

Val Vista Academy Kids Club 2016-2017

Child's Name	Date of Birth	Teacher/Grade	M	F
			Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Kids Club MONTHLY Rates

Non-refundable Registration Fee of \$50 per family	\$85 Punch cards are available for purchase for Emergency Basis
4:30 PM Pickup Care: \$135	AM + 4:30 PM Care: \$235
6 PM Pickup Care: \$210	AM + 6 PM Care: \$310
Full Days 6AM-6PM \$20 per child per day	AM Care Rate: \$110
Half Days we offer extended care at no extra charge. Siblings Rates are at a 10% Discount.	Please Mark your choice of rate.

Important information

Hours of Operation: Monday –Friday	Kids Club is closed on All Federal Holidays.
AM Care: 6am-8am PM Care: 3PM-6PM	Early Release Days: 1PM-6PM
Contact Information:	
Director Beth Morales Email: bmorales@ballcharterschools.org or 480-656-5555 Ext. 400 or 480-369-5287 cell	

PAYMENTS ARE ONLY ACCEPTED THROUGH TUTION EXPRESS. PLEASE SEE BETH MORALES FOR ENROLLMENT.

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
2016-2017

Child's Name: _____

- There will be a one-time non-refundable registration fee of \$50.00 per school year, per family.
- Payments are made through Tuition Express only. Please see the attached form.

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.

1. _____ I have enrolled my child (ren) in Val Vista Academy's Kids Club program and understand that the payment for each month is due before Kids Club services can be utilized. A registration fee of \$50.00 per family is to be paid to enroll in the program. This fee is non-refundable. A punch card may be purchased on a drop-in emergency basis only.
2. _____ I understand that the Kids Club program is closed on Federal Holidays and will be open for Fall Break and Spring Break at a cost of \$20 per day per child.
3. _____ I understand that the program is in operation from Monday through Friday 6:00 am to 8:00 am and 3:00pm to 6:00 pm. The late/early drop in fee of one dollar per minute per child will be applied and my child could be dropped from the program, with excessive late pickup times.
4. _____ 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 24 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.
5. _____ 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.
6. _____ I understand that failure to make payments on time will result in late charges of \$25 per late payment and possible discontinuation of services.
7. _____ I understand that Val Vista Academy is not responsible for any lost or stolen items that are brought to the program.
8. _____ 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.
9. _____ I understand that the Kids Club program is not currently a licensed program through the state of Arizona. Any payments made to the Kids Club program may not be used as a childcare expense for tax purposes.
10. _____ 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.

Parent/Guardian Name (Printed): _____

Parent/ Guardian Signature: _____ DATE: _____

