

GRIFFIN FOUNDATION SCHOOL DISTRICT

1844 S. Alvernon Way, Tucson, AZ 85711

520-790-8400

For Business Use Only:

Grade Level: _____

Final Approval: _____

Description of Fees: _____

Birth Certificate

Immunization Complete

Health Records

Emergency Contact Sheet

Deposit, 1st Week Tuition, and Appl. Fees

Before/After S/P Requested & Fees Included

Approved Start Date: _____

Other Comments: _____

Appl. Received Date: _____

Initial Admin.: _____

Before and After School Program Agreement

2019-2020

www.griffinfoundation.org

“Visit our website for family involvement information and school events”

I agree to enroll my child, _____ in the Griffin Foundation School District's Before and After School

Program beginning on _____.

This program is designed to serve students ages 3 - 12. A student that has behavior issues such as not following classroom procedures, endangering the safety of other students, or showing disrespect will be suspended or placed on a 2 weeks probation period. I understand the school will provide my child with a quality program lead by caring staff in a safe and positive learning environment. Hours of operation: Monday through Friday 4:00 pm – 6:00 pm; except on Wednesday 3:00 pm -6:00 pm.

A late pick-up charge of \$1.00 per minute will be assessed by the agency if a child is not picked-up at the close of business.

Tuition and Fees

I understand:

1. My weekly tuition is \$_____, if applicable DES co-pay per week is \$_____. Parent(s) are required to pay for their child's/children's services by the week before services are rendered, or at the latest, the first day of the week services are provided. If payment is not received by the due date, a \$15 late fee will be charged each week on the past due balance. After two weeks of nonpayment, the child will be removed from the program until balance is paid in full (no exceptions). A child that is not picked-up one hour from the close of business, the school representative will contact DCS and/or the Police Department for child pick-up. A \$1 per minute charge will be billed to your account.
2. One week's tuition, to be submitted with your application, is held as a deposit. The first week's tuition will be used as advance payment for the first week of class.
3. A non-refundable \$45.00 registration and processing fee is due at enrollment.
4. Payment is due for the contracted time, including statutory holidays, whether the child attends or not. Tuition will be waived for Fall Break (1 week), Winter Break (2 weeks), and Spring Break (1 week).
5. The school district will provide a thirty-day notice prior to a rate increase.
6. I have the option to enroll my child in extra-curricular activities for an extra charge.
7. Mandatory withdrawal will be requested if a child does not abide by the standards of conduct, demonstrates extreme behaviors that hurt others or failure of the school to meet the needs of the child or parents.
8. Any checks not honored by the bank will be subject to a \$30.00 service charge.

Registration

- 9. Parents will complete all registration forms including; health records, emergency and permission authorizations for pick-up and any other required records or forms before student entry into the program.
- 10. Parents agree to bring their child/children to the program on time and pick him/her up on time after program ends.
- 11. To pick-up their child on time before the close of business.
- 12. If you attempted to call the main office during before or after school hours, and no answer, you can try calling the Before and After School Program directly at 790-8400 ext. 2034.
- 13. The Before and After School Program will be closed for Labor Day, Veteran's Day, Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King Day, Rodeo Break, Memorial Day, and 4th of July; as well as one week for Spring Break, Fall Break, and two weeks for Winter Break (refer to school calendar). We may include other closures; parents/guardians will be notified in advance.
- 14. The district will be closed in the case of extreme weather conditions (i.e. heavy snow or storm causing power outages).
- 15. By signing this document you agree and understand the policies and procedures of the Before and After School Program:

I _____ (**parent/guardian**) consent, acknowledge, and approve of the procedures, rules, and regulations of the Griffin Foundation School District's Before and After School Program.

Arizona Department of Health Services: The licensing agency shall have the authority to interview children or staff and to inspect child and facility records without prior consent. The licensing agency shall also have the authority to observe the physical condition of children, which could indicate possible abuse or neglect.

I authorize the school district to call an emergency ambulance in case of accident or acute illness and to arrange for possible emergency medical and surgical care in case I am not immediately available. Before such action is taken, it is understood that a conscientious effort must be made to notify me or _____ at the following number: _____.

Before and After School Schedule (Circle days): **Mon Tue Wed Thur Fri**

Name (print)	Home Phone	Work/Cell Phones
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Parent Signature: _____

Date: _____

Student Background Information

Student's Name: _____
 Last First Middle

Has the student ever been or currently enrolled in any Gifted, Bilingual Programs or Special Education Programs?
Yes _____ No _____

If yes, list the program: _____

Has the student ever been suspended or expelled from any child care services or school? Yes _____ No _____

If yes, please explain: _____

Is the student currently suspended or expelled from any child care facility or school? Yes _____ No _____

Has the student ever had behavior or attendance issues? Yes _____ No _____

What are your goals and expectations of the school and your child? _____

How did you learn about the Griffin Foundation School District? _____

- Brochure, flyers, and handout
- Other advertisement: _____
- Internet: _____
- Griffin Foundation's websites
- Walk-in
- Relative/friend: _____
- Newspapers/Television/Radio: _____
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Transportation:

List the daycare facility that is authorized to provide transportation for your child:

Name: _____

Address: _____ Tucson, AZ. Zip code: _____

Phone number: _____ Contact person: _____

Mark an X on the day(s) and indicate the times your daycare is scheduled to transport your child from GFSD:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I verify that the information provided above is accurate and true:

Signature of Parent/Legal Guardian _____ **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.

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? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</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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Before and After School Program

Monday, Tuesday, Thursday, and Friday

4:00 pm to 6:00 pm

Wednesday

3:00 pm - 6:00 pm

Hourly Rate

\$7.50

Fee Policy:

- ❖ Rates are based on a weekly fee and payment guarantees (reserves) a place for your child at all times.
- ❖ D.E.S clients are responsible for an absentee fee.
- ❖ D.E.S. will be notified of any unpaid co-payments.
- ❖ A late fee of \$1.00 per minute will be charged at the close of business and must be paid at the time of pick-up or no later than the next school day.
- ❖ If a payment balance is 2 weeks past due, the parent's child will be withdrawn from the program until payment is paid in full.
- ❖ Parent(s) are required to pay for their child's/children's services by Monday of the following week. Invoices are printed every Friday.
- ❖ If payment is not received by the due date, a \$15 late fee will be charged each week on the past due balance. After 2 weeks of nonpayment, the child/children enrolled in the program will be removed from the program until the balance is paid in full (exceptions).
- ❖ Any checks not honored by the bank will be subject a \$30 service charge.