

Before- and After-school Programs

The Washington Elementary School District prides itself in being able to provide before and after school care for its students. We recognize that quality care is essential to children's growth and development. At KidSpace, we look forward to providing your child with opportunities for personal and academic growth in a fun, safe and nurturing environment that extends beyond the school day. You can be assured that the safety and well being of your child is a top priority and you will notice the high standards that are present at each and every site. We offer a wide range of activities that are exciting and fun and at the same time build on educational classroom experiences.

Locations at these WESD schools:

Abraham Lincoln: 602-896-6315 Acacia: 602-896-5015 Alta Vista: 602-347-2015 Arroyo: 602-896-5145 Cactus Wren: 602-347-2115 Chaparral: 602-896-5315 Ironwood: 602-896-5673

John Jacobs: 602-896-5715 Lakeview: 602-896-5858 Lookout Mountain: 602-896-5991 Manzanita: 602-347-2272

Moon Mountain: 602-896-6082
 Ocotillo: 602-347-2415
 Orangewood: 602-347-2914
Richard E. Miller: 602-347-3011
 Roadrunner: 602-347-3115
 Sahuaro: 602-896-6215
 Shaw Butte: 602-347-4215
 Sunburst: 602-896-6415
 Sunset: 602-347-3315

Sweetwater: 602-896-6515 Tumbleweed: 602-896-6615 Washington: 602-347-3415

- Safe, on-campus BEFORE and AFTER school care
- Students in grades K- 6 are welcome!
- KidSpace offers childcare in a positive setting with fun and educational daily activities.
- Open Monday through Friday- 6:30 a.m. to 6:00 p.m.
- Staffed by WESD District employees with full background checks.
- Academic enrichment & homework help
- Nutritious snacks
- DES approved
- DHS licensed facilities
- Multiple sites open during
 WESD breaks.



Enrollment forms available online at **WWW.WESDSCHOOLS.ORG**

Your child can attend KidSpace before and after school for as little as \$20 per week!

Call your school KidSpace office for enrollment information.



Before- and After-school Programs

El Distrito Escolar Washington se enorgullece de proveer cuidado para sus estudiantes antes y después de clases. Reconocemos que un cuidado de calidad es esencial para el crecimiento y desarrollo de los niños. En el Programa KidSpace, anticipamos proveer a su hijo(a) con oportunidades para crecimiento personal y académico en un ambiente divertido, seguro y cariñoso que se extiende más allá del día escolar. Pueden estar seguros que la seguridad y bienestar de su hijo(a) es nuestra primera prioridad y ustedes notarán la alta calidad que está presente en cada una y todas las localidades. Ofrecemos una gran variedad de actividades que son excitantes y divertidas y al mismo tiempo edifican experiencias educacionales en el salón de clase.

Programas ubicados en estas escuelas del WESD:

Abraham Lincoln: 602-896-6315 Acacia: 602-896-5015 Alta Vista: 602-347-2015 Arroyo: 602-896-5145 Cactus Wren: 602-347-2115 Chaparral: 602-896-5315 Ironwood: 602-896-5673 John Jacobs: 602-896-5715 Lakeview: 602-896-5858 Lookout Mountain: 602-896-5991

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Sunburst: 602-896-6415 Sunset: 602-347-3315 Sweetwater: 602-896-6515 Tumbleweed: 602-896-6615 Washington: 602-347-3415

- Cuidado seguro, en la propiedad escolar ANTES y DESPUÉS de clases
- •¡Acogemos a estudiantes en los grados K- 6!
- •El programa KidSpace ofrece cuidado de niños diariamente en un ambiente positivo con actividades divertidas y educacionales.
- •Abierto de lunes a viernes 6:30 a.m. a 6:00 p.m.
- •Empleados provistos por el WESD con revisión de antecedentes
- •Enriquecimiento académico y ayuda con las tareas
- Instalaciones con licencia de DHS
- Meriendas nutritivas
- Aprobado por DES
- Varias localidades abiertas

durante los recesos de WESD

Formularios de inscripción disponibles en línea al

WWW.WESDSCHOOLS.ORG

¡Su hijo(a) puede asistir a KidSpace antes y después de clases por tan poco como \$20 por semana! Llamen a la oficina de KidSpace de su escuela para información sobre la inscripción.

	W	ESD	KidS	pace (Child (Care Se	ervices	s Contra	ct		
				_		chool Yea					
KidSpace Child Care Services Contract					Nonrefundable Registration Fee \$50.00 Per Child \$75.00 Per Family		Check #:				
Washington Elementary School District #6 Standard Services:								M.O. #:			
Standard Rate (Youngest Child): \$3.50 per hour					U Other_						
☐ Sibling & District Employee Rate: \$3.00 per hour ☐ DES: Financial assistance is available for income eligible families; rates will be					School:						
determined by DES. DES authorization required before the child can attend. Twilight: \$20 per month-can attend only on academy days McKinney Vento: \$3.00 per hourmust have prior authorization					Name of child:						
PLC Wednesday (PLC) Services Only:					Grade:	Grade:					
☐ PLC Wednesday release rate: \$2.00 per hour*. *PLC reduced rate only applicable during the hours that fall between PLC Release and					Teacher:	cher:					
	the child's Regular Release time. Thereafter, standard rates apply.					Effective w	eek of:	·			
*Fees subject to chan		ime based o	on WESD b	udget.							
The WESD Governing offering a reduced ra RR is 2:00; customer	Board add te of \$2.00 s would be	per hour for eligible to re	the hours the ceive 1.5 ho	at fall betwee urs at \$2.00 p	n PLC Releas er hour. Ther	e (PLC) and the eafter, standard	child's regul d service rate	ar release time (RR s apply. NOTE: Pl). For example: .C Release time	If PLC is 12:3 will vary by s	30 and school.
 The PLC rates are on care services on Wed 	ly applicabl Inesdays ar	e to children e eligible for	who have be the reduced	een released e rate.	early. Therefo	re, <u>excluding ea</u>	arly childhood	d enrichment progra	ams, all families	enrolled for o	:hild
Customers have the exceed the PLC time	option of er	ngaging child	care service	s for PLC Wed							rs
Requested Child-care	Schedule										
Time Requested	М	T	w	TH	F	Contrac	ted Service	s			
Before School In (AM)						Total We	Total Weekly Hours Contracted:				
Before School Out (AM)						Total Charge For Hours Contracted*:			FC Twiliaht ar	nd	
						*Weekly minimum rates apply to all contracts except PLC, DES ,Twilight and McKinney Vento					
After School In (PM)						Payment Requirements Weekly Payments Requires deposit equal to 1 week of					
After School Out (PM) Total Daily Hours						Weekly F	Weekly Payments Requires deposit equal to 1 were contracted hours. (Deposit is re			ndable)	
	<u> </u>				<u> </u>						
To retain space in the Contract will remain a Customers may amening the New contracts must be contracted.	in in effect and their cor	t until a new stract up to 2	w contract times at no	is filled out, charge. A \$5	signed, dat charge will ap	ed and returned poly for addition	ed, or upon				
Enrollment Fees	be received	by i nday @	0.00 p.m. t	be effective i	TOT THE TOHOW	ing week.					
Nonrefundable regist Refundable Deposit (the program.							school year at	tendance or applies t	o final charges u	pon withdrawa	al from
the program. Billing											
BILLING RATES ARE NEVER BILLED BELOW THE WEEKLY MINIMUM.							on all				
 Billing statements are generated every Monday. Payment is due in full by Friday @ 6:00 pm of the same week. A \$10 late payment fee may be charged weekly on all account balances that exceed \$10 on Friday at 6:00 p.m. Statements will include: 								OII all			
a. Current weekly contracted hours.b. Any additional hours over previous week's contract (which may include early dismissal/full release days; i.e. professional development days and/or holidays).											
 NO CASH ACCEPTE A \$25 fee will be cha 	rged for all							ave NSF checks ma	y be asked to p	ay by money	order
or cashier's check only. • If DES authorization expires or lapses for any period of time, DES customers will be expected to follow the same guidelines as families not receiving financial assistance.											
Withdrawals/Reinstat											
Refunds on student vChild may be withdraReinstatement after v	wn at the p	orogram's dis	cretion wher	account is pa	ast due.	•			ill be subject to	space availab	oility.
Late Pick-Up											
All KidSpace centers of center closes, WESD has Penalties: \$3 per min	been advis	ed to contact	the Phoenix	Police Depart	tment or Chil	d Protective Ser	vices.				e
Authorization											
I have read this contract and agree to the terms stated therein. I have received additional billing standard policies and agree to all terms as stated. I do \Box / do not \Box grant permission for my child to be photographed for WESD use only.											
Parent or Guardian Signa	ture:							Date:			
Person Responsible for Pa	ayment (Ple	ease Print):									
Address:								Phone	e:		

KIDSPACE BILLING STANDARDS/ FEES 2013-2014



Registration Fee updated 3/1/13

- All registration fees are non-refundable.
- An annual non-refundable \$50 registration fee per child and \$75 registration fee per family will be charged each school year.
- PLC Wednesday only student's registration fee will be waived.
- DES student's registration fee will be discounted 50%.
- McKinney/Vento student's registration fees will be waived.
- A separate summer camp registration fee of \$25 will be charged.
- WESD employees will get a 50% discount on registration fees.
- Twilight student's registration fees will be waived.
- Registration fees may be discounted or waived throughout the year by program staff for special circumstances or program promotions.

Weekly Contracts

- Customer will be liable for the fee stated in contract until a new one is filled out, signed, dated, and returned.
- New contracts must be received by Friday 6 p.m. to be effective for the following week.
- Customer may amend contract up to 2 times at no charge. A \$5 charge will apply starting with the 4th contract on file.
- Billing rates are never billed below the \$20 weekly minimum for the first child and a \$17.50 minimum for each additional older sibling or district employee. PLC Wednesday only contracts may be billed at the \$2.00 hourly rate during PLC times and would be excluded from the weekly minimum unless the time used exceeds PLC times. Then normal weekly rates would be charged.
- On holidays that there is no KidSpace day care available there will not be a charge. The weekly minimum will still be billed.
- PLC Wednesday Only Services will not be billed or will be credited if there are weeks with no PLC dismissal.
- Fall/Winter/Spring Break weeks will not be billed according to the school year contract. If there is a week with no school a camp contract will need to be filled out if camp services are to be utilized.
- Additional hours will be billed at the \$3.50 an hour rate or the sibling/employee rate of \$3.00.

Fees For Enrollment

• Non-refundable registration fee is due with registration. A 1-week deposit equal to contracted hours and first week bill is due by the end of the first week registered.

Weekly Billing Standards

- Statements will be available Monday afternoons.
- Statements will include current weeks contracted hours and any additional hours over previous week's contract, which may include early dismissal/full release days i.e.; professional development days & holidays.
- Payment due in full by Friday 6:00 PM of same week.
- A \$10 late payment fee will be charged on all accounts that exceed \$10 as of Friday at 6:00pm.
- Only check or money order is accepted payable to KidSpace –NO CASH ACCEPTED.
- \$25 NSF fee will be charged in addition to the principal amount for any returned checks. Payment must be made by only money order or cashier's check may be applied to accounts with excessive NSF checks paid on account.

- Children may be withdrawn when account is two weeks past due.
- For services to be reinstated due to any withdrawal a \$25 fee will be applied along with the 1-week deposit paid on account.
- Refunds on student withdrawals will be refunded after 30 days.
- \$3/minute per child will be charged after 6:00 PM (added to next billing cycle). After 3 occurrences, child may be dropped from the program.
- The Phoenix Police have advised WESD to call them or Child Protective services in the event that parents or emergency contacts cannot be reached after the center closes.
- Standard Rate \$3.50 per hour for youngest child and discount rate of \$3.00 per hour for siblings & district employees.
- Twilight only participant's can only use days when there is Academy or 21st Century classes only. Care will be provided after Academy/21st Century classes are dismissed until 6:00pm. If days/hours are used that are not Academy/21st Century the standard weekly minimum will be billed to account.
- The schools that have Academy or 21st Century classes and do not have academy or vendors on Wednesday during weeks when there is classes. The Wednesdays when academy is still in session for the week but there is no vendor will be included in the \$20 monthly charge.
- If Twilight child uses extra days/hours (when there is no Academy/21st Century) they will be charged the standard weekly rate.

DES Contracts

- DES financial assistance is available for income-eligible families. If authorization expires, parents will be expected to follow the same guidelines as families not receiving financial assistance. The customer will be responsible for paying any charges on the bill. This includes a one-week deposit, which will be refunded if and when services are authorized.
- For DES families on weekly contracts accounts will be billed the week after services are rendered. Charges (co-payments) will only be applied to days used the previous week.
- For DES families on monthly contracts accounts will be billed on the 1st of the month for the previous month. Charges (co-payments) will only be applied to the days used the previous month. Charges for the last month of the year may be charged at the beginning of the month.

Monthly Contracts

- No deposits will be required on monthly billing. All billing statements will be for the current month
- Billing statements will be issued on the 1st Monday of every month.
- All fees on the billing statements are due by the 5th or first Friday of the current month.
- A \$10 late fee will be assessed on all accounts with a balance that exceeds \$10 on Friday after the first Monday billed and continue weekly to be billed on every Monday until balance is paid under \$10.
- If a balance over \$10 remains on account after the 10th of the current month the child may be recommended for **disenrollment by the Program Supervisor.**
- Any contracts starting on or after the 16th of the month will be discounted by 50%.
- Any additional charges for time used will be at a daily rate of \$18 for less than 6 hours and \$25 for 6 hours or more. These charges will be added to next monthly billing cycle.
- All contract changes are due prior to the 1st of every month.
- Only check or money order is accepted payable to KidSpace –NO CASH ACCEPTED.
- \$25 NSF fee will be charged in addition to the principal amount for any returned checks. Payment by only money order or cashier's check may be applied to accounts with excessive NSF checks paid on account.
- \$3/minute per child will be charged after 6:00 PM (added to next billing cycle). After 3 occurrences, child may be dropped from the program.





Arizona Department of Health Services Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	1	Date Enrolled:		Updated:		
Home Address (#, Street, City, State, Zij	p Code):			Date Disenrolled:		
Home Phone:	I	Date of Birth:		Sex: male female		
	I					
Mother or Guardian Name:	Home Address (#, 5	ess (#, Street, City, State, Zip Code):				
Cell Phone (optional):	Contact Telephone Number:					
Father or Guardian Name:	Home Address (#, S	Street, City, State, Zi	p Code):			
Call Dhana (antianal):						
Cell Phone (optional):	Contact Telephone	Contact Telephone Number:				
I authorize the following individuals to o	collect my child fr	rom the facility in	case of emerg	ency or if I cannot be contacted:		
Name:	v			elephone Number:		
Name:			Contact Telepho	phone Number:		
Name:			Contact Telephor	ne Number:		
Name:			Contact Telephor	Telephone Number:		
TOM I' I ' II						
If Medical care is necessary, call: Health Care Name:			Contact Telepho	one Number:		
Provider*						
*A Health Care Provider is a physic	cian, physician	assistant or reg	istered nurse	practitioner.		
I hereby give authority to any hospital o health and safety. It is understood by me						
In case of injury or sudden illness	s, I request tha	nt this individu	al be called f	first:		
Does your child have insurance coverage?	No	Yes Name o	f Insurance Con	npany:		
The following individual(s) may NOT remove my child from the facility:						
Name(s):						
Custody papers have been provided and ar	e on file at the faci	ility. 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:								
Copy of current official documented immunization record attached								
	Religious Beliefs exemption form signed by parent/guardian attached							
	Medical Exemption form signed by physician and parent/guardian attached							
	Signed Laboratory Proof of Immunity form attached							
Signed Laboratory 1 1001 of infinitumty form attached								
Notification of immunizations needed sent to Par	arent(s) or Guardian(s):	mo /day/ yr mo	o /day/ yr mo /day /yr					
Updated immunizations re	eceived and attached:	mo /day/ yr mo	o /day/ yr	mo /day /yr				
Medical Information Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances		cedure to follow if rea		No Yes				
Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes If yes, list precautions:								
Is child subject to convulsions and what should be our procedure if one occurs? No 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.)? 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: SIG	GNED Name:		DATE:					