

St. Michael's Parish Day School After Care Statement of Services
602 N. Wilmot Road, Tucson, Arizona 85711

Services Offered: All students enrolled at St. Michael's are eligible to participate in the after school program. After Care services include an approved snack, a homework session, supervised indoor and outdoor play, and arts and crafts.

Hours of Operation: This service is offered from 3:00 p.m. - 5:30 p.m. Monday through Friday during the regular school year.

Refund Policy: Fees are charged on a monthly basis. If there is a question about a certain billing, please contact the director to resolve the disputed charge. If deemed appropriate, a refund/credit will be issued on your next tuition statement.

Charges/Fees/Payment Requirement:

<u>3:00 p.m. - 5:30 p.m.</u>	<u>Annual</u>	<u>Monthly</u>
1 day/week	\$ 270	\$ 30
2 days/week	\$ 540	\$ 60
3 days/week	\$ 810	\$ 90
4 days/week	\$ 990	\$110
5 days/week	\$1,260	\$140
Infrequent	\$5.50 per hour	

Or a \$5.50 charge per hour will be applied to any "drop-in" students. Drop-in is explained on the enrollment form.

Admission/Release Requirement: After school, students are delivered to After Care by their classroom teacher and signed in by the After Care staff. Parents sign students out when they arrive to take them home. There will be an overtime charge of \$1.00 for each minute after 5:30 p.m. that you are late picking up your child. There is also a Sign Out charge of \$5.00 if you fail to sign your child out of After Care. Siblings under the age of 18 are not allowed to sign a child out of After Care.

Discipline Guidelines: The staff actively manages discipline concerns by involving parents in problem solving. Inappropriate and/or unsafe behavior requires a conversation with the student, followed up by a conversation with the parent. If inappropriate and/or unsafe behaviors continue, an email and/or conversation with the student's teacher will follow. The Head of School may be involved with any behaviors that require a more serious action. **Dis-enrollment:** If there is a problem with a child and an action needs to be taken, the After Care director will turn the case over to the Head of School. Any decisions made or actions taken or if your child needs to be dis-enrolled from the After Care program, the Head of School will make the final decision.

2018-2019 ST. MICHAEL'S AFTER CARE REGISTRATION

Child's Name: _____ Grade/Teacher _____

Parent(s) Name: _____

NOTICE: Arizona state law requires St. Michael's After Care to have a registration form, and a completed health emergency information and immunization record before a child can be accepted into the program.

CONTRACT FEES:

Please check the day(s) in which you would like to enroll the child listed above:

	<u>After Care Fees:</u>	
	<u>Annual</u>	<u>Monthly</u>
1 day/week _____	\$ 270	\$ 30
2 days/week _____	\$ 540	\$ 60
3 days/week _____	\$ 810	\$ 90
4 days/week _____	\$ 990	\$110
5 days/week _____	\$1,260	\$140

CONTRACT FEES will be prorated over 9 months and billed beginning September 1, 2018 and ending on May 1, 2019. You will be billed at the monthly amounts shows above.

INFREQUENT DROP-IN FEES:

_____ Please sign my child up for infrequent care at the rate of \$5.50 per hour. After **3:30** if your child has not been picked up there will be a minimum charge of **\$5.50** for the hour. At **4:30** a charge of **\$8.75** will be billed. Any time after **5:00** a charge of **\$11.00** will be billed.

If a child is not picked up from their classroom promptly after dismissal, they will be taken to After Care and parents will be charged for time spent there.

LATE FEES: There will be an overtime charge of \$1.00 for each minute after 5:30pm. This charge is per family. The charge will be billed on your monthly statement.

NO SIGN-OUT FEE: A \$5.00 fee will be charged if you fail to sign your child out of After Care. *Please note: Family members under the age of 18 years will not be allowed to sign a child out of After Care, a parent or guardian must sign a student out from After Care.

If there is a change in your child's contract schedule during the year, please notify the After Care Director, Proscovia King at 520-800-9022.



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

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

Father 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:
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***A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

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

I _____ (parent/guardian
printed name) give my permission to St. Michael's After Care to escort
my child to *Harold Bell Wright Park* during the 2018-2019 school year.
I understand that I am able to pick my child up before the returning time.

Departure time: 3:30 p.m.

Return time: 4:45 p.m.

Child's name: _____

Grade level: _____

Signature: _____

Date: _____

****Harold Bell Wright is located behind the school, 602 N. Wilmot Rd., Tucson, AZ
85711. The park is a public park, and by signing this you understand that there may be other
people at the park at the same time as your children.**