



Extended Care

2019-2020 Registration

Child's Last Name _____ First Name _____ MI _____ Grade/Teacher in 2019-2020 _____

Gender (Circle one) Male / Female Date of Birth _____ Parent/Guardian Email Address _____

Does child have siblings also attending? Yes No (If Yes, who? _____)

My child may watch movies with the following ratings-Check all that apply: G PG PG13

I have read and agree to the Financial Responsibility Agreement below (initial) _____.

Please sign my child up for the following (see rates and schedules below):

Check ONE: After Care (pick-up by 6p.m.) 1 hour After Care (pick-up by 4:15p.m.) After Care Drop-in only

Check ONE: Before Care Before Care drop-in only

RATES & SCHEDULES

Tuition Express (auto-pay) and online payments are now available for all Before/After Care services.

10 MONTH School Year

August 5, 2019 through May 21, 2020(38 weeks - excludes fall, winter, & spring breaks)

Weekly Rates
(Tuition Express Only-Billed Every Friday)

Before Care: 6:30 a.m. to 7:30 a.m., Monday-Friday

\$25/week

Before Care Drop-in: 6:30 a.m. to 7:30 a.m., Monday-Friday

\$10/day flat fee

After Care: Pick-up by 6:00 p.m., Monday-Friday

\$65/week

After Care 1 Hour: Pick-up by 4:15 p.m., Monday-Friday

\$40/week

After Care Drop-in: Pick-up by 6:00 p.m., Monday-Friday

\$25/day flat fee

Half-day Camp: Pick-up by 6:00 p.m.

\$25/day flat fee

Note: Before Care and After Care programs are on-going and parents will be billed for each week regardless of attendance. One week advance written notice is required if you wish to withdraw your child(ren) from the program.

FINANCIAL RESPONSIBILITY AGREEMENT (please initial after each):

Tuition/Billing: Tuition will be billed every Friday for the following week. Payment must be received by the Friday prior to attendance. _____

Tuition Express: Automatic payment through **Tuition Express** is available for Before/After Care services. This service withdraws your tuition automatically from your checking, savings, or credit card every Friday prior to the week of attendance. Weekly payments are run every Friday prior to attendance. Please allow up to 48 business hours for the withdrawal to show on your account. _____

Past Due Payments: If your account balance is more than two weeks past due, your child will not be allowed to attend the program until the balance is paid in full. _____

Delinquent or Non-Sufficient Payments: If your account is continuously delinquent, you will be asked to withdraw your child from the program. Your child will not be allowed attendance to the program until the balance is paid in full, PLUS the first week of re-admittance. A \$25.00 processing fee will be assessed for any declined Tuition Express transactions. A fee of \$10.00/week will be assessed for all past due accounts. You will be responsible for all costs involved, including reasonable attorney fees if your account is sent to collections. _____

Late Pick-up: There will be a \$10 late pick-up fee for each 15 minutes or portion thereof after the scheduled end time. Habitual late pick-ups may result in removal from the program without refund. _____

Drop-In Policy: To ensure students are supervised on campus, students who arrive at school prior to 7:30 a.m. need to be signed in to the Before Care program. Students on campus prior to 7:30 a.m., who have not signed up, will be signed in to Before Care as a drop-in. 4th- 8th grade students who are not picked up by 3:15 p.m. and Kinder-3rd grade students who are not picked up by 3:30 p.m. and who are not scheduled to attend After Care will be signed in to the After Care program as a drop-in. **Drop-in rates are \$25 per child per day for After Care, maximum \$75/week; \$10 per child per day for Before Care, maximum \$30/week. Students who drop in 3 or more times for two consecutive weeks will automatically be enrolled in the program.** It is the parent or guardian's responsibility to pay the drop-in rate immediately following each occurrence. _____

TERMS OF REGISTRATION

Family Discount: There is a 10% discount for each **additional child** in families with a child enrolled in **4-5 full days** at Pre-School or Pre-Kindergarten. The discount applies only to regular After Care or Early Childhood tuition, not to registration fees or early release Wednesday fees.

Changes to Enrollment: All changes to your enrollment status must be received one week in advance, and must be in writing. No changes to your account will occur until written notice is received. *There are NO credits, refunds, or pro-rating for single or partial day absences.*

Holidays: Tuition will be discounted *only* when the entire TCDS campus is closed for a holiday lasting 2 or more consecutive days. See the School Calendar for these dates. You will not be billed for Fall Break, Spring Break and Winter Break.

Daily Sign-In/Sign-Out ~ Release of Your Child: Your child must be signed in and out each day by an authorized adult using 1st initial, complete last name and time of drop-off/pick-up. Your child will be released only to those persons age 18 years or older whose name(s) appear on the "Emergency Information and Immunization Record." You must provide the Director or other designated person in charge with written notification if any person other than those listed is authorized to pick-up your child. Written notification must be provided to remove any person from your list. **Anyone picking up your child who is not familiar to staff will be asked for proof of identification.** Please note: With the exception of their own children, Tucson Country Day School staff cannot be authorized to sign a student out from After Care for the purpose of having the student walk or ride a bike home from school.

Special Programs Fees: Field trips and optional programs may be offered. Most of these programs require fees in addition to regular tuition.

Transportation: Parents are responsible for providing transportation to and from Tucson Country Day School.

Parking Lot Safety: The speed limit in our parking lot is 5 MPH. Please do not park your car in the loading/unloading zone located in front of the school. This is for loading and unloading only and serves as the emergency lane in case of a school emergency. Please observe all safety rules in our parking lot. Watch for little ones at all times. Do not leave children unattended in your vehicle.

Discipline: Teaching children to respect others and be responsible for their actions are essential ingredients in our philosophy. We aim to create an environment that provides children an opportunity to grow and have fun with age appropriate activities set within consistent boundaries. Choices, redirection, positive reinforcement and logical consequences including time-out and parent conferences are all ways we strive to help children grow and learn within our boundaries. Consistent discipline issues can and may result in a child being withdrawn from the program.

Medication/Sunscreen: Tucson Country Day School can and will only administer over-the-counter and prescription medication when it is provided by the parent/guardian in the original packaging, and a medication permission form is completed and signed. A Tucson Country Day School employee may administer originally labeled over-the-counter and prescription medications if authorized in the required format.

First Aid: Tucson Country Day School staff may apply first aid and/or secure aid and/or emergency medical services of an ambulance service, physician or hospital. Parent/guardian agrees to assume all financial obligations connected therewith.

Illness: Your child will be sent home if he/she has a fever, is vomiting or has diarrhea. Sick children need to be picked up by an authorized adult as soon as possible in the event of the above symptoms. Your child needs to be symptom free for twenty-four (24) hours before he/she may return to school. If your child has been exposed to a contagious disease, you must notify the Director.

Special Needs Children: If your child has any special needs, please schedule an appointment with the Before Care/After Care Director. You will be notified once it is determined that Tucson Country Day School can fully meet your child's needs in the Before Care/After Care program.

Parent/Guardian Signature: _____ **Date:** _____

Please print name: _____ **Day Phone:** _____

Your signature indicates that you have read, understand and agree to the Terms of Registration. Signer agrees to assume full responsibility for all payments and fees. Failure to comply with the terms of registration constitutes a material breach and is grounds for termination of service at the discretion of Tucson Country Day School. Your signature certifies that the information provided is accurate to the best of your knowledge. This agreement constitutes the full and final understanding of the parties.



CDC/SGH# or name: 3141

**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

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> 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? <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:
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Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____	City _____	State _____	Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____			Date _____

SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____	City _____	State _____	Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____	Account Number (see sample below) _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature _____			Date _____

For Official Use Only

Date Received _____
Employee Signature _____



A service of

