

Arizona Children's Academy

900 N. Mc Queen Rd
Chandler, AZ 85225
480-855-8777

Enrollment and Policy Agreement

<u>Name of Child</u>	<u>DOB</u>	<u>Schedule</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Arizona Children's Academy
ENROLLMENT INFORMATION

Mother/Guardian

Name _____

Social Security Number _____

Address _____

City, State & Zip Code _____

Employer _____

Address _____

City, State & Zip Code _____

Phone: Home _____

Work _____

Cell (____) _____

E-mail _____

Father/Guardian

Name _____

Social Security Number _____

Address _____

City, State & Zip Code _____

Employer _____

Address _____

City, State & Zip Code _____

Phone: Home _____ Work: _____

Cell (____) _____

E-mail: _____

Emergency Information

Emergency Contact/Pick-up Authorization

Name _____	Name _____
Phone _____	Phone _____
Relationship _____	Relationship _____
Address _____	Address _____
_____	_____

The following persons may **not** pick up children from the premises

Medical Emergency Contact

Doctor _____	Phone _____
Address _____	
Dentist _____	Phone _____
Hospital _____	

Allergies _____
Special Conditions _____
Special Diet _____
Comments _____

I hereby authorize Arizona Children's Academy to take any necessary emergency measures for the care and protection of my child while under the center's supervision.

Parent's Signature _____ **Date** _____

Registration Fee:

I understand that an annual registration fee per child is due upon enrollment. Registration fees must be paid every year to maintain enrollment of my child. It must be paid in full by August 15th for each enrolled child. (a maximum of \$100 per family).

Initial: _____

Late Pick-up:

I agree to pay a late charge of \$5.00 for every 5 minutes past 6.30 p.m. per child. If we are unable to contact you, Child Protective Services will be called.

Initial: _____

Check Policy:

When writing a check, I will be asked for a valid driver’s license. If the check is returned for non-sufficient funds, a \$25 processing fee will be charged. I will be required to pay my balance in cash or money order. This might lead to disenrollment from the center.

Mother’s Driver License: _____ SSN _____

Father’s Driver License: _____ SSN _____

Initial: _____

Meals and Snacks:

I understand that the full day program includes a hot lunch, a morning and afternoon snack. Breakfast can be purchased if needed.

Initial: _____

Holidays/Absentee/Illness/Vacation Policy:

I understand that Arizona Children’s Academy is closed on the following holidays and I understand that other days are not substituted for these holidays: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas.

I understand that no credit will be given for these holidays. If my regular schedule includes one of these days, I will be required to pay my regular weekly tuition rate. I understand that a maximum of 2 weeks absence per school year may be credited and any other absence must be paid in full.

Initial: _____

Program Changes/Withdrawal:

I agree to provide two week written notice for withdrawal or for changes in schedule including summer holidays and intersession. One day advance notice is required for special field trips and early release days. A \$5.00 no-call fee for failure to inform a change in drop-off or pick-up schedule will be charged.

Initial: _____

Sign-In/Sign-out:

For my child’s protection and safety, I will sign my child in and out on arriving and leaving the center every time. I will also notify anyone that is authorized to pick up my child of the same.

Child Release:

I understand that my child will be released only to those persons whose names are listed on the emergency cards. I will inform the center in writing if any other person is authorized to pick up my child. The parent will be contacted to verify authorizations if needed. Proof of identification must be presented if asked. Arizona Children’s Academy employees cannot transport a Arizona Children’s Academy child from the center to the child’s home due to insurance liability.

Initial: _____

Baby-Sitting:

We feel baby sitting your children during off hours by our employees will create conflicts and it is strictly prohibited. Please do not ask our employees to provide baby sitting services to your children during off hours.

Initial: _____

Quiet Time:

We will provide sheets and blankets for your children. If your child needs to use a special or personal blanket, please do not send blankets which are bigger than a receiving blanket, as they will not fit in the cubbies. We will not be responsible for personal blankets or other belongings that are lost or damaged.

Initial: _____

Health:

We trust you will not bring in a sick child. However, if in our opinion the child is sick, we will call you to come and pick up your child in one hour. We will call you for the following reasons:

- A fever over 100 degrees.
- A rash or sore.
- Discharge from eyes, ears or nose.
- Vomiting or Diarrhea.
- Signs of a communicable disease.

For further information, please refer to the parent hand book.

I understand that Arizona Children’s Academy staff will not be dispensing any sort of medications without a doctor’s note and completely filled Medical Permission slip. This applies to all medications including Over the Counter medications.

Initial: _____

Discipline & Behavior:

We want our children to learn appropriate ways to express their emotions. We guide them by providing the right environment with hands on and stimulating activities. The curriculum supports active learning and problem solving skills. There is a great emphasis on following directions and rules through positive and clear communication. Positive behavior is reinforced and encouraged at all times. With the short attention span in children below five years, redirection is a very successful technique. Time-Out will be used only as a last resort.

We are happy to have the opportunity to be of service to you and your child. The safety and well being of every child is our priority. We will make every effort to work with the parents and the children having difficulties at the center. Any behavior upsetting the physical or emotional well being of another child or staff member will require special actions. The directors will meet with the parents to discuss an action plan. When progress has not been made, the child may be suspended indefinitely. The parent will be called at any time to have the child picked up if the behavior cannot be modified by the staff members.

Disenrollment:

Arizona Children’s Academy can cancel the enrollment of a child immediately for physical and/or oral abuse of staff or other children by parent or children. This includes excessive biters in all age groups. Non-payment of Tuition fees also leads to immediate disenrollment. Please refer the Parents Handbook for more details.

Initial: _____

Discount:

Arizona Children’s Academy offers a 10% tuition discount for each additional child from the same household. The discount will be applied to the oldest child’s tuition. The discount is applicable only to full time students. These discounts are only available to those clients who pay in advance for services rendered.

Initial: _____

School Age Tuition:

At Arizona Children’s Academy, we offer full day care for school age children during intersession and summer holidays. Tuition charges are adjusted accordingly. There might be additional charges for extra activities including field trips.

Initial: _____

Payment of Tuition:

I understand that tuition is due the first scheduled day of each attendance week. A late fee of \$5.00 per day will be charged after 9:00 a.m. on Tuesdays. If the tuition becomes delinquent, the enrollment will be jeopardized. Delinquent accounts will be submitted to small claims court and appropriate collection fees will be charged. If you have any questions or concerns, please see the Director.

Initial: _____

Concerns or Questions:

Arizona Children’s Academy welcomes feedback and suggestions from the parents. I understand that should I ever have a question, concern, or suggestion, I will not hesitate to approach the Front Desk Staff.

I have read and agree to the conditions of enrollment listed in this packet and the parent handbook.

Parent Signature: _____ Date: _____
_____ Date: _____

Director Signature _____ Date: _____

We thank you for choosing Arizona Children’s Academy. We are committed to provide the highest quality care and the fulfillment of every child’s learning potential.