

# Happy Valley School Before & After Daycare

## Parent Contract

School Year Schedule - 2026-2027

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: \$20.00

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 for all payments made after the 16<sup>th</sup> and 1<sup>st</sup> 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Child is withdrawn from the program if payment is not made.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/after school 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: \_\_\_\_\_

**August Payment**

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

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

		05 AM ___ PM ___	06 AM ___ PM ___	07 AM ___ PM ___
10 AM ___ PM ___	11 AM ___ PM ___	12 AM ___ PM ___	13 AM ___ PM ___	14 AM ___ PM ___
17 AM ___ PM ___	18 AM ___ PM ___	19 AM ___ PM ___	20 AM ___ PM ___	21 AM ___ PM ___
24 AM ___ PM ___	25 AM ___ PM ___	26 AM ___ PM ___	2 AM ___ PM ___	28 AM ___ PM ___
31 AM ___ PM ___				

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

\_\_\_ Mornings (\$8.00) \_\_\_ Afternoons (\$20.00) Total Amount Due: \_\_\_\_\_

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



License# or Facility 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>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female
<b>Home Address:</b> _____		
<b>Date of Birth:</b> _____	<b>Date Disenrolled:</b> _____	<b>Updated:</b> _____

<b>Parent or Guardian Name:</b> _____	<b>Home Address:</b> _____
<b>Phone:</b> _____	<b>Email Address:</b> _____

<b>Parent or Guardian Name:</b> _____	<b>Home Address:</b> _____
<b>Phone:</b> _____	<b>Email Address:</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 and R9-5-716, at least two contact persons are required.)**

<b>Name:</b> _____	<b>Contact Telephone Number:</b> _____
<b>Name:</b> _____	<b>Contact Telephone Number:</b> _____
<b>Name:</b> _____	<b>Contact Telephone Number:</b> _____
<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.**

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	_____
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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:

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-home> 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, other substances, or needs a modified diet? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided or modified, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
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: