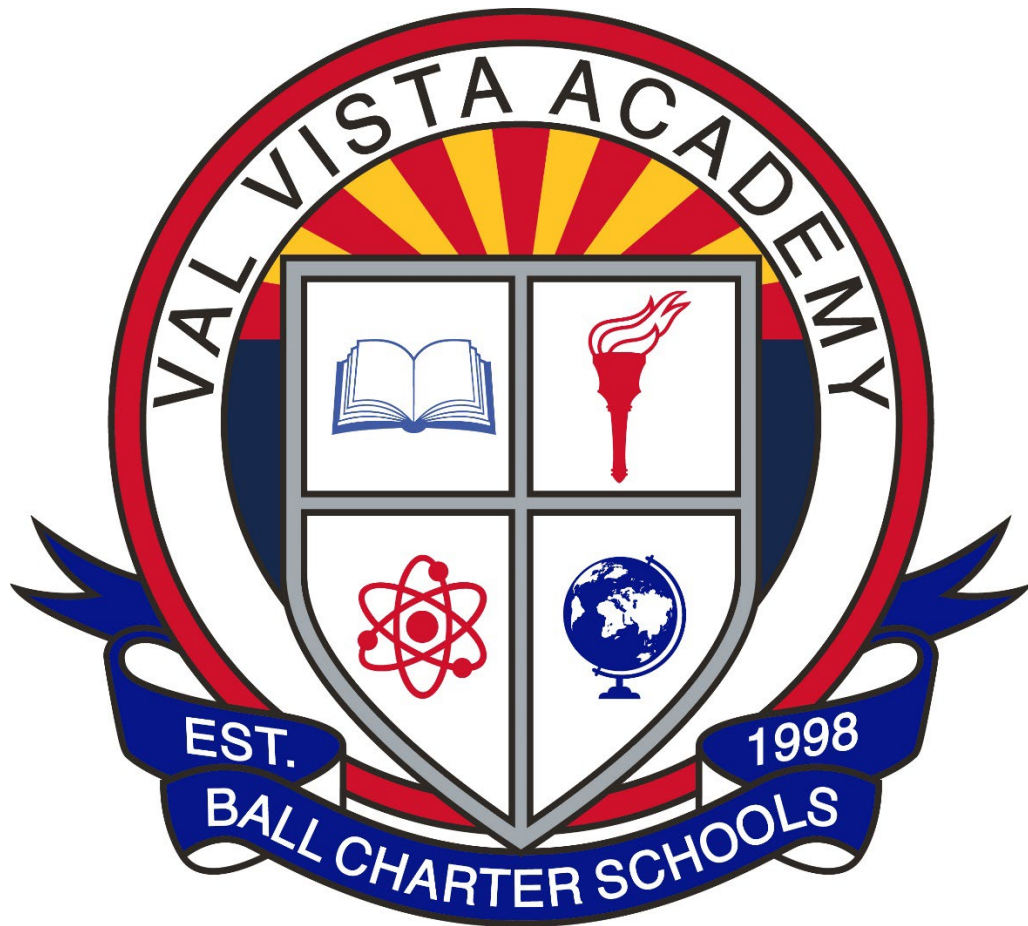


Val Vista Academy's Kids Club



Summer Camp 2023

Dear Kids Club Families,

Summer Camp is just around the corner and our Kids Club Summer Program is going to be here on the Val Vista Academy campus again! We have special themes; Water Days, Bounce Houses, and much more! We will be busy with age geared activities focusing on Art and Science. We have so many activities planned for this exciting summer of 2023. Payment will be withdrawn the Monday of each week enrolled in camp. Thank you!

Sincerely,

Miss Beth

480-369-5287 cell or 480-656-5555 ext. 112

bmorales@ballcharterschools.org

Mondays - Pajama Day

Tuesdays- Theme Day

Wednesdays- Water Games

Thursdays- Tie-Dye Day

Fridays- Bounce House

Daily Rate Per Student (10% off for siblings)

\$30 Per Day per Child

Weekly Themes:

June 1 &2 Week 1: Slime Week

June 5-9 Week 2: Pokémon Week

June 12-16 Week 3: Disney Week

June 20-23 Week 4: Hawaiian Week

June 26-30 Week 5: Shark Week

Daily Schedule (subject to change):

7:00-8:30 Coloring Sheets, Games & Snack

8:30-10:00 Recess/Group Games Gym

10:00-11:00 Themed Center Activities

11:00 -11:30 Lunch

11:30-12:30 STEAM Activities

12:30-1:00 Free Time

1:00-2:00 Special Activity

2:00-3:00 Recess/Group Games in Gym

3:00-3:15 Snack

3:15-4:00 Themed Crafts

4:00-5:00pm Computers, Games, ART

Hours of Operation: M-F 7:00 am to 5:00pm

Located in Rooms C112 & C113 in the Classroom Building. Children will be divided into appropriate age based groups for themed activities and games.

Val Vista Academy's Kids Club Policies and Procedures:

Thank you for signing up your child (ren) for the Kids Club Summer Program. Please review and initial the following rules and regulations:

_____ Camp Runs June 1-30 (No camp June 19th)

_____ Hours of Operation 7:00am-5:00pm M-F. Late pick-up/Early Drop off fee is \$2 per minute per child.

_____ Payment will be withdrawn the Monday of each week registered and attended. A \$25 NSF fee will apply for payments unable to process. A discount of 5% off is offered if you pay the full Summer Camp cost up front.

_____ All children must be in appropriate school attire. Non-Uniform clothing *is* allowed. A change of clothes needs to be provided on Water Days. Please NO flip flops.

_____ Lunches are not provided. A lunch must be brought daily. No microwaveable items. Snack is given out twice a day. We are a NUT FREE program.

_____ Children are expected to follow the school rules. You will be notified if there is a problem. Once a serious problem has occurred (*issue is repeated frequently or has caused harm to oneself, staff, or other children*), it is our responsibility to contact parents and take appropriate disciplinary action.

_____ Staff will notify parents if children become ill. Any child that is vomiting or running a fever must be picked up immediately and may return after 48 hours free of symptoms. We follow the BCS regulations in addition to the AZ State Childcare Regulations.

_____ Val Vista Academy does not take responsibility for lost/ broken personal items brought by the children.

_____ Medication must be in current prescription bottle labeled with the child's name. A medication form must be filled out prior to the dispensing of medication.

_____ I understand that the Kids Club is currently licensed through the state of Arizona and can be claimed as a childcare expense for tax purposes.

_____ We do not offer transportation or go on field trips off campus during Summer Camp.

_____ I hereby give the Kids Club Program located at Val Vista Academy permission to video and /or photograph me or my child participating in the Kids Club Program for the purposes of publicity or program promotion and our Facebook Page.

I, _____ HAVE READ THE POLICIES AND PROCEDURES FOR VAL VISTA ACADEMY KIDS CLUB SUMMER PROGRAM. I HAVE DISCUSSED THE CONTENTS WITH MY CHILD (REN), AND AGREE TO COMPLY.

PRINT NAME: _____

PARENT SIGNATURE: _____ Date: _____

Val Vista Academy Kids Club Summer Program

Registration Form 2023

Child Name: _____ Age: _____ Entering Grade Level _____

Parent Name: _____ Cell #: _____

Address: _____ Email: _____

Emergency Contact: _____ Cell # _____

Daily Rate Per Student (10% off siblings):

\$30 Per Day per Child

Daily Schedule (subject to change):

7:00-8:30 Coloring Sheets, Games, Computer Time & Snack

8:30-10:00 Recess

10:00-11:00 Themed Center Activities

11:00 -11:30 Lunch

11:30-12:30 Crafts STEAM Activities

12:30-1:00 Free Time

1:00-2:00 Special Activity

2:00-3:00 Group Games

3:00-3:15 Snack

3:15-4:00 Themed-Crafts

4:00-5:00 Computers, Games, & Art

Hours of Operation: M-F 7:00am-5:00pm

Please provide a schedule of days attending below with an estimated daily schedule:

Please mark which weeks you expect to have your child(ren) in attendance:

June 1-2 _____ June 5-9 _____ June 12-16 _____ June 20-23 _____

June 26-30 _____



**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

<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? If yes, list precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>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</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.)? If yes, list precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes</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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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. _____ (initial) 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) _____ Checking Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

