



CDC/SGH# or 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>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</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, 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:

[www.azdhs.gov/phs/immun/index.htm](http://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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**MEDICATION INFORMATION**

Project S.A.F.E. does not dispense medications. If your child is on medication they should check with the school nurse before they come to S.A.F.E. If your child is currently on a prescription medication, please fill out the following information. This information is necessary in case of an injury or illness and we need to provide this medication information to the emergency care provider.

CHILD’S NAME \_\_\_\_\_

MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_

**MEDICAL AUTHORIZATION:** I hereby consent to allow my child to receive medical treatment which is deemed advisable in the event of an injury, accident or illness during my child’s participation in the Children’s Choice program activities. It is understood that parents/guardians are responsible for all costs incurred in such emergencies.

Parent’s Name (PRINT) \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT PERMISSION OF MEDIA**

Photographs, interviews, and social media of your student may be requested by District/School/Children’s Choice or outside media. Parental permission must be recorded and on file before such sources are granted access to your student. Children’s Choice has a web page and a Facebook page – we never use the children’s names.

Please check the appropriate box or boxes below.

My child has my permission to photographed, videotaped or interviewed for use by:

\_\_\_\_\_ Sequoya Elementary School (e.g. yearbook, school newspaper, Sequoya TV)

\_\_\_\_\_ Children’s Choice S.A.F.E. Website      \_\_\_\_\_ Children’s Choice S.A.F.E. Facebook page

\_\_\_\_\_ Sequoya Elementary School Facebook page

\_\_\_\_\_ Scottsdale Unified School District media releases

Parent’s Signature \_\_\_\_\_



# Tuition and Billing Procedures and Policies

## Monthly Tuition Fees:

5 Afternoons per week.....	\$220.00 a month for 10 months
4 Afternoons per week.....	\$210.00 a month for 10 months
3 Afternoons per week.....	\$200.00 a month for 10 months
2 Afternoons per week.....	\$190.00 a month for 10 months

Early Care & 5 Afternoons per week.....	\$295.00 a month for 10 months
Early Care & 4 Afternoons per week.....	\$285.00 a month for 10 months
Early Care & 3 Afternoons per week.....	\$275.00 a month for 10 months
Early Care & 2 Afternoons per week.....	\$265.00 a month for 10 months

Early Care Only.....\$ 100.00 a month for 10 months

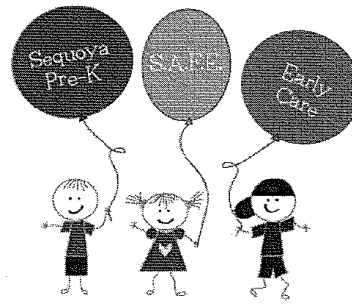
Tuition is subject to change. If there is a change in tuition parents will be notified of the slight increase.

- The first payment is due by August 7<sup>th</sup> and after that tuition is due by the 5<sup>th</sup> of each month.
- **We accept debit or credit cards. NO FEES will be charged to you for using your card. Fees are covered by Children's Choice.**
- Please fill out the attached sheet with your debit or credit information. Cards will be charged on the 1<sup>st</sup> through the 10<sup>th</sup> (depending on where the weekend falls).
- You will receive a text or email receipt each month when your card is charged for your tuition.
- If for some reason you do not want to pay by debit or credit card, please make arrangements with the director to pay by check, money order or cash.
- Late fees could apply if debit/credit card is declined.
- Tuition was determined by dividing the number of school days by 10 equal payments.
- Credit will not be given for sick days, vacations, holidays, fall, winter and spring break.
- All enrollment fees are based on registration, not attendance.
- Registering your child is a contract with Children's Choice and you will be liable for the contracted costs.
- The Director reserves the right to withdraw your child from the program if after 5 days payment is not received.
- A \$50.00 non-refundable registration fee is required to hold your child's space in the program. This is due at the time of registration. The registration fee must be paid for by check, cashier's check, money order or cash. We do not accept debit or credit cards for the deposit.
- There is a 10% discount for siblings in the program if your child is registered in early and after care or after care. The discount does not apply to early care only.
- Fees are subject to change without notice.
- Parents/guardians are responsible for all contracted charges, or legal costs incurred in the collections of their account.

If you have any questions about the above tuition policies please call Phyllis Hutchinson at 480-484-3208 or email at [phutchinson@susdgapps.org](mailto:phutchinson@susdgapps.org).

# Children's Choice, inc.

11808 N. 64th St., Scottsdale, AZ 85254  
p: 480.484.3208 | w: ChildrensChoiceAZ.com



## Credit Card Authorization Form (Please print clearly)

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Student's Name

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Name on Credit or Debit Card

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Type of card (Visa, etc.)

---

Credit or Debit Card Number

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Expiration Date

security code

---

Zip code for this credit card

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Your Email where you want the receipt sent

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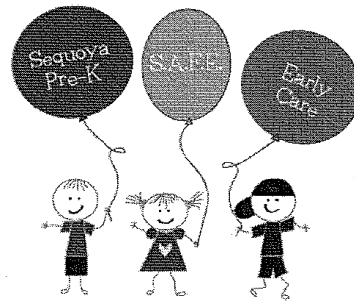
Phone number

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Signature

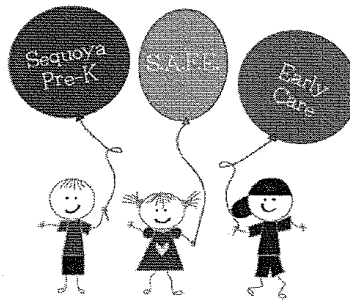
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## Project S.A.F.E. - Registration Form

**PLEASE PRINT ALL INFORMATION CLEARLY!**

**STUDENT NAME** \_\_\_\_\_ **SEX** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**HOME PHONE NUMBER** \_\_\_\_\_

**MOM'S CELL #** \_\_\_\_\_ **DAD'S CELL #** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **GRADE IN FALL** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**SPECIAL INTEREST OR NEEDS** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **FATHER** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_

**WORK PHONE #** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_

**RESPONSIBLE PARTY** \_\_\_\_\_

**ADDRESS/PHONE # OF MOTHER OR FATHER IF DIFFERENT FROM CHILD**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

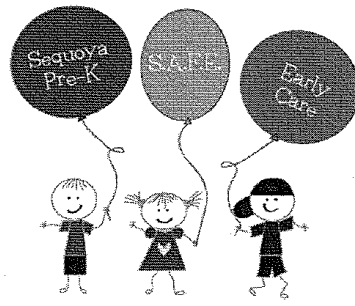
\_\_\_ **EARLY & AFTER CARE** \_\_\_ **EARLY CARE ONLY** \_\_\_ **AFTER CARE ONLY**

**NUMBER OF DAYS ATTENDING** \_\_\_\_\_ **M T W TH F (CIRCLE DAYS)**



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# **CHILDREN'S CHOICE**

## **PROJECT S.A.F.E.**

### **POLICIES AND PROCEDURES**

Dear Parents,

I would like to take this opportunity to welcome your child into Children's Choice, Project S.A.F.E. held on the campus of Sequoia Elementary School. This packet contains important procedures and policies of the S.A.F.E. program. Our number one concern is the safety and well-being of every child. Please read the following information carefully. This packet is your guide to our programs. Please be an informed parent.

#### **S.A.F.E. (Sequoia After-School Fun Enrichment)**

We understand the challenges of parenting and work and we make a special effort to meet the needs of both the child and the parents. Project S.A.F.E. serves as a role model of child care excellence for our community. Districts/Charters/Private schools throughout the state have visited Project S.A.F.E. to consult with us to learn more about quality after-school programs. We were an integral part of the A+++ and Blue Ribbon awards and recognition Sequoia has received. We have earned positive recognition and trust from our parents. Our relaxed yet structured approach enables us to provide your children with a wonderful after-school experience.

#### **ENROLLMENT & FORMS**

Enclosed you will find the late pick-up policy form, medication/medical/photo form, acknowledgement form, and the blue emergency form. ALL forms in the packet must be filled out completely. We are licensed and regulated by the Arizona Department of Health Services, and the proper completion of the Blue Emergency Form is required by the State to participate in our programs. A current copy of your child's immunization record must be attached to the blue form, for your child to start the program. **ALL PAPERWORK MUST BE COMPLETE FOR YOUR CHILD TO START THE PROGRAM.** There is a \$50.00 non-refundable registration fee that is due at the time of registration. Enrollment in our programs is on a first come, first served basis. Your child's space in the program is not assured until your registration fee is paid in full and your child's completed paperwork is received. Space in Children's Choice Programs is limited.

#### **CURRICULUM/HOMEWORK**

The activities planned will be under the direct supervision of the Project S.A.F.E. staff. The enrichment activities will include art, science, cooking, gardening, dance, P.E./sports, games/challenges and homework/study time. Project S.A.F.E. does not attend field trips; outside enrichment activities are provided on campus. Some of the outside activities we have experienced are the Phoenix Zoo, Planetarium, Wildlife, Magician, Chef, and tons of snow to name a few. The curriculum developed by our staff will encourage the children to:

- Discover who they are and to appreciate their own unique gifts and talents.
- Choose and participate in healthy relationships with friends.
- Develop a deepening sensitivity towards all people, regardless of differences in life style, creed or color.
- Choose and complete activities that reflect both familiar and unfamiliar areas of interest.

A designated time for children to complete homework assignments will be provided. Our staff will make every effort to help children complete their homework during this time. Please let us know of any questions or concerns regarding your child's homework. We work closely with your child's regular classroom teacher to ensure your child's homework is completed on time. One of our goals is to compliment the education objectives of our elementary school.

## **ATTENDANCE**

Parents are required to notify the S.A.F.E. program if their child will be absent from the after-school program. Please call and leave a message on the S.A.F.E. voice mail 480-484-3200 ext. 5200. It is not the responsibility of the school office or your child's regular classroom teacher to notify S.A.F.E. if your child is absent. Failure to notify the S.A.F.E. program of absences could result in termination from the program. S.A.F.E. teachers spend too much time trying to track down students which takes away time from students in attendance.

## **SCHEDULE CHANGES/WITHDRAWING YOUR CHILD**

All schedule changes must be made in writing and given to the Director. Days may be added at any time, providing space is available. **To permanently reduce scheduled days or withdraw your child from the program, the Director must be notified in writing one month prior to the date of change. If you choose to withdraw without notice you will be required to pay one month's tuition.** If you withdraw your child from the program during the school year and wish to re-enroll at a later date (based on available space), you will be required to pay another \$50.00 registration fee.

## **EMERGENCY PROCEDURES/ILLNESS**

Project S.A.F.E. does not dispense medications of any kind. If your child is on medication, they should check with the school nurse before they come to S.A.F.E. The school nurse is only available during school hours. If your child becomes ill he/she will be kept comfortable and isolated from the other children and the parents will be contacted. If the parents cannot be reached, we will call one of the emergency telephone numbers listed on the Blue Emergency Form. Arrangements must be made to have your child picked up within one hour. If a child is injured, emergency first aid will be administered. All on-site teachers have CPR and first aid training. If need be, we will call 911. Parents are responsible for all costs incurred in such emergencies. We will notify you immediately. Children must be fever free for 24 hours before returning to school. Children **MUST BE** fully potty trained to attend the program. We cannot accommodate students in pull-ups. **PLEASE KEEP YOUR PHONE NUMBERS CURRENT and make sure your voice mail is set up and not full!**

## **PICK-UP PROCEDURE**

Legally, parents or previously authorized parties must sign each child out each day on the designated sign-out sheet. A minor/sibling (under age 18) may sign out a program participant only if the parent/guardian has signed an appropriate notarized letter. Children will only be released to parents/guardians or persons listed on the blue emergency form. Changes to the blue emergency form can only be made by the parent/guardian. The sign out books are located in room 200. Your child's S.A.F.E. teacher will be notified of your arrival and have your child ready. You must meet your child at his/her S.A.F.E. classroom/location.

Under the laws of the state of Arizona, both parents may have the right to pick up their child unless a court document restricts that right. If the enrolling parent chooses not to include the other parent on the authorized list, an official court document (e.g. current restraining order, sole custody decree, divorce decree designating sole custody) must be on file at the program. Absent that document, the program may release the child to either parent, provided that the parent documents his/her paternity/maternity of the child.

## **LATE PICK-UP**

It is extremely important for both children and staff that you are on time in picking up your child from after school child care. **Project S.A.F.E. closes at 6:00 p.m. sharp.** For the purposes of enforcing this policy the clock at the site will be used to settle any disputes. If an emergency occurs and you anticipate that you will be late picking up your child, please make arrangements for one of the authorized individuals on your child's emergency information form to pick up your child on time. This policy is in effect starting the first day of school and this policy will be enforced during the entire school year. There will be no exceptions. **If your child is not picked up by 6:00 p.m. – late fees will be charged.** See the attached yellow form (Late Pick Up Policy) for the fees. If your child is picked up late more than three times during the school year, child care services for your child could be terminated.

## **HOURS OF OPERATION/LOCATIONS**

Children's Choice Project S.A.F.E. program will follow the Scottsdale Unified School District calendar. Project S.A.F.E. is only in operation during the regular school days from 6:30 a.m. to 8:30 a.m. for early care and from 3:15 p.m. to 6:00 p.m. for after-school program. On early release days Project S.A.F.E. will start at the school dismissal time. A school calendar is enclosed.

Children's Choice Early Care and After-School Program will be held on the campus of Sequoya Elementary School. We are located in rooms 200, 112 and 306. The office for Children's Choice (Phyllis Hutchinson) is also located on Sequoya's campus, off the main school office. The address for Sequoya Elementary School – 11808 N. 64<sup>th</sup> Street, Scottsdale, AZ 85254. If you need to contact Phyllis Hutchinson, Director, she can be reached at 480-484-3208 or [phutchinson@susdgapps.org](mailto:phutchinson@susdgapps.org).

## **STAFF**

The staff at Children's Choice has been part of our team for a combination of over 50 + years. The longevity of our staff makes Children's Choice unique to our industry and a stable environment for your children. Their years of experience, enthusiasm, character, nurturing and knowledge has awarded Children's Choice with a high quality program. We have a low staff/student ratio which allows us to give personal attention and direction to your child. We are celebrating our 27<sup>th</sup> year at Sequoya.

## **SNACKS**

Two nutritional snacks are provided for your child every day. **Parents/guardians must provide snack if their child has a food allergy.** Please notify the S.A.F.E. staff if your child has any food allergies. Please make arrangements with your child's S.A.F.E. teacher if you wish to send a special treat for your child's birthday or any other special occasion.

## **DRESS CODE**

Project S.A.F.E. students are required to follow the same dress code standards set by the elementary school site.

## **CHILDREN'S BELONGINGS**

Please make sure all your child's belongings are clearly marked and identifiable, such as book bags, back packs, jackets, sweatshirts, school supplies, etc. Please do not send toys, electronic games or devices, sports equipment, etc. to Project S.A.F.E.

## **CONFIDENTIALITY**

All information collected from children and parents will not be disclosed for any reason except for purposes legally permissible or directly related to the administrative function of the after school program. If this information is requested for other purposes, written consent from the parent(s) will be requested in writing by the director.

## **PARENTAL INVOLVEMENT**

Parents are welcome to visit the classroom at any time. Parents are encouraged to discuss with the Project S.A.F.E. staff any relevant matters concerning their children. It may be helpful to the after school staff working with your child to be aware of any problems or concerns your child is experiencing at home or at school that may be affecting his/her behavior or health during the before or after school program.

Any questions or concerns about the program should be addressed to the director. If necessary, a conference can be arranged with the director and/or teachers to discuss your questions or concerns.

## **BEHAVIOR/DISCIPLINE**

Each child's behavior is expected to meet the behavior standards (Student Code of Conduct) set at their elementary school site. The staff at S.A.F.E. will intervene when a child's behavior threatens his/her safety or the safety of others, is causing destruction of property, or is disrupting the activities of others. We offer an environment in which children are encouraged to develop respect for one another, and respect for equipment and the property of others. Each child will be treated as an individual and the specific consequences for unacceptable behavior will depend on the circumstances surrounding the incident. In general, the following behavior intervention methods may be used:

- A staff person may approach the child on an individual basis and discuss the child's inappropriate behavior, remind him/her of the rules, and discuss positive alternative forms of behavior.
- If the inappropriate behavior persists or the child poses a safety risk to himself or others, the child may be removed from the activity or the activity area and once again, reminded of the rules and encouraged to find positive alternative forms of behavior.
- If your child demonstrates a persistent need for staff intervention because of inappropriate behavior, the director or teacher will send home a written notice (Warning Report). The S.A.F.E. staff may request a conference with the parents to discuss the child's needs and behavior.
- Serious problems with your child's behavior or three Warning Reports could result in suspension or termination of services for your child. The Director has the authority to suspend a child permanently from the program with or without the Warning Report.

## **LIABILITY/LICENSING**

Children's Choice, Inc. has liability insurance pursuant to R9-5-308. Children's Choice programs are licensed and regulated by Arizona Department of Health Services, 150 N. 18<sup>th</sup> Ave., Phoenix, Arizona 85007. The Arizona Department of Health Services phone number is 602-542-1001. Inspection reports are available in the office upon request.

## **TERMINATION OF SERVICES**

Children are subject to termination if parents demonstrate a disregard for the policies and procedures outlined in this packet. The director of Project S.A.F.E. will provide the parents with written notification of the breach of policy. If the parents willfully continue to disregard the policies of the S.A.F.E. program, they will be given notice of our intent to terminate services. If your child demonstrates exceptional needs that cannot be met by the child care staff, we will request that you withdraw our child from the program and seek care more appropriate to the needs of your child.

We look forward to seeing you and your children at Open House. Please remember to turn in all your completed forms at this time if you have not already done so. If you have any questions, please feel free to contact me. Your S.A.F.E. staff is very excited for the school year to begin. We would like to thank you in advance for your continue support.

Phyllis Hutchinson  
Owner/Director  
480-484-3208  
phutchinson@susdgapps.org

