

DOBSON ACADEMY CHILDCARE
(K-8th)

2023-2024



2207 N Dobson Rd, Chandler, AZ 85224

Phone: 480.855.6325 Fax: 480.855.6323

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) ----- \$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 (4:45 pick-up): ----- \$130.00*
___ A.M. & P.M. Care: ----- \$280.00*

* Includes early release days

Emergency Care:

A.M. Care: ----- \$20

P.M. Care: ----- \$20

* Please note billing cycle: Payments are to be made by the **1st Friday** of each month by credit, debit, check, or money order and will 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.

Before and After School Parent Policy Agreement 2023/2024

Please read and initial each line.

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 **First Friday of August**. 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 the Program is in operation Monday to Friday 6:00am to 8am 4:00 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 decide 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 99.0 or above MUST be fever free for 24hrs (without medication) before they may return.** Children who vomit or have diarrhea must also be picked as soon as possible and must be vomit/diarrhea free for 24 hrs. before returning.

4. _____ I understand that the 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 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 dispensing of medication (this includes epi-pens, inhalers/breathing treatments and 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 **1st 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 Childcare office.
9. _____ I understand that neither Dobson Academy Charter School nor Dobson Academy Childcare are **NOT** 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.**

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.**

Dear Parent/Guardian:

With the safety of your child in mind, we would like to make you aware of our Medication Administration Policy for our childcare facility. This detailed policy is comprehensive and in accordance with legal regulations. This includes both prescription and over the counter medications.

If you need us to give medicine to your child, please remember that we need:

1. Updated emergency contact information.
2. Permission form for EVERY medicine that includes:
 - a. Name of child
 - b. Name of medication
 - c. Time the medication should be given and how often
 - d. How to give the medicine
 - e. How much medicine to give
3. Medicine in the original container and not close to expiration. We will not give medication that is:
 1. Expired
 2. Not in the original container
 3. Without written permission
 4. Beyond the expiration of parent/guardian consent
 5. Without written instructions from physician or other health professional for prescription medication
 6. In a manner that does not match the medicine container prescription
 7. For non-medical reasons (such as giving Benadryl to help a child sleep)
 8. Not prescribed for that child

Medicine will be stored in a locked container that is inaccessible to children and stored at the proper temperature. Any medication left 72 hours after authorization or completion of treatment will be returned to you or discarded.

Any medicine we give to your child will be recorded on a medication Administration log which will show the child's name, date, time, amount and type of medication given as well as the signature of the person who gave the medication. Spills, reactions and refusals will be noted on this document.

If your child has a reaction to any medication, we will contact you immediately and give your child medical attention as needed. We will also contact you if your child refuses the medication.

Please give the first dose of medication to your child so that you can tell us the best way to give medicine to your child and to avoid problems or allergic reactions.

Childcare Enrollment of Children
2023-2024

Dear Parents,

We want to inform you that per ADHS (Arizona Department of Health Services) R9-5-304 your child will not be able to receive childcare services until the Emergency Information Card, Immunization Record and Registration Fee has been processed/reviewed by Childcare Director,

Emergency Form

- At least 2 emergency contacts
- Information of health care provider: Name and Phone Number
- Dietary needs / Illness – Physical condition
- Fill out Medical Consent Form if your student needs/takes medication (provide childcare's office with medication)
- Please use black or blue ink

Immunizations or Exemption Affidavit (Only Medical or Religious)

*You must also provide childcare with a copy of your child's immunization record.

Incomplete forms will not be accepted.

Sincerely,
Childcare Department
Dobson Academy
Office: 480-855-6325 X 704

Childcare Contact Information:

Childcare Director- Christina Polito cpolito@ballcharterschools.org

480-855-6325 Ext 704

Childcare Assistance Director- Crystle Vasquez cvasquez@ballcharterschools.org

480-855-6325 Ext 704

Front Office Contact Information:

Dobson Academy Principal- Jamie Bradley

JBradley@ballcharterschools.org

480-855-6325 Ext. 200

Registrar / Front Office- Aliyah Montanez

amontanez@ballcharterschools.org

480-855-6325 Ext.200

Mailing Address:

2207 N. Dobson Rd

Chandler, AZ 85224

Main Phone: 480-855-6325

Fax: 480-855-6323