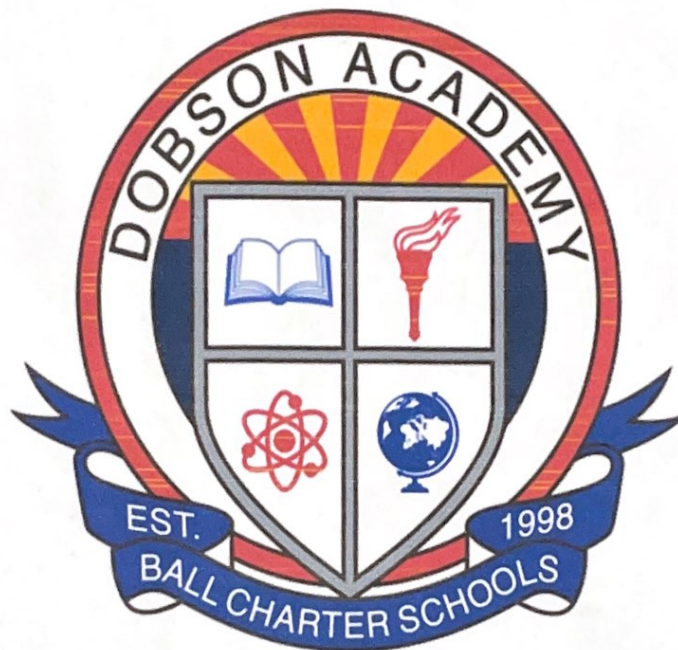


Dobson Academy  
Preschool and Kinder Prep



Dedicated to providing a safe a nurturing  
environment.

2207 N. Dobson Rd. Chandler, Az 85224

## *Mission Statement*

*The Dobson Academy Before and After Care Program is dedicated to providing a safe and nurturing environment for children. We are committed to providing the best care for our students by offering a program that supports the overall health and well-being of children. The Dobson Academy Before and After Care Program supports strong partnerships between families and communities and works through these partnerships.*

## *Our Purpose*

*Provide quality childcare in a safe, creative, and fun environment providing opportunities and experience which stimulate the child's physical, social, intellectual, and emotional growth. Provide children with a quiet time and place in which to do their homework, under the supervision of a knowledgeable adult who can provide appropriate assistance from time to time as needed. Provide children with opportunities with voice and choice in planning their Before and After School program activities, and to select or modify activities that are age-appropriate. Provide children with opportunities for social interaction with peers and caring adults to cultivate old friendships as well as new relationships. Provide children with opportunities to develop and discover new skills and abilities.*

## **Homework**

When children arrive in the afternoon program, they are responsible for doing their homework. We have staff that walk around and will help if they need help with their homework.

## **General**

Before and After School is divided into groups by grade. We keep within the Arizona State Ratio.

## **Parent Communication**

Before and After School program Does not provide one-on-one care. We encourage active communication and participation. It is the parent's responsibility to communicate with the Before and After Care staff if your child will not be attending that day.

## **Records**

Enrollment forms and medical records for each child will be kept on site to ensure access as needed for daily operations as well as emergency situations. These records are confidential and will be treated as such. All records are accessible by the Facility Director daily and kept in a locked area when stored.

## **Hours of Operation**

The Before program begins at 6:00 AM and ends at 8:00 AM when the school bell rings. After Care begins at 3:30 PM or when they are released from class. After care is closed at 6:00 PM. We follow the current school academic calendar.



## **Enrollment**

Dobson Academy Before and After School Enrichment program is offered before and after each school day at Dobson Academy. Vacation weeks, Not Days, listed on the school calendar are the only attendance exclusions. Applications are accepted on a first come, first-served basis and shall be accompanied by a non-refundable registration fee of \$50.00. If you wish to remove your child(ren) from The Before and After School program a written 2-week letter of your intent to withdraw or remove your child(ren) must be submitted to the Before and After School office. Without the written withdrawal, tuition will continue for at least the two weeks drop period.

## **Drop off and Pick Up**

When dropping off or picking up your student **you must get out of your car** and sign your student in /out putting the correct time and signature. This is required per Arizona State Licensing. We will not release your child to anyone. They must be an authorized person. We will I.D. anyone if we are not familiar with their face. You may send us an email if someone new will be picking up for that day or we need to add them to the authorization list.

## **Meals**

Breakfast is provided by the Nutrition Department based on school meal application.

Snack is Given from 4:00 pm - 4:30 pm.

During breaks when school is closed and Before and After Care program is open you will be responsible for feeding your child breakfast. They may bring it to school and eat there. You must pack them a lunch and snacks. You can pack as much food as you would like.

## **Behavior, Conduct and Discipline**

Dobson Academy Before and After School staff members are to treat children with courtesy, dignity, and respect. Children are also expected to obey the rules and regulations of the program.

- No Swearing or inappropriate behavior
- No punching, kicking, pushing, or fighting.
- No stealing or touching personal property of another person unless permission is given.
- No misuse or damaging of Dobson Academy of any kind.
- No leaving the group or area without permission from the staff.
- No bullying

If any of the following things should happen despite staff members best efforts to work with the student, the following steps will happen.

- First Offense verbal warning to child with parent's awareness.
- Second Offense Write up.
- Third Suspension.
- Final Expulsion from the Before and After Care program.

ANY ACT THAT IS CONSIDERED DANGEROUS TO STUDENTS OR STAFF IS GROUND FOR IMMEDIATE SUSPENSION OR EXPLUSION.

## **Personal Items**

Toys, electronic devices, or any personal belongings that students bring in is their responsibility not the staff. If personal items come up missing or broken Dobson Academy School or Before and After Care Program are not responsible to replace.



Before and After School Program Policy Agreement 2023/2024

Please read and initial each line.

\_\_\_\_\_ I have enrolled my child(ren) in the Dobson Academy before and after school program. I understand that the payments are due the First Friday of each month.

\_\_\_\_\_ I understand that there is a **\$25.00 late fee** when payments are not made on the first Friday of the month.

\_\_\_\_\_ I understand that there is a **\$25.00 returned payment fee**. The \$25.00 fee and tuition amount must be paid to continue services.

\_\_\_\_\_ I understand that if I pick up my child(ren) after the schedule program, a late fee of a **\$1.00 per minute** will be added.

\_\_\_\_\_ I understand that the program is in operation Monday - Friday from 6:00 AM - 8:00 AM and 3:00 PM - 6:00 PM.

\_\_\_\_\_ I understand that I am expected to pay the full monthly amount of the program. I **will not** be pro-rated for days that my child(ren) did not attend.

\_\_\_\_\_ I understand that I am expected to pay the monthly tuition. I **will not be pro-rated for any school breaks**. Spring Break, Winter Break, fall break, Thanksgiving Break, Winter Break, or any other days school is not in session.

\_\_\_\_\_ I understand that Dobson Academy Childcare Director, 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, to discuss any matter or concern.

\_\_\_\_\_ 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 prior to dispensing of medication.

\_\_\_\_\_ I understand that medicine needs to be in the original container and **NOT EXPIRED**.

\_\_\_\_\_ I understand that the medicine needs to be prescribed for the child receiving the medication.

\_\_\_\_\_ I understand that I will be notified should my child becomes ill. It is my responsibility to pick up my child within an hour of being notified.

**Before and After School Program Policy Agreement 2023/2024**

\_\_\_\_\_ I understand that I will notify a staff member when my child (ren) is contagious, feeling ill. I will not medicate to send to school. The importance of staying home when sick cannot be emphasized enough.

\_\_\_\_\_ I understand that if my child (ren) is running a temperature of 99.00, vomiting or diarrhea they will be sent home. They must be symptom free for 24 hours and without medication to return to school.

\_\_\_\_\_ I understand that I or an authorized adult must sign in my child (ren) each time at drop off and pick up.

\_\_\_\_\_ I understand that neither Dobson Academy Charter School nor Dobson Academy Childcare Program are not responsible for lost, broken, or stolen items brought to the program.

***Electronic devices are only permitted during breaks when school is not in session.***

**Media Release**

Photographs and videos may be used for the exclusive purposes of our program and family enrichment.

**Please read and Initial one**

\_\_\_\_\_ I GIVE permission for my child (ren) name and / or picture to be printed or published during the year in any / all formats such as newsletters, award announcements, concert programs, yearbooks, press releases, media, social media productions, school website articles and other school publications.

\_\_\_\_\_ I DO NOT authorize photographs or video of my child (ren).

Child(ren) Name (Print) \_\_\_\_\_

Parent / Guardian Print Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Dobson Academy Preschool and Kindergarten Prep Enrollment Forms**

Monthly tuition for Preschool and Kindergarten Prep is \$585.00. Tuition is due the First Friday of each Month. If your child is sick or absent for any reason parents are still responsible for paying the full tuition. If School is on break you are still responsible for the entire tuition. You will not be pro-rated. There is a \$50.00 Registration fee.

Initial you read and understand \_\_\_\_

Preschool and Kindergarten Prep must be completely toilet trained. They are not allowed to use a pullup for nap time. Must be 3 years to enroll.

Initial you read and understand \_\_\_\_

Please complete.

Student's Name \_\_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_\_

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

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

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

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

If your child will be needing care, please mark the correct one.

Before care 6:00 AM - 8:00 AM / After care 3:30 PM - 6:00 PM

My Child(ren) will need Before Care \$65.00 monthly \_\_\_\_\_

My Child(ren) will need After Care \$100.00 monthly \_\_\_\_\_

My Child(ren) will need Before and After Care \$155.00 monthly \_\_\_\_\_

Preschool and Kindergarten starts at 8:00 AM and ends at 3:00 PM. You will be able to walk your student to their class. We ask that you do 5 minutes drop off. We have notice that if you take longer than that it makes it harder for them to come in and start their day.

Initial you read and understand \_\_\_\_

Payments must be made the first Friday of every month. **ALL PARENTS MUST COMPLETE THE TUITION EXPRESS FORM TO ENROLL.** Tuition Express is the only way to make a payment. We offer 15% discount for the second child and 20% for each additional child.



## Before and After School Program Policy Agreement 2023/2024

The following documents listed below are required per ADHS (Arizona Department of Health Services). All Documents must be completed to start services.

### Documents to be completed (attached at end of Agreement)

1. Emergency, Information, and Immunization Record Card.
  - a. Complete child's information
  - b. Complete both parent sections. If only one parent will be written down in the other parent section, please mark N/A.
  - c. You must put down to authorize individuals and their contact number. These names cannot be the ones in the parent section.
  - d. Health Care Provider's Name and contact number must be completed.
  - e. In case of Injury must be completed
  - f. (Back Side) please send in a copy of the Immunization Information.
  - g. Medical Information check No / Yes if it applies.
  - h. Parent print / Signature and date at bottom.
2. Birth Certificate Needed.
3. Child Information Sheet.
4. Tuition Express Form.
5. Authorization for sign in and out sheet.



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:

<b>Health Care Provider*</b>	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.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

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



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER: 123456789  
ACCOUNT NUMBER: 000123456789  
CHECK NUMBER: 0001

#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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## Childcare Contact Information

Childcare Director: Monica Polanco

[mpolanco@ballcharterschools.org](mailto:mpolanco@ballcharterschools.org)

(480) 855-6325 Ext. 704

Childcare Assistant Director: Crystle Vasquez

[cvasquez@ballcharterschools.org](mailto:cvasquez@ballcharterschools.org)

(480) 855-6325 Ext. 704

Kinder Prep Teacher: Katrina Solis

[ksolis@ballcharterschools.org](mailto:ksolis@ballcharterschools.org)

(480)855-6325 Ext.105

Preschool Teacher: Kaelyn Anderson

[kanderson@ballcharterschools.org](mailto:kanderson@ballcharterschools.org)

(480)855-6325 Ext.107

Dobson Academy Principal: Jamie Bradley

[jbradley@ballcharterschools.org](mailto:jbradley@ballcharterschools.org)

(480) 855-6325

Administrator coordinator receptionist: Aliyah Montanez

[amontanez@ballcharterschools.org](mailto:amontanez@ballcharterschools.org)

(480) 855-6325 Ext.200