

2019-2020
Kids with a Smile Preschool
KWAS - Ages 3-4
&
SUMMER CAMP

1830 S. Alvernon Way, Tucson, AZ 85711
 Office: 520-790-8400 Fax: 520-620-6570

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.: _____

- Enrolling in Summer Camp 2019/2020
 Enrolling in KWAS Preschool 2019/2020

www.griffinfoundation.org

Visit our website for family involvement information and school events

Student's Name: _____
Last First Middle

Name of Parent: _____ Contact number: _____

Parent E-Mail Address: 1.) _____ 2.) _____
Mother Father

Last preschool/childcare attended: _____
Name City State

Date the student last attended school: _____

Age: _____ Date of Birth: ____/____/____ Place of Birth: _____

Gender: Male ___ Female ___

Home Address: _____

City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

KWAS/Summer Camp contract 2019-2020

I agree to enroll my child, _____ in the Kids with a Smile Preschool Program and/or Summer Camp beginning on _____. These programs are designed to serve students ages 3 and 4 or 5-12. Children must be potty-trained. A student that has behavior issues such as not following classroom procedures, endangering the safety of other students, or not potty-trained will be placed on a 2 weeks probation period. I understand the school will provide my child with a quality preschool program lead by caring staff in a safe and positive learning environment. Hours of operation: Monday through Friday, 8:00 am – 5:00 pm with a modified Summer Camp schedule. Half day morning is 8:00 am to 12:30 pm and half day afternoon is 12:30 pm to 5:00 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. I enroll my child in the KWAS Preschool or Summer Camp for _____ days per week on a _____ (half/full) day basis, and that any days my child comes to the KWAS Preschool/Summer Camp outside of the days agreed upon in this contract, a drop-in fee will be charged to the parents. My weekly tuition is \$_____. If extended child care is required after Pre-school classroom hours, \$7.50 per day will be add to your bill. If applicable DES co-pay per week is \$_____. Parent(s) are required to pay for their child's preschool 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 or payment due is greater than \$200, 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 CPS 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 is required as 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 Spring Break (1 week) and Winter 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. Drop-in care rate is \$30.00 per day.
9. Any checks not honored by the bank will be subject to a \$30.00 service charge.
10. 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.
11. To bring my child to the program on time and pick him/her up on time after class ends.
12. To call the KWAS Preschool teacher/Summer Camp Team Leader at 790-8400 to inform her of my child's absence or notify her of any illness that may keep my child home, such as: diarrhea, vomiting, fever, infected skin or eyes, undiagnosed rash or a contagious disease.
13. To provide a change of clothes or come and get my child at Preschool in the case of a toileting accident.

14. The KWAS Preschool/Summer Camp 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 and one week for Winter Break. We may include other closures; parents/guardians will be notified in advance.
15. The district will be closed in the case of extreme weather conditions (i.e. heavy snow or storm causing power outages).
16. Written notice must be given one full week prior to a child leaving the preschool program. If one full week's notice is not given to the school, the deposit will be used to pay for failure to provide the school with one full week's notice.
17. By signing this document you agree and understand the policies and procedures of the Kids with a Smile Preschool and Summer Camp program:

I _____ (parent/guardian) consent, acknowledge, and approve of the procedures, rules, and regulations of Kids with a Smile Preschool/Summer Camp.

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: _____.

Preschool schedule (Circle days and length): Mon Tue Wed Thur Fri (full days or half days)

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

Race/Ethnicity Two-Part Question: Complete both questions

Part 1: Ethnicity (Choose one only)

- Yes, Hispanic or Latino
A person of Mexican, Puerto Rico, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
- No, not Hispanic or Latino

Part 2: Race (Choose one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

McKinney-Vento Act Eligibility:

Is your current address a temporary living arrangement? Yes _____ No _____
Is this temporary living arrangement due to loss of housing or economic hardship? Yes _____ No _____
If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may STOP.

Where is the student currently living? (Check one box)

- In a shelter
- In a motel
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite)

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 _____

Emergency Information

Student lives with: Both Parents _____ If Not (Please mark an X in the boxes below)

Mother _____ Father _____ Step Father _____ Step Mother _____ Legal Guardian(s) _____

Name of person (persons) who have Legal Custody: _____

Mother's Name: _____
(Guardian's Name) Last First Middle

Mother's Employer: _____ Phone: _____

Father's Name: _____
(Guardian's Name) Last First Middle

Father's Employer: _____ Phone: _____

In case of an emergency, our procedure is to contact the parent/guardian that is listed first on the Student Data form at work or home. If we are unable to contact you, the second person listed on this form will become the next person to contact. The seriousness of the issue will determine whether the persons listed below will be asked to care for your child. A rescue unit will be called in a serious situation.

Person(s) who will care for and transport the student if the parent(s) cannot be contacted:

Name (person 1): _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Name (person 2): _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Please check one of the boxes below: **(YOU MUST COMPLETE THIS SECTION)**

- I give permission for my child to be photographed for educational purposes, including newspaper, television, and other publicity without reservation or compensation.
- I do not give permission for my child to be photographed for school purposes.

Name (print) Home Phone Work/Cell Phones

Signature: _____ Date: _____

The following person(s) may NOT remove my child from the school

Name: _____ Name: _____

If so, comment? _____



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:

Kids with a Smile Preschool

Monday-Friday 8:00am to 5:00pm
Half days 8:00am to 12:30pm/ 12:30 pm to 5:00pm

Weekly Rate Schedule

	<u>5 Days</u>	<u>4 Days</u>	<u>3 Days</u>
Full Days	\$150.00	\$130.00	\$105.00
Half Days	\$110.00	\$100.00	\$90.00

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.
- ❖ One Week's tuition, to be submitted with your application as a deposit.
- ❖ An application processing fee of \$45 is required.
- ❖ No credit will be given for days program is closed.
- ❖ 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 or payment due is greater than \$200, 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 preschool 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 2 weeks of nonpayment, the child(ren) 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.

GRIFFIN FOUNDATION SCHOOL DISTRICT

2019-2020 New School Uniform Policy

(Please read and keep this page at home as a reference)

Parents:

All students enrolled for the 2019/2020 school year are required to wear the Griffin Foundation School District uniform for their specified school. Parents can purchase uniforms from vendors or department stores. Uniforms must follow our style and material requirements. **Clothes not allowed** to be worn to schools: **Denim, Blue Jeans, Sweats, Baggy pants, Spandex, Skinny Jeans, or Cargo pants** (pants with 4 pockets in front). Leggings are acceptable in **Solid White, Solid Navy, or Solid Black**. No Stretch pants are allowed. Uniform bottoms must be Cotton or Polyester and no more than 3% of other material. Clothes that are too revealing is not acceptable, short pants must be of regular length and uniform should not be skin tight. Mohawks and shaved heads are not allowed, but a fade hairline is acceptable. Unnatural hair colors are not allowed. Tattoos are not allowed, and piercings must be kept to a minimum. Modest make-up is allowed for middle school students only. A non-school sweatshirt with a hood cannot be worn in school buildings. A sweatshirt/jacket with a zipper is preferred.

If you are interested in purchasing uniforms from the Griffin Foundation School District, please stop by the front office.

As preparatory schools, it is important that students wear the required uniform attire. Parents will be called to bring in a change of clothes and/or called to pick-up their child, if the child is identified as wearing an unapproved uniform to school. Students may receive a uniform warning violation and/or suspension.

FIMS: <u>Tops</u>	<u>Bottoms</u>	CRS/KWAS: <u>Tops</u>	<u>Bottoms</u>
White	Khaki	White (Polo)	Khaki
Maroon	Navy	Navy (Polo)	Navy
Forest Green		<u>(No Navy top worn with Navy Bottom)</u>	

Thank you and we look forward to another great school year with increased student achievements.

Every Friday! – Free Dress Day

This school year the Griffin Foundation School District will be allowing students a Free Dress Day every Friday. We are happy to announce this new event for students to celebrate the end of each week.

It is impossible for school administrators to identify all items that might be inappropriate attire, but if any outfit is deemed to be inappropriate for school, the student may be given a warning not to wear the item again or the parent could be called to bring a change of clothes.

Blue Jeans or non-uniform bottoms will be allowed to be worn. Please make sure bottoms are clean, non-baggy. Pants must be on the waist and not showing the student's underwear. Please make sure shirts, shorts, and dresses have a modest hem length. No sleeveless shirts or spaghetti straps will be allowed. No inappropriate writing or language on clothes. Students are required to follow policies and directives of the uniform dress codes as stated by GFSD. Failure to do so could result in suspension.

We believe this will be a wonderful school year for our students.

Sincerely,
Administration