

Hearn Academy's Husky Club



Before and After Care

Enrollment Guide

Packet must be completed and returned 24 hours prior to the first day of program attendance.

*Husky Clubs records are separate from Hearn Academy's records. Please complete all forms including emergency card.

Revised 4/4/17



**Hearn Academy's Husky Club
Enrollment Forms**

Student's Name: _____ Male/Female _____

Date of Birth: _____ Age as of 8/04/16 _____ Grade: _____ Teacher: _____

Allergies: _____ Medical Conditions: _____

Parent/Guardian Information

Mothers's Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____
Street City State Zip Code

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____
Street City State Zip Code

Parent's Signature: _____ Date: _____

***Drop-In service is available for occasional use on regular school days as well as Early Release days.
Registration forms and fees are due in advance.**

-----Office Use Only-----

Date Enrolled _____ Registration Paid _____ Form of Payment _____

Staff Signature: _____ Additional Info: _____



Child Sign-in/Sign-out Authorization

Please be aware of the importance of consistently and accurately signing your child in and out of Husky Club. We are licensed by the State of Arizona Department of Health Services Childcare Licensing Department, it is crucial that these requirements be met.

By signing this agreement, you and all authorized persons agree to sign your child in and out of Husky Club each day they are in attendance.

Parent/Guardian Signature _____ Date: _____

Authorization for Self Sign-In

I, _____, grant authorization for _____ to enter Husky Club without parent/guardian assistance.

By signing below, you are permitting and acknowledging that this student may enter Husky Club without parental or guardian assistance and may sign themselves into the record books.

Parent/Guardian Signature _____ Date: _____

Authorization for Staff to Sign-in/Sign-out

In the event my child is not signed in or out of the Husky Club book I, _____, grant authorization for Husky Club staff to sign my child in or out of Husky Club.

Parent/Guardian Signature _____ Date: _____

Immunization Information

Please provide your child's most current immunization record provided by their healthcare provider. Information must include the facility name, doctor's name and telephone number.

Photography Release

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

By signing below, you grant your permission for the Husky Club staff to:

(please check all that apply)

Photograph your child

Videotape your child

Post photographs of your child on the school website

Publish photographs in the school yearbook

Please check here if you do not authorize photographs or videotape of your child.

Personal Property Disclaimer

Students may not bring any personal items, such as games, electronics or toys, to Husky Club. Any items brought will be confiscated and returned to parent at pickup. We are not responsible for any items lost, broken or stolen items.

By signing below, you understand and agree to the Personal Property Disclaimer, Photography Release, Immunization information and all Sign in/out policy and procedure.

Parent/Guardian Signature _____ Date _____



Husky Club
Financial Agreement

Your monthly tuition payments will be: \$_____ due on the 1st or 15th of each month depending on what works best for each individual family.

Pick up time is 6:00pm. A late pick up fee of \$1.00 per minute will be added to account. Excessive late pick up could result in termination of Husky Club services.

An annual registration fee of \$35.00 is due upon enrollment, \$10.00 for each additional child. A 10% discount will be applied to any additional students on the account. All fees are non-refundable.

***Please note: Payments will only be accepted through Tuition Express Auto pay.** All payments will be made through Tuition Express Auto Pay. If payment is declined or returned a \$25 fee will be added. You will have 3 days to bring the account current before receiving a \$15 late fee. Any accounts not paid in full within 7 days of your payment date will be suspended until payment is made. Payment dates that fall on any non-working days will be rescheduled for the first working day after your preferred date

Tuition funds are applied based on your child’s current enrollment and contract agreement. We do not “pro-rate,” offer refunds or credits for days your child is absent. Hearn Academy requires a one-week written notice for any changes made to Husky Club agreement including changes to childcare needs or withdrawal from program.

Under certain circumstances, it may be necessary for the Director to discontinue a child’s enrollment. Such a decision would be based on the best interest of that child, the other children in the program and the overall operation of the program to terminate enrollment. All decisions will be discussed with Director and staff one week prior to termination when possible.

Such circumstances which may warrant termination may be one of the following:

- Non-payment of tuition
- Abuse of children, staff or school property
- Disruptive and/or dangerous behavior
- The program’s inability to meet child’s needs.
- Multiple violations of Hearn Academy policies.

***If you have an unpaid balance from the previous year, you will not be able to register for Husky Club.**

I, the parent of _____ have read and agree to the above tuition responsibility, payment schedule and termination agreement which shall become part of my commitment to the program. I fully understand this obligation and the reasons for its implementation.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signed Name: _____ Date: _____



Husky Club Tuition Costs

Please select appropriate program

Registration Fee-\$35.00 first child \$10 for each additional child on account.

AM ONLY (6:00am-8:00am)

_____ 5days a week	\$120.00 per month	
_____ 4days a week	\$105.00 per month	M __ T __ W __ TH __ F __
_____ 3days a week	\$95.00 per month	
Drop-In Rate	\$15.00 per day	

AM/PM by 4:30pm (6:00am-8:00; dismissal-4:30pm)

_____ 5days a week	\$205.00 per month	
_____ 4days a week	\$190.00 per month	M __ T __ W __ TH __ F __
_____ 3days a week	\$175.00 per month	
Drop-In Rate	\$15.00 per day	

AM/PM by 6:00pm (6:00am-8:00am; dismissal-6:00pm)

_____ 5days a week	\$255.00 per month	
_____ 4days a week	\$220.00 per month	M __ T __ W __ TH __ F __
_____ 3days a week	\$185.00 per month	
Drop-In Rate	\$20.00 per day	

PM only (dismissal-4:30pm)

_____ 5days a week	\$160.00 per month	
_____ 4days a week	\$145.00 per month	M __ T __ W __ TH __ F __
_____ 3days a week	\$130.00 per month	
Drop-In Rate	\$15.00 per day	

PM Only (dismissal-6:00pm)

_____ 5days a week	\$215.00 per month	
_____ 4days a week	\$195.00 per month	M __ T __ W __ TH __ F __
_____ 3days a week	\$180.00 per month	
Drop-In Rate	\$15.00 per day	

*The option picked will remain in effect unless Husky Club is notified in writing one week prior to changes. A new contract will be required.



**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:

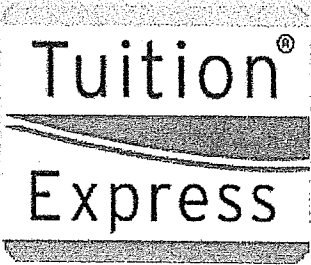
<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	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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Accounted For in the Electronic
Safe - Convenient - Easy

Student Name: _____

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. 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

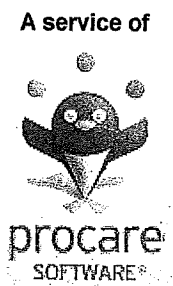
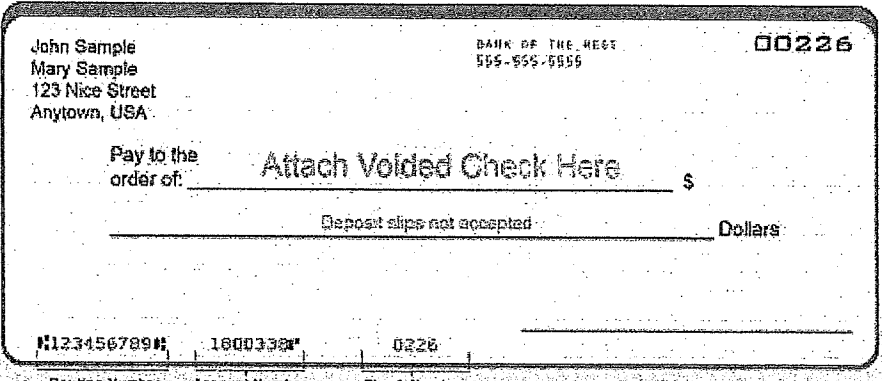
SECTION B (Bank Account)

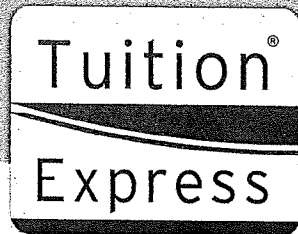
Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature





*Convenient and Safe
On-time Payments*



PARENT FAQs

We are excited to offer automatic payments through Tuition Express. It is no longer necessary for you to write a check for tuition and fees. Your bank or credit card account will be safely and securely debited by Tuition Express. You can be emailed a receipt for each transaction. It's easy to sign-up – just ask us.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, steal your identity. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?

Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?

Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?

Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my childcare provider?

Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.