



Dobson Academy Childcare Program (K-8th) **Registration Form 2020-2021**

Child's Name: _____ Birthday: _____ Age: _____

Grade: _____ Teacher: _____

Parent/Guardian's Name: _____ Emergency Phone Number: _____

Email: _____

Parent/Guardian's Name: _____ Emergency Phone Number: _____

Email: _____

Dobson Academy Fees/Contract

Please indicate which option you will be using

Monthly Charges:

___ A.M. Care Only (6:00-8:00 am):-----	\$115.00
___ A.M. Care Only (7:00-8:00 am):-----	\$65.00
___ P.M. Care (6:00 pm pick-up):-----	\$205.00*
___ P.M. Care (4:30 pick-up):-----	\$130.00*
___ A.M. & P.M. Care:-----	\$280.00*
___ Registration fee (non-refundable)-----	\$50.00/per family

* Includes early release days

Emergency Care:

___ A.M. Care:-----	\$10 per morning
___ P.M. Care:-----	\$10 per hour*
___ Early release days only (1:00-6:00 pm):-----	\$120 1 st semester \$140 2 nd semester

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

(No registration fee if you are only using Emergency Care.)

Childcare is also offered on all staff workdays, as well as fall, spring and summer break. Please contact the Childcare Director, Cindy Cabrera, for more information and price.

- * Please note billing cycle: Payments are to be made by the **1st Friday** of each month through Tuition express by credit, debit or bank account and will not be pro-rated.
- * We offer a 15% discount for the second child and 20% discount for third 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.
- * Statement of services are available upon request

Parent/Guardian Signature: _____ Date: _____

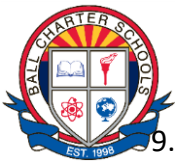
Childcare Parent Policy Agreement 2020/2021



Child's Name: _____ Parent Name: _____

Please read and initial each line. If you have any questions, please contact Cindhy Cabrera (Childcare Director).

1. _____ I have enrolled my child(ren) in the Dobson Academy Before & Afterschool Program and understand that the payment for the first month as well as the \$50.00 registration fee (per family per school year) is due by **Friday, August 7th**. All other payments are due on the **1st 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 if my payment is more than a week late, childcare services will be discontinued until my account is paid in full, including the late payment fee of \$25.
3. _____ I understand that the Program is in operation Monday to Friday 6 a.m. to 8 a.m. and 3:30 p.m. to 6 p.m. on regular school days and 6:00 a.m. to 8:00 a.m. and 1:00 p.m. to 6:00 p.m. on early release days. During staff workdays, fall break, spring break and summer break the hours are 6:00 a.m. to 6:00 p.m. **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.
4. _____ 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 the Childcare Director, Cindhy Cabrera, and agree that my child may not be permitted to attend the program. ***Children with a temperature of 100.0 and above MUST be fever free for 24hrs (without fever reducing medication) before they may return. Children who vomit or have diarrhea must be vomit/Diarrhea free for 24hrs before returning.**
5. _____ I understand that the Dobson Academy Childcare Director Cindhy Cabrera 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. Cindhy) to discuss any matter of concern on either the Childcare's part or mine.
6. _____ 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.
7. _____ I understand that neither Dobson Academy Charter School nor Dobson Academy Childcare are responsible for lost, broken or stolen items brought to the Program. **Electronic games/devices (i.e.: iPod/phone) are only permitted during fall, spring, summer break and staff workdays.**
8. _____ I understand that I must use the computer to sign in my child each morning and sign out each afternoon when they are in attendance, unless otherwise discussed with Cindhy Cabrera, Childcare Director. Continual failure to sign in/out may result in termination of childcare services.



9. _____ I understand that all medications must be in the current prescription bottle or container and must be labeled with my child's name. Over the counter medications must be labeled with my child's name and must not be expired. A medication form must be completed and signed and on file in the childcare office prior to the dispensing of medication (this includes over the counter medications, epi-pens and inhalers/breathing treatments). I also understand I must provide all over the counter medications.

***Any child requiring an epi-pen, inhaler/breathing treatment or any other lifesaving medication, must have the medication and the correct forms in the childcare office (as well as the health office).**

10. _____ 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 **1st Friday** of every month.

11. _____ I understand that emergency childcare rates are as follows:

- AM care: \$10 per morning
- PM care: \$10 an hour (charged in hour increments up to \$20, regardless of the amount of time the child(ren) are in attendance.

12. _____ I understand that should I need to make any changes to my childcare agreement, I must notify the Childcare Director, Cindy Cabrera Ccabrera@ballcharterschools.org , at least one week prior with the changes.

Parent/guardian signature

Date

Parent/guardian printed name

Media Release:

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

Please initial only one:

_____ I give permission for my child's name and/or picture to be printed or published during the year in any/all formats such as newsletters, honor rolls, award announcements, concert programs, yearbooks, press releases, media/social media productions, school website articles and other such school publications.

_____ **Please initial here if you do not authorize photographs or video of your child.**