

# Happy Valley School Before & After Daycare

## Parent Contract

School Year Schedule - 2019- 2020  
623-695-9915

The policies in this contract are set forth by Happy Valley School Before & After Daycare and are in accordance with child care regulations. The Policy Manual and Parent Contract become effective upon acceptance by the parent/guardian and Happy Valley School Before & After Daycare.

### Required Information

The following information requirements are needed before your child may attend.

- 1) Signed contract per child.
- 2) Emergency Form **MUST** be completely filled out.
- 3) Copy of Immunization **MUST** be attached.
- 4) Copy of custody papers, if applicable.
- 5) One-time registration fee of \$50.00 per family.

### Business Hours

Daycare hours of operation are Monday through Friday from 6:15 a.m. to 7:15 a.m. and 1:50 p.m. to 6:30 p.m. (Excluding holidays).

### Fees & Refunds

Registration Fee: \$50.00 per family.

Fees: AM Care: \$6.00; PM Care: \$13.00

All payments must be prepaid on the 1<sup>st</sup> of the month for days 1<sup>st</sup> - 15<sup>th</sup> and on the 16<sup>th</sup> of the month for days 16<sup>th</sup> - 30<sup>th</sup> (31<sup>st</sup>). If the payment due date falls on a weekend, fees are due the Friday before.

*A \$10.00 late charge will be added each week for all payments made after the 16<sup>th</sup> and 1<sup>st</sup> of the month. There are no refunds issued for days missed due to illness, vacation or suspension. Child is withdrawn from the program if payment is not made.*

**EMERGENCY Daycare** fee of \$15.00 per 2 hours for every child is charged. Emergency daycare use is not to exceed 3 days in a month; otherwise you will be charged a registration fee of \$50.00.

Return check policy: \$25.00 handling charge for any returned dishonored check. The parent will be required to pay cash from that point on.

Policies, contracts and forms are subject to review and change. We will notify parents in writing of any changes.

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parents are to read all rules to children and initial.

- I will follow all school and daycare rules. \_\_\_\_\_
- I will not hit, kick, spit, or otherwise injure another child. \_\_\_\_\_
- I will not leave my group without permission. \_\_\_\_\_
- I will use my words and ask a teacher if I need help with a problem. \_\_\_\_\_

*I have read and understand the Happy Valley School Before and After Daycare Policy Manual and will comply with all written policies and procedures.*

*I agree to pay all fees on time each month. I understand that there is a \$10.00 late charge if payment is not made on time.*

*I understand the hours of operation for the daycare. A late charge of \$1.00 per minute per child will be charged for all time after 6:30 p.m. **This amount is DUE at the time of pick up.***

*I understand that my child is responsible for following daycare rules while attending Happy Valley School Before & After Daycare.*

*I understand that I will keep the daycare updated on any address, employment, phone number changes or any emergency contact information.*

**Camp dates:**

*\$25.00 on-site, \$30.00 field trip days*

- *Columbus Day -October 14, 2019 (\$25.00)*
- *Veterans Day-November 11, 2019 (\$25.00)*
- *Thanksgiving - November 25,26,27 (\$25.00)*
- *Winter Recess - December 26,27,30 (\$30.00)*
- *Winter Recess - January 2, 3 (\$30.00)*
- *President's Day - February 17, 2020 (\$25.00)*
- *Spring Break - March 16,17,18,19,20 (\$30.00)*

I \_\_\_\_\_ (parent name) hereby acknowledge that I  
 Please Print

(the parents) am aware of the conditions stated in the Happy Valley School Before and After Daycare Contract, and agree to abide by the above requirements.

Parent Full Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Email for billing: \_\_\_\_\_

Total Payment Due: \$50.00 Registration Fee

Total Days Fee: \_\_\_\_\_

**TOTAL PAYMENT DUE:** \_\_\_\_\_

Check #:	Credit/Debit:	Cash:
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**August Payment**

\*Payments are due by the 1<sup>st</sup> and 15<sup>th</sup> of each month.  
 \*A \$10.00 late fee will be charged every week that payment is late.

		7 AM ___ PM ___	8 AM ___ PM ___	9 AM ___ PM ___
12 AM ___ PM ___	13 AM ___ PM ___	14 AM ___ PM ___	15 AM ___ PM ___	16 AM ___ PM ___
19 AM ___ PM ___	20 AM ___ PM ___	21 AM ___ PM ___	22 AM ___ PM ___	23 AM ___ PM ___
26 AM ___ PM ___	27 AM ___ PM ___	28 AM ___ PM ___	29 AM ___ PM ___	30 AM ___ PM ___

Please check the days that your child will attend in August.

\_\_\_ Mornings (\$6.00) \_\_\_ Afternoons (\$12.00) Total Amount Due: \_\_\_\_\_

Check #: \_\_\_\_\_ or Debit: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ex. date: \_\_\\_\_



CDC/SGH# or name: \_\_\_\_\_

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

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

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.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

**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:

<b>Name(s):</b>
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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**

Is child allergic to food or other substances?  No  Yes  
 If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken?  No  Yes  
 If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:  No  Yes

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:  No  Yes

Additional comments:

Other special instructions:

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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