for any of the above conditions or for any other condition? Please Describe: \_\_\_\_\_

List any allergies: Child One: \_\_\_\_\_  
 Child Two: \_\_\_\_\_  
 Child Three: \_\_\_\_\_

Has your child ever had chicken pox (yes/no)? Child One: \_\_\_\_\_ Child Two: \_\_\_\_\_ Child Three: \_\_\_\_\_

The following must take place before Student Admission is considered complete.

- **This form must be completed and turned in with a copy of the student’s Birth Certificate and current Immunization Records along with a check for the non-refundable Registration Fee of \$300.**
- This paperwork should also be accompanied by the Tuition Agreement Form, Parent Consent and Release Form and the Emergency, Information and Immunization Record Card - all forms are available online at <https://shepherdaz.school>
- Shepherd of the Desert Lutheran Preschool admits students of any race, color, nationality or ethnic origin, making available to all of its students the rights, privileges, and activities associated with the program. Additionally, Shepherd of the Desert does not discriminate on the basis of race, color, nationality or ethnic origin in administration of its educational policies, admissions policies, tuition assistance, loan programs and other school-administered programs.
- It is the mission of SOTD to share the love of Jesus with children and instill in them a love of learning and the desire to serve the Lord. Shepherd of the Desert recognizes that there may be applicants whose background and circumstances are such that the applicants would require extraordinary attention and/or resources, and their admission would therefore disproportionately reduce the attention and resources available to other students. SOTD also recognizes that, from time to time, there may be applicants with backgrounds that suggest that the applicant may pose a potential risk to other students. Shepherd of the Desert Preschool must consider the best interest of the student body as a whole, and for this reason it is the policy of Shepherd of the Desert Preschool not to accept such applicants. Exceptions to this policy may only be made by the Preschool Director.
- The school faculty expects students and families to comply with school regulations. Before signing this form, please review these policies, procedures and rules outlined in the Preschool Family Handbook which is available online at <https://shepherdaz.school>

Tuition Rates and Policies 2022-2023

**Non Refundable Registration Fee: \$300 - paid by check made out to “SOTD” when submitting all paperwork**

Age Level	MWF Classes	3 day costs	TTh Classes	2 day costs	Monday-Friday	5 day costs
2-5 year olds	MWF am - 8:30-11:30	\$425	TTh am - 8:30-11:30	\$325	M-F am - 8:30-11:30	\$655
	MWF lunch - 8:30-12:30	\$550	TTh lunch - 8:30-12:30	\$410	M-F lunch - 8:30-12:30	\$860
	MWF all day - 8:30-2:45	\$735	TTh all day - 8:30-2:45	\$530	M-F all day - 8:30-2:45	\$1080

**Registration fees are non-refundable.** They must be submitted with all required paperwork and class/schedule acceptance. These funds are used to reserve a child's class placement and to cover FACTS administration and office costs. If a family needs to withdraw their student during the school year, a 30-day written notice must be given to the Preschool Director. A portion of the tuition from the following month of enrollment may be refundable with a 30 day, written advance notice.

Student accounts must be paid in full by May 31<sup>st</sup>, 2022 to be eligible for re-enrollment in the 2022-2023 school year. Tuition is collected during a 10-month billing cycle, with the first payment due August 1<sup>st</sup>, 2022 and the final payment due May 1<sup>st</sup>, 2023, excluding any extra fees for additional programming. Subsequent payments are due on the 1<sup>st</sup> of each month. All payments will be made through the FACTS Management system. Automatic withdrawal accounts through FACTS must be set up by July 1<sup>st</sup>, 2022.

If payment is delinquent, families will be notified and a late fee will be assessed to your account. If debt persists, enrollment is subject to suspension or termination.

**Signature and Policy Acknowledgement**

By signing below, I state that I have reviewed the Preschool Family Handbook online at <https://shepherdaz.school> and understand what is expected and required of myself as a parent of a Shepherd student, and I understand, accept and agree to follow and promote the rules and policies of Shepherd of the Desert Preschool.

\_\_\_\_\_ OR \_\_\_\_\_  
*Father's Signature or Legal Guardian & Date*                      *Mother's Signature or Legal Guardian & Date*

**Office Use Only - Do not write below this line.**

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Class Schedules/Placements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_