

# Kindergarten Prep and Preschool Before and After School Care

## Registration Form 2019-2020

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **Before and After care Fees/ Contract**

**\*Please indicate which option you will be using\***

#### Monthly Charges:

- \_\_\_ A.M. Care Only (6:00-8:00 am):-----\$65.00
- \_\_\_ P.M. Care (6:00 pm pick-up):-----\$125.00\*
- \_\_\_ P.M. Care (4:30 pick-up):-----\$110.00\*
- \_\_\_ A.M. & P.M. Care:-----\$155.00\*

\* Includes early release days

#### Emergency Care:

- \_\_\_ A.M. Care:-----\$10 per morning
- \_\_\_ P.M. Care:-----\$10 per hour\*

\* Emergency PM care is \$10/hour and is charged in one hour increments up to \$20

\* Please note billing cycle: Payments are to be made by the **1<sup>st</sup> Friday** of each month by credit, debit, check, or money order and will not be pro-rated.

\* We offer a 15% discount for the second child and 20% for each additional child

\* We are licensed through the Arizona Department of Health Services

\* We accept D.E.S assistance

\* Late payments will result in a **\$25.00 late fee** and possible discontinuation of childcare services.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_

## Before and After School Parent Policy Agreement 2019/2020 (KP)

Child's Name: \_\_\_\_\_ Parent/Guardians Name: \_\_\_\_\_

**Please read and initial each line. If you have any questions or concerns about any item, please bring it to the attention of Lindsey Adams, (Program Director).**

1. \_\_\_\_\_ I have enrolled my child in the Dobson Academy before & afterschool program and understand that the payment for the first month is due by **Friday, August 2<sup>nd</sup>**. All other payments are due on the **1<sup>st</sup> Friday** of each month. If payment is not received on or before these dates, a **\$25 late fee** will be applied and may result in discontinuation of services.
2. \_\_\_\_\_ I understand that the Program is in operation Monday to Friday 6 a.m. to 8 a.m. and 3:00 p.m. to 6 p.m. on regular school days. **The late pick-up fee is \$1.00 per minute per child after 6:00PM.** Continual late pick-up could result in discontinuation of services. Late pick up fees are due by the next business day.
3. \_\_\_\_\_ I understand that I will be notified should my child become ill and it will be necessary to make arrangements to have my child picked up as soon as possible after notification. If my child is exposed to a contagious disease, I agree to notify a staff member and agree that my child may not be permitted to attend the program. **\*Children with a temperature of 100.0 or above MUST be fever free for 24hrs (without medication) before they may return.** Children who vomit or have diarrhea must also be picked up as soon as possible and must be vomit/diarrhea free for 24 hrs before returning.
4. \_\_\_\_\_ I understand that the Dobson Academy Childcare Director, Lindsey Adams, reserves the right to suspend my child from planned activities if my child exhibits poor behavior. It is my responsibility to meet with the Director, (Ms. Lindsey) to discuss any matter of concern on either the Childcare's part or mine.
5. \_\_\_\_\_ I understand that there is a **\$25 returned payment fee.** I understand that I have 5 business days from when I am notified to pay the original amount plus a **\$25 fee by cash or money order.** For the remainder of the school year, all payments must be paid by cash or money order.
6. \_\_\_\_\_ I understand that medication must be in the current prescription bottle labeled with the child's name. A medication form must be completed and signed and on file prior to the dispensing of medication (this includes epi-pens, inhalers/breathing treatments and all over the counter medications).
7. \_\_\_\_\_ I understand that Before/After School prices will not be pro-rated for days my child is not in attendance. I am expected to pay the full monthly payment on the **1<sup>st</sup> Friday** of every month.
8. \_\_\_\_\_ I understand that I or an authorized adult must sign in my child each morning and sign out each afternoon when they are in attendance, unless otherwise discussed with Lindsey Adams, Childcare Director.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian printed name