

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

Director, Holly Hancock von Guillaume
(Please add my cell phone 520-891-9840 to your contacts)

Services Offered: K-4 students enrolled at St. Michael's are eligible to participate in the aftercare program. Aftercare 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 and from Noon to 5:30 on half days, 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	\$ 1080	\$120
5 days/week	\$ 1350	\$150
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 Aftercare by their classroom teacher and signed in by the Aftercare 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. 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 Aftercare. Siblings under the age of 18 are not allowed to sign a child out of Aftercare.

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 serious problem or continual problems with a child the Head of School will make the final decision of any additional actions need to be taken or if your child needs to be dis-enrolled from the Aftercare program.

Transportation Procedures: The school does not provide transportation for the Aftercare students.

Field Trip Requirements: Aftercare students do not participate in off-campus field trips except to the Harold Bell Wright Park located directly behind St. Michael's School.

Parent Responsibilities: These guidelines are outlined in the enrollment contract. Parents are always welcome on campus, however for safety and security please keep main gates closed and follow all sign-out procedures. If there are any changes that need to be made regarding Aftercare contracts, please contact the director of the program.

Liability Coverage: St. Michael's Parish Day School's Aftercare program is in accordance with the Arizona Department of Health Services' regulations relative to liability insurance coverage. St. Michael's Aftercare is licensed and regulated by the Arizona Department of Health Services, Child Care Licenses, 400 W. Congress, Suite 100, Tucson AZ 85701, phone 520-628-6540. Yearly inspection reports are available in the director's office upon request.

Medical Administration Procedures: Aftercare staff will administer prescription and non-prescription medication to enrolled children, as long as, written authorization is on file with the Aftercare director. All medication will be administered by the Aftercare director, and in their absence, by the written designee.

Emergency Medical Procedures: In case of injury or serious sickness, children will be taken to the Emergency Room of St. Joseph's Hospital (adjacent to the campus). The legal guardian of the child will be notified and a report will be filed with the Arizona Department of Health Services, as required. Each child must have an emergency sheet completed and on file with the Aftercare program, as well as, with the school. In case of a life threatening emergency, our first reaction is always to call 911. Our Aftercare staff is trained and licensed to perform CPR and are equipped with a First Aid Kit. The legal guardian will be informed of all procedures.

Inspection Reports: Current inspection reports and licenses are located in the office of the director and be viewed upon request.

Pesticides Alert: A parent notification will be posted 48 hours prior to any pesticide inspection/spraying.

ADHS Regulation: This facility is regulated by the Arizona Department of Health Services. The AzDHS can be contacted at: 400 W. Congress, Suite 100, Tucson, AZ 85701, phone 520-6628-6540

2021-2022 ST. MICHAEL'S AFTERCARE REGISTRATION

Child's Name: _____ Grade/Teacher _____

Parent(s) Name: _____

NOTICE: Arizona state law requires St. Michael's Aftercare 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>Aftercare 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	_____	\$ 1080	\$120
5 days/week	_____	\$ 1350	\$150

CONTRACT FEES will be prorated over 9 months and billed beginning September 1, 2021 and ending on May 1, 2022. 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 Aftercare 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 Aftercare.

*Please note: Family members under the age of 18 years will not be allowed to sign a child out of Aftercare, a parent or guardian must sign a student out from Aftercare.

If there is a change in your child's contract schedule during the year, please notify the Aftercare Director, Holly Hancock von Guilleaume at 520-891-9840.

I _____ (parent/guardian
printed name) give my permission to St. Michael's Aftercare to escort
my child to *Harold Bell Wright Park* during the 2021-2022 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.



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

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:
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*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:	
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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

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

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:
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