

Happy Valley School Before & After Daycare

Parent Contract

School Year Schedule - 2025-2026

The policies in this contract are set forth by Happy Valley School Before & After Daycare and are in accordance with childcare 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 filled out **COMPLETELY**.
- 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: \$8.00; PM Care: \$19.00

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

A \$10.00 late charge for all payments made after the 16th and 1st of the month. There are no credits issued for days missed due to illness, vacation, or suspension.

Child is withdrawn from the program if payment is not made.

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.

Afternoon snacks provided daily; calendar posted on information board.

Children will be able to complete homework in before/afterschool program.

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.

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: _____

Date: _____

Child's Name: _____

Teacher: _____

Email for billing: _____

Total Payment Due: _____ \$50.00 Registration Fee

Total Days Fee: _____

TOTAL PAYMENT DUE: _____

Please make checks payable to Happy Valley School.

Happy Valley Daycare

Child's Name: _____

Teacher: _____

July/August Payment

*Payments are due by the 1st of the month for August 1st – 15th and due again on the 16th for August 16th – 31st.

*A \$10.00 late fee will be charged every week that payment is late.

			31 AM ____ PM ____	01 AM ____ PM ____
04 AM ____ PM ____	05 AM ____ PM ____	06 AM ____ PM ____	07 AM ____ PM ____	08 AM ____ PM ____
11 AM ____ PM ____	12 AM ____ PM ____	13 AM ____ PM ____	14 AM ____ PM ____	15 AM ____ PM ____
18 AM ____ PM ____	19 AM ____ PM ____	20 AM ____ PM ____	21 AM ____ PM ____	22 AM ____ PM ____
25 AM ____ PM ____	26 AM ____ PM ____	27 AM ____ PM ____	28 AM ____ PM ____	29 AM ____ PM ____

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

____ Mornings (\$8.00) ____ Afternoons (\$19.00) 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

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

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:
Parent 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.**

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:

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

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 occur.

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

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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