

## Val Vista Academy Kids Club 2022-2023

Child's Name	Date of Birth	Teacher/Grade	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name		Sex	
Home Phone	Work Phone	Home Phone	Work Phone	
Address	Address			
Email	Email			

## Kids Club Rates

Non-refundable Registration Fee of \$50 per family per school year will be withdrawn on the first day of attendance.

You are charged for days attended based on the schedule provided to the Director. If the schedule differs, the amount will adjust the following month to reflect the changes. You must pay for services at the beginning of each month prior to use at your best estimated schedule of attendance.

**Afterschool Rate**     \$5/ hour per child per afternoon  
**Full Day CAMPS:**     \$30 per child per day  
**AM Care Rate:**         \$5 per morning  
**Sibling Rate:**         10% Discount  
**NSF Fee:**                 \$25

Please email attendance schedules to [bmorales@ballcharterschools.org](mailto:bmorales@ballcharterschools.org)

## Important Information

\*All Kids Club employees are fingerprinted and background checked and hold a CPR/ First Aid certificate

\*Located in Rooms C113 and C112 in the classroom building.

\*Hours of Operation:

AM Care: 6:30am-8am             PM Care: 3PM-6PM             Early Release Days: 1PM-6PM

\*Director Beth Morales Email: [bmorales@ballcharterschools.org](mailto:bmorales@ballcharterschools.org) or 480-656-5555 or 480-369-5287 cell

\*Kids Club is closed on all Federal Holidays, Thanksgiving Break & Winter Break.

\*There is a separate sign-up and schedule for Fall Break and Spring Break. See Miss Beth for more details.

**\*PAYMENTS ARE ONLY ACCEPTED THROUGH TUTION EXPRESS (see attached).**

All the information above is accurate to the best of my knowledge and I will notify the school when and if changes occur.

Printed Parent/Guardian Name PRINTED:

Phone Number

Parent/Guardian Signature:

Date:

## Kids Club Procedures and Policies:

Child Name: \_\_\_\_\_

- Students must be in attendance at VVA for an academic school day for Kids Club to be utilized. A schedule should be provided each month to the Director.
- Payments are made through Tuition Express only. **Please do not send in cash, checks or M.O..**
- Please initial each line you are in agreement. If any item does not meet your approval please state the reason and bring it the attention of the Program Director, Miss Beth Morales.

\_\_\_\_\_ I have enrolled my child (ren) in Val Vista Academy's Kids Club program and understand that the payment for each month is withdrawn BEFORE Kids Club services that month. There is a registration fee of \$50.00 per family. This fee is non-refundable.

\_\_\_\_\_ I understand that the Kids Club program is closed on Federal Holidays. Includes Thanksgiving Break and Winter Break.

\_\_\_\_\_ KC is open on Fall Break and Spring Break and the rate will be \$30 per day per child. Payment will be taken the Friday prior to camp. This charge is non-refundable and cannot be used as credit towards regular Kids Club fees if not attended (illness exception).

\_\_\_\_\_ I understand that the program is in operation from Monday through Friday 6:30 am to 8:00 am and 3:00pm to 6:00 pm. The late/early drop in fee of two dollars per minute per child will be applied and my child could be dropped from the program, with excessive late pickup times. Early release days Kids Club hours change to 1:00-6:00pm. Emergency contacts will be called after 10 minutes of a non-response from parents.

\_\_\_\_\_ I understand Early Release Days will include a charge \$10 for the 1-3pm hours. Regular KC rates begin at 3pm.

\_\_\_\_\_ Drop-In attendance fee will be withdrawn the day of and with a \$5 fee.

\_\_\_\_\_ I understand that I will be notified should my child become ill and it is necessary to make arrangements to have my child picked up as soon as possible after notification. I also understand that if my child is sent home ill that they may not return for 48 hours and are symptom free. If my child is contagious I agree to notify a staff member and agree that my child may not be permitted to attend the program.

\_\_\_\_\_ I understand that the Val Vista Academy Kids Club Program Director reserves the right to suspend my child from planned activities if my child exhibits poor behavior. Behavioral referrals will be given to the principal for disciplinary decisions. It is my responsibility to meet with the director to discuss any matter of concern on either Kids Club part's or mine. The Kids Club Director reserves the right to suspend your child(ren) from the program depending on the severity of the situation.

\_\_\_\_\_ I understand that failure to make payments on time will result in late charges of \$20 per late payment and possible discontinuation of services. NSF Fees are \$25 per returned charge.

\_\_\_\_\_ I understand that Val Vista Academy is not responsible for any lost or stolen items that are brought to the program by students.

\_\_\_\_\_ I understand that medication must be in the current prescription bottle labeled with the child's name. A medication consent form must be completed before dispensing of medication.

\_\_\_\_\_ I understand that the Kids Club program is currently a licensed program through the state of Arizona AZDHS located at 150 N. 18<sup>th</sup> Ave. Phoenix, AZ 85007 Ste. 400 Ph # 602-364-2539.

\_\_\_\_\_ 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.

Contact Program Director: Beth Morales at 480-369-5287 or [bmorales@ballcharterschools.org](mailto:bmorales@ballcharterschools.org).

Parent/Guardian Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>		<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>			<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	
<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>		
Cell Phone (optional):	<b>Contact Telephone Number:</b>		

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<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**

<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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