

**Child Care Services  
Before/After Care Program  
2010-2011**



Child's Name: _____	Home Address: _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	City/State: _____
Date of Birth: _____	Zip Code: _____
Last four SSN#: _____	Home Phone: _____
Grade: _____ Age (now): _____	Cell Phone: _____

As required by the Arizona Department of Health Services, a registration packet, complete with emergency and health forms must be completed before the acceptance of each child. Imagine Schools at Sierra Vista's Child Care Services is a program governed by the state and must adhere to all rules and regulations.

The following must be turned in prior to participation in the Before/After Child Care Program:

- 1.) Completed registration packet
- 2.) Submit a registration fee of **\$30** per child (for new applicants) and a **\$15** annual fee thereafter. This fee must be paid at the beginning of your service. A **20%** discount will be given for a 2<sup>nd</sup> child and/or **\$50** for a family of 3 or more children per year. **For returning customers only:** The annual fee of \$15 must be paid before the beginning of your services.
- 3.) Emergency information and immunization record card with a copy of current shot records.
- 4.) Medical alert form with diagnosis, allergies, and prescription medication only from your physician, if needed.
- 5.) Discipline Policy form signed and returned.

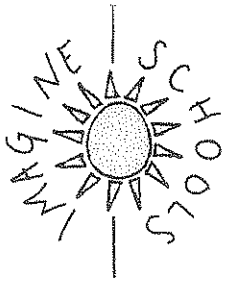
**AGE REQUIREMENTS:**

- Children that are 4 yrs. 9 months old must be enrolled in Kindergarten at Imagine Schools.
- Children not attending Imagine Schools must be 5 years old.
- Maximum age is 12 yrs. / 6<sup>th</sup> grade

**TUITION:**

A space can only be reserved if registration is paid. All fees are to be paid regardless of the number of days attended. In the months of October, December, and March there will be an additional fee or an adjustment made to the patron's account if services are rendered during the breaks. All fees are to be paid by the **1<sup>st</sup> and the 15<sup>th</sup> of each month (for bi-weekly)** and no later than two weeks from due date. Late charges will occur after the 3<sup>rd</sup> and 17<sup>th</sup> of each month.

All customers receiving assistance from DES will be responsible for reporting any changes in their agreement. Customers must sign a "Rate Agreement" to insure that all fees not covered by DES is agreed upon before services are rendered.



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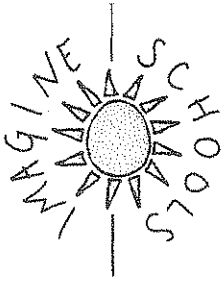
**SERVICE CATEGORIES:**

<b>PLEASE CIRCLE:</b>				
<b>Registration:</b>	New	2 children	3 or more	Annual fee
	\$ 30.00	\$ 24.00	\$ 50.00	\$ 15.00
<b>Before Care:</b>	\$ 30.00/wk	\$27/wk per child		
<b>After Care:</b>	\$ 60.00/wk	\$54/wk per child		
<b>Before &amp; After Care:</b>	\$ 90.00/wk	\$81/wk per child		
<b>Regular full days:</b> (more than 6 hrs.)	\$18/day			
<b>Occasional Use:</b>				
Before -	\$ 10.00	After -	\$12.00	
Both -	\$ 18.00			
Note: The Occasional use is limited to three days a week and provisions must be made the Friday before the next week service(s).				

**PAYMENTS:**

Please make payments to: **Imagine Schools at Sierra Vista** with week/month in memo  
**Return check fee:** All checks returned for insufficient funds will be charged a process fee of **\$ 25.00**. Any payments made thereafter will need to be made by cash, money order, or cashier's check for the duration of one year.

**I have read and understand the statement about tuition and return check fees.** \_\_\_\_\_ (initials)



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**LATE FEES**

There will be a late charge fee of **\$ 5.00** on payments made after the 1<sup>st</sup> of the month, and an additional **\$1.00** for each day thereafter. Your child/children will be temporarily suspended from the program if payment(s) are delinquent for more than one week. Any additional fees not paid by DES will be the responsibility of the customer and need to be paid along with other monthly fees.

**REFUNDS**

Refunds are only given upon withdrawal from school. Notice must be received two weeks prior to withdrawal. Refunds are only given

I have read and understand the statement about late fees and refunds. \_\_\_\_\_ (initials)

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**HOURS OF OPERATION**

Imagine Schools at Sierra Vista is on a 190 day calendar school year. The "Before and After Program" is offered during all school days that are in session, including during Spring, Fall and Winter Breaks, depending on the number of students who sign-up. The hours of operation for the "Before School Program" begin at 6:00 a.m. and end at 8:00 a.m. Students are released to their class waiting area at 7:50 a.m. The hours of operation for the "After School Program" begin at 3:00 p.m. and end promptly at 6:00 p.m.

Regular school days: Monday through Friday - 6:00 a.m. – 8:00 a.m.  
3:00 p.m. – 6:00 p.m.

\* Note: During half days, services will be available immediately after school dismissal.

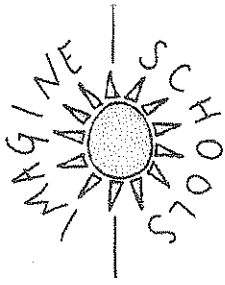
School breaks (full days): Monday through Friday - 6:00 a.m. – 6:00 p.m.

**LATE DEPARTURE**

The services for this program end and close at 6:00 p.m. All children must be picked up by this time. Parent(s)/Guardian(s) who have not picked up their child/children by 6:00 p.m., will be charged a late pick-up fee of **\$2.00** per minute, as determined by school time. Also, late payments are due at pick-up. Late pick-ups due to inclement weather in the city or health emergencies will be excused once a quarter. Children left in our care after thirty minutes with no contact from a parent/guardian will be reported to the local authorities and Child Protective Services will become involved with the incident.

I have read and understand the statement about hours of operation and late pick-ups. \_\_\_\_\_ (initials)

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**CHILD ADMISSION AND RELEASE POLICY**

Parent(s) / Guardian(s) are responsible for signing in their child for "Before Care Services." Imagine Schools Before and After Care Staff are required to sign-in students for the "After Care Services." All children being released from the program must be signed out by a parent/guardian. Children will only be released to authorized persons noted on emergency cards with proper identification. Parent(s)/ Guardian(s) must inform the "Before and After Care" Staff of any other person(s) picking up their child, that is not listed on the emergency card.

I have read and understand the statement about child admission and release policy. \_\_\_\_\_ (initials)

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**WITHDRAWAL / CHANGE IN SERVICES**

To withdraw or change to another category/service program, a Change of Category / Termination form needs to be filled out by the customer and signed by the director before a withdrawal is granted or the changes are approved.

I have read and understand the statement about withdrawals and changes in category. \_\_\_\_\_ (initials)

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**DISCIPLINE AND GUIDANCE / TOUCH POLICY**

All disciplinary action will be in compliance with the Arizona Department of Health Services Rules and Regulations, R9-5-510. The staff and children at Imagine Summer Camp will also follow the school general rules and the child care program rules.

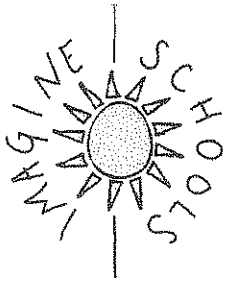
**WARNING / CONSEQUENCES**

**Category 1** (Small infractions, mishaps, or inappropriate behaviors)

- 1<sup>st</sup> offense - Verbal warning
- 2<sup>nd</sup> offense - Verbal warning, reminder of rules and consequences, removed from situation, Given other choices
- 3<sup>rd</sup> offense - Reminder of rules and consequences, privileges taken away, Placed in time out.
- 4<sup>th</sup> offense - Written notice to parent of behavior

**Category 2** (fighting, violent or physical contact on anyone, foul language, disrespectful to caregiver, destroying school property)

- 5<sup>th</sup> offense - Call to parent/guardian about behavior
- 6<sup>th</sup> offense - Call to parent/guardian about behavior, face to face conference



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7<sup>th</sup> offense - Call to parent/guardian about behavior and suspension from the program for  
A number of days (suspension days depend on the severity of the offense).

If any issues past the fourth offense and it cannot be resolved within 48 hours of the incident, the child will automatically be suspended for two days with reimbursement of funds.

**R9-5-510. Discipline and Guidance**

- A. A licensee shall ensure that a staff member:
  - 1. Defines and maintains consistent, reasonable rules, and limitations for a child's behavior and teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior;
  - 2. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity; and
  - 3. After determining that a child's behavior may result in harm to self or others, holds the child until the child regains control or composure.
- B. A licensee shall ensure that a staff member does not use or permit:
  - 1. A method of discipline that could cause harm to the health, safety, or welfare of a child;
  - 2. Corporal punishment;
  - 3. Discipline associated with:
    - a. Eating, napping, sleeping, or toileting;
    - b. Medication; or
    - c. Mechanical restraint; or
  - 4. Discipline administered to any child by another child.
- C. A licensee may allow a staff member to separate a child from other children for unacceptable age-appropriate behavior.
  - 1. The separation period shall be for no longer than three minutes after the child has regained control or composure.
  - 2. A staff member shall not allow a child to be separated for longer than 10 minutes without the staff member interacting with the child.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4).

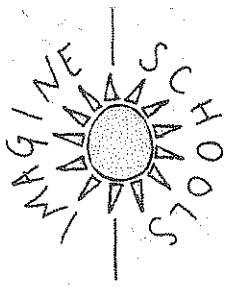
(Source: [http://www.azdhs.gov/diro/admin\\_rules/substantivedocs/sp-032-dls-ccl.doc](http://www.azdhs.gov/diro/admin_rules/substantivedocs/sp-032-dls-ccl.doc))

**I have read and understand the statements about the discipline and guidance / touch policy**

\_\_\_\_\_ (initials)

**Medical Consent**

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child's name)  
give consent for an authorized Imagine Schools provider, health official, or nurse to provide first aide care for my child in an emergency situation. This includes when the child's condition presents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort



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will be made to notify me before such action is taken. I (parent(s)/guardian(s)) will pay any expenses incurred by emergency help that is not covered by the school or my insurance.

I have read and understand medical consent of this contract. \_\_\_\_\_ (initials)

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**INSPECTION REPORTS**

All inspection reports will be kept on file in the "Before and After Care" office and posted for viewing.

I have read and understand the statement about the inspection reports. \_\_\_\_\_ (initials)

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**PARENT CONSENT FOR OTHER EVENTS:**

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child's name) Consent to the following in reference to the care of my child(ren):

To have photos taken of my child(ren), to be used by Imagine schools, the local newspaper, or other publications such as the military newspaper, or city publication. (Please circle) Yes No

I have been offered a copy of the Parent Handbook (Please circle) Yes No

I give my child(ren) permission to be transported in a private vehicle by an Imagine Schools provider in the event of an evacuation from school premises. (Please circle) Yes No

I give my permission for my child to use the computers, network, and internet at Imagine Schools during the time of care with staff member supervision. My child will agree to follow the posted rules put forth by the Imagine Schools Child Care Program and will be held responsible for any violations of these rules. As the parent/guardian I will convey good standards for internet use to my child. (Please circle) Yes No

I have read and completed all information that is required for my child to participate in the program and will adhere to all the rules and regulations noted on this form and with the State of Arizona Department of Health Services. (Please circle) Yes No

By signing this form, I understand that any false information or violations against this program, facility, or state department could terminate my services and no refunds of payment will be given, however, all unpaid fees still apply until end of the month. (Please circle) Yes No

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
(mm/dd/yyyy)