Little Big Minds Preschool – Heatherbrook Campus Registration Package
Return to:
2716 N Dobson Rd, Chandler, AZ 85224
Little Big Minds Preschool
**Returning students and their siblings will have placement priority.*

Heatherbrook Campus

2026 - 2027 Academic Year Registration

Dear Prospective Little Big Minds Preschool® Families,

Thank you for your interest in Little Big Minds Preschool. We know that your child's education is a priority, and we work hard to provide the highest quality Spanish immersion preschool experience possible.

Research shows that learning a second language at an early age stimulates brain development and expands cognitive abilities. Positive academic outcomes for children who develop more than one language within the first seven years of life are substantial. Put simply, bilingualism builds brain power!

We use an inquiry-based approach to education which actively engages children in the process of learning. Our ***Piezas Del Mundo***® curriculum provides authentic opportunities for exploration using real world topics that help children develop critical-thinking and communication skills through meaningful play-based activities.

> ***Our Mission*** *is to engage children in Hands On/ Minds On activities that teach children how to think, not what to think. We give children the confidence to find their voice in any language and to solve problems through creativity and innovation.*

We know just how critical these formative years are and we work hard to make each moment magical and joyful. We hope you will join our preschool family as we endeavor to share the gift of bilingualism. We can't wait to watch your little *BIG* minds GROW.

Sincerely,

Marcela Zepeda
Heatherbrook Campus Director
director.heatherbrook@lbmpreschool.com
602-854-3231
www.littlebigmindspreschool.com

HEATHERBROOK CAMPUS PROGRAMS AND MONTHLY FEES

Days/ Week	Académico (Academic Day)	Abejas Ocupadas (Busy Bees)	Madrugador (Early Birds)	Todo El Dia (All Day)
	9:00 – 1:00	9:00 – 3:00	7:00 – 3:00	7:00 – 5:30
5 (M-F)	$954	$1,078	$1,187	$1,393
3 (M, W, F)	$700	$785	$936	$1,050
2 (T/TH)	$536	$622	$731	$842

Academic Year: Enrollment is based on a commitment for the entire 10-month Academic year (August to May)

Registration Fee: A one-time, non-refundable fee of **$200.00** per child is due at the time of registration for each academic year.

Student Calendar: We attempt to follow the Chandler School District calendar where possible. Please note that Little Big Minds is **closed to all students during Fall, Spring** and **Winter breaks.**

New Student Packet: Student handbook, school activity calendar and after school enrichment activities will be delivered to registered families prior to the first day of school.

Ratios: Low student/teacher ratios are essential in an effective immersion environment. At Little Big Minds we strive to run group sizes and ratios that meet or exceed licensing standards.

Program Selection: If your choice of program is not available at time of registration, your child's name may be added to the class waitlist at your request. Waitlists are updated throughout the year. If an opening occurs, you will be notified immediately.

Extra Hours: Care Beyond Your Program is offered on an as needed basis and is based on space available. Space is not guaranteed. The charge is $10.00 per hour. The hourly rate is not prorated. A full hour will be charged if your child is dropped off 15 minutes before or picked up 15 minutes after the program you selected.

All Day Students: Naptime is available from 1pm to 3pm daily. The nap room is open to all children. Children not yet toilet trained or not yet 3 years old must go to the nap room if they stay for an extended day.

REGISTRATION INSTRUCTIONS

Little Big Minds only accepts completed registration packets. Registrations will be accepted on a first-come, first-served basis. A registration fee must accompany each application to cover the initial cost of administration, supplies, enrichments and special projects. Current students and siblings of current students will have placement priority. Please return completed packets to: Little Big Minds Preschool – Heatherbrook Campus: 2716 N Dobson Rd, Chandler, AZ 85224

Checklist:

- □ Registration Form
- □ $200 Registration Fee
- □ Blue Form - Emergency Information and Immunization Form*
- □ Birth Certificate (copy)*
- □ Current Immunization Records
- □ Photo and Directory Release
- □ Financial Policy
- □ Confidential Form*

* If your child is already a Little Big Minds Preschool student and these items are current and on-file in the Little Big Minds Preschool office, you do not need to turn these forms in with your re-application. Returning families must turn in a completed application by January 16, 2026 to qualify for priority placement.

IMPORTANT: Incomplete registration packets will not be accepted. We cannot add your child's name to the enrollment list or "hold" spots with partially completed packets. You must turn in ALL of the above information to be added to the registration list.

Little Big Minds Spanish Immersion Preschool places great value on providing a global and multicultural environment for its students. It does not discriminate on any basis, including but not limited to race, color, nationality, or ethnic origin, in the administration of its educational policies, admission policies, or other school-administered programs.

Heatherbrook Campus –2026/2027
Please return to
Little Big Minds Office at
2716 N Dobson Rd, Chandler, AZ 85224

Office Use Only:

Registration Fee	
Blue Form	
Birth Certificate	
Current Immunizations	
Financial Policy	
Confidential Form	
Photo/Directory Release	
Credit Card Auth.	

HEATHERBROOK CAMPUS

Please check the box to select your program.

Days/ Week	Academico (Academic Day)	Abejas Ocupadas (Busy Bees)	Madrugado (Early Birds)	Todo El Dia (All Day)
	9:00-1:00	9:00 – 3:00	7:00 – 3:00	7:00 – 5:30
5 (M-F)	□ $954	□ $1,078	□ $1,187	□ $1,393
3 (M, W, F)	□ $700	□ $785	□ $936	□ $1,050
2 (T/TH)	□ $536	□ $622	□ $731	□ $842

□ If my 1st program choice is not available, I will consider: _____

Child's First Name Middle Name Last Name

Nickname/Name to be called Male/Female Birth Date

Home Address City/State Zip code

( )
Home Phone Number Child Lives With

( )
Parent's Name Telephone E-mail

( )
Parent's Name Telephone E-mail

Toilet Trained? □ Yes □ No Afternoon Nap? □ Yes □ No

Allergies: □ Yes □ No Please list: _____

Parent Signature: _____ **Date:** _____

Monthly Tuition Costs are paid for the 10-months from August 2026 to May 2027.
Tuition will not be prorated for absences due to illness, vacations or school holidays.

LITTLE BIG MINDS PRESCHOOL FINANCIAL POLICY

Little Big Minds Preschool is an independent, private preschool. Our operations are not subsidized by a sponsoring organization and our income derives solely from tuition fees and fundraising efforts. Our budget constraints mean that every family has a responsibility to pay their tuition in-full and on-time. An explanation of the school's financial policies follows:

Registration Fee: Annual Registration fee is paid once each year to cover the cost of initial administration, supplies, special projects, and enrichment opportunities. The registration fee for all classes is $200 and it is non-refundable and non-transferable.

Tuition Payment: Tuition is due on the 1st of each month during the school year, and after registration, you will receive an invitation to the School Care Works parent portal to set up your tuition payment and preferred payment method. August 2026 tuition is due on August 1, 2026, and monthly tuition is billed over 10 months (August through May), including December. The campus follows the Chandler School District Calendar and will be closed to all students during **Fall, Spring, and Winter Breaks.** Tuition is not prorated for school holidays, illness, or vacation, and families who choose to pay by credit card are responsible for any applicable processing fees charged by the payment system.

Late Charges: Tuition payments received after the 5th day of the month are deemed late and subject to a late charge of $25.00. Any payment received will first be applied to any outstanding late fees, then to the outstanding tuition balance. A charge of $25.00 will also be assessed on checks or credit card payments returned for insufficient funds. **Failure to pay on the 5th of the month will result in suspension.**

Non-Payment: If the family experiences a change in circumstances or is otherwise unable to meet their payment obligations, it is the responsibility of the family to contact the Director to make an acceptable arrangement. If an account is more than 30 days past due and a satisfactory arrangement cannot be reached, the Director may require that the child(ren) be withdrawn from the school and a payment schedule will be made until the balance due is paid in full.

Withdrawal: Should unforeseen circumstances arise, parents must provide the Director with 30-days prior written notice of withdrawal for any reason and shall be liable for tuition for a period of 30-days from the date notice is given to the school.

Program Change: Parents may change program selection mid-year if space is available. Parents must provide 30 days written notice prior to the effective date and they are responsible for all tuition charges for the original program during that 30-day period.

Temporary Absences: No refunds will be made for temporary absences due to force majeure, family vacations, illness, accidents, health notices, acts of government, etc. In the event of special circumstances, a parent may apply in writing to the Executive Committee of the Preschool Board of Directors for special consideration.

Multi-Child Discount: A family that has two or more children enrolled in the school during the same school year will receive a 10% discount on the tuition for one additional child. (The discount applies to the child in the family with the lowest tuition.)

Tempe District Teacher/Staff Discount: Any teacher or staff member under contract with the district will receive a discount of 10% on the tuition for any child(ren) enrolled for that school year. The 10% discount will be applied after the multi-child discount, if both are applicable.

Care Beyond Your Program: Care beyond your program will incur a charge of $10.00/hour. Hourly costs are not prorated. A full hour will be charged if your child is dropped off 15 minutes before or picked up 15 minutes after the program you selected. Care beyond your program fees are payable on the first of each month with monthly tuition.

Late Pickup: A late fee of $1 per minute will be charged for every minute after 5:30 pm. Teachers will report late pickups to the Director, and families will be invoiced with monthly tuition,

I,_____(Printed Name) have read the Little Big Minds Preschool Financial Policy in its entirety and agree to comply with the terms stated herein.

_____

Signature Date

PHOTO OPT-OUT FORM

Child's Name: _____

Parent's Name: _____

During a school year many wonderful photos are taken both in the classrooms and at school-related events. These photos are intended to capture the joy of early learning. Each week teachers will share pictures of children's hard work in the classrooms on our private Kaymbu app. From time-to-time we will also post pictures on Little Big Minds social media accounts.

Please initial in the box below if you do want your child's photo included in any Little Big Minds classroom or school communications.

☐ Social Media ☐ Kaymbu ☐ School Website

☐ Please do **NOT** include my child's picture in any Little Big Minds classroom or school communications.

DIRECTORY OPT-OUT FORM

The Little Big Minds Preschool Directory is sent via email to facilitate parent communication and to share contact information for birthday parties and community gatherings. The list will not be sold, used, or distributed outside of the preschool.

☐ Please do **NOT** include my contact information in the classroom directory.

☐ Please **ONLY** include my email. ☐ Please **ONLY** include my phone

Signature: _____ Date: _____

Note: By not checking the above boxes you consent to participation in Little Big Minds Directory and use of photos on the Kaymbu app and other social media accounts.

CONFIDENTIAL INFORMATION Date Completed: ____/____/_____

Child's Name:_____

Name to be called: _____ Date of Birth _____/_____/_____ Sex: □ F □ M

Mother's Name:	
Employer:	
Occupation:	
Cell Phone:	
Email:	

Father's Name:	
Employer:	
Occupation:	
Cell Phone:	
Email:	

1. Does your child have any allergies?

   □ Dairy □ Nut/Peanuts □ Pets □ Eggs □ Fruit □ Wheat □ Medication □ Other ____

   Please provide specific allergy, history of reaction and treatment to exposure.

2. Medical history: Please list all serious, chronic or prolonged illness, surgeries, conditions or diseases we should be aware of:

3. Help us get to know your child. In a sentence or two, please describe your child's personality, talents, interests, temperament, etc…

4. What are some of your child's favorite indoor and outdoor activities?

5. Does your child have any specific fears or anxiety? Please describe.

6. Please describe the child's family dynamic, including whether the child splits time between homes, other children and adults who live with the child (parttime or fulltime), and their relationship to your child.

7. Is this child's first preschool experience? □ yes □ no

   Name of previous preschool(s) and dates attended: _____

   Reason for move to Little Big Minds: _____

8. Is your child toilet trained? □ yes □ no Does s/he nap? □ yes □ no Duration:

   Does the child have any problems with eating, sleeping or toilet use? Please describe:

9. Are there any emotional, developmental or physical needs we should be aware of? □ yes □ no

10. Please use the following space to tell us anything we need to know about the child. This form is private and confidential.

11. Will you be our Knowledge Partner? Do you have any special skills, interests or talents that you would be willing to share with the children or the staff? Will you share your heritage with us as we learn about other countries around the world?

12. Would you be willing to volunteer on campus or as a classroom coordinator or classroom volunteer?

□ Classroom Coordinator (Help with classroom parties)	□ Playdough Volunteer (Make playdough for the classroom each month)
□ Library Volunteer (Bring theme-related books)	□ PTO Committee Member

ADHS LICENSING

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:** ☐ **male** ☐ **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**:
Name:	**Contact Telephone Number**:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

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

*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:	

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 or contact the Arizona Immunization Program Office at (602)364-3630.

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

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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? ☐ **No** ☐ **Yes** **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? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes** **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.)? ☐ **No** ☐ **Yes** **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:**