

Before and After Care Information

School year 2022-2023

Director: Taylor Tripp—email taylor@mountaincharterschool.com

Assistants: Sarah Talbot, Tara Brain, and Grace Simpson

Our program is a fun, safe, and convenient place for Kindergarteners-5th graders. We provide kids a chance to use their creativity with art projects and free play, get exercise and fresh air with outside play and gym games, and learn hands-on with STEM and other activities.

Enrollment: Every new school year, Arizona law requires all families to fill out enrollment forms with emergency contact information and have an updated immunization form on file.

****Important**:** We will be limiting the number of kids in Aftercare at 35 kids per afternoon. We will be using an online sign-up tool called Sign Up Genius. We will require ALL families to use Sign Up Genius to secure a spot for their child(ren). We will rely on this system for staffing and attendance. This new Sign Up Genius tool will be available starting August 5th. It will be Aftercare policy to charge families one hour per child if they sign-up and end up not using Aftercare.

Hours of operation: Monday-Thursday

•Before School 7:15-8:15

•After School 3:00-6:00

Any child not picked-up in the parent pick-up line by 3:15 will be brought and signed into After Care.

Fridays

•Before School 7:15-8:15

•After School 12:30-5:30 all kids who come on Friday will need a home lunch.

Drop-off/Pick-Up Procedures: Drop-off and Pick-up will be at the library doors. We have a buzzer system to be let into the building. Press the buzzer button and one of our staff will answer and then "buzz" you in.

Pricing: see pricing sheet

Billing and payments: Invoices will be sent via email at the beginning of the month for services provided the month prior. Payments will be due by the 10th of the month and can be made by check (made out to Mountain Care), cash, or the easiest and most convenient with Pay Pal. A late fee of \$15.00 may be added for outstanding balances not paid by the 20th of the month.

Snow Day Information: If FUSD has a two-hour delayed start, Before Care will be open from the usual start time of 7:15 until 10:15. You will be charged by the hour. If FUSD closes all schools because of inclement weather, Before and After Care will also be closed.

Questions? Email me at taylorl@mountaincharterschool.com

Or call the school office at 928-779-2392

MOUNTAIN SCHOOL BEFORE AND AFTERCARE SCHEDULE AND PRICING

- PLEASE NOTE: New changes for school year 2022-2023

BEFORE SCHOOL CARE OPEN: MONDAY-FRIDAY 7:15AM-8:15AM

- 7:15** Before Care Opens
- 7:15-8:15** Cafeteria Activities –
*Kids can choose from construction carts, table games, free-art activities
- 8:15** Kids dismissed to their classrooms

AFTER SCHOOL CARE OPEN: MONDAY-THURSDAY 3:00PM-6:00PM

- 3:00** After Care Opens
*Attendance and Check-in
- 3:00-4:15** Outside Free-Play
- 4:15-6:00** Cafeteria Activities –
*Kids can choose from construction carts, table games, free-art activities, or a teacher-led activity

AFTER SCHOOL CARE OPEN: FRIDAYS 12:30PM-5:30PM

- 12:30** After Care Opens
*Attendance and Check-in
- 12:30-1:00** Lunch Time
*All kids must bring a lunch from home
- 1:00-2:00** Outside Free-Play
- 2:00-3:00** Club Activities-
*Teacher and student led weekly group time
- 3:00-4:00** Outside Free-Play
- 4:00-5:30** Choice of Movie or Cafeteria Activities

BEFORE CARE: \$6.00

BEFORE CARE MON-FRI	COST
7:15-8:15	\$6.00 per child

AFTER CARE: \$6.00 PER HOUR

AFTER CARE MON-THURS	COST
Pick up between 3:00-4:00	\$6.00 per child
Pick up between 4:00-5:00	\$12.00 per child
Pick up between 5:00-6:00	\$18.00 per child

AFTER CARE: \$6.00 PER HOUR

AFTER CARE FRIDAYS	COST
Pick up between 12:30-1:30	\$6.00 per child
Pick up between 1:30-2:30	\$12.00 per child
Pick up between 2:30-3:30	\$18.00 per child
Pick up between 3:30-4:30	\$24.00 per child
Pick up between 4:30-5:30	\$30.00 per child

*A late fee of \$15.00 may be added for kids picked up 15 minutes past 6:00pm M-Th and 5:45pm on Fridays.

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SNOW DAY INFORMATION:

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Mountain School
Before and After School Care Parent Contract
2022-2023

First and Last Name of children attending Before and After School Care:

For billing purposes: Please list the email address that is the best for you to receive invoices

Name: _____ Email: _____

List the people who will regularly pick up your child from After Care: If someone other than those listed here will be picking your child, please leave a note with After Care staff or Ms. Audra.

List anyone UNAUTHORIZED to pick up your child _____

Please read the following and sign below:

- I have read and understand the Parent Information Sheet.
- I will provide Before and After Care with a copy of my child's Immunization Record if they have changed since last school year or if I have a new student enrolled at school.
- I have filled out the attached sheet from the Arizona Department of Health Services per child. Arizona state law requires a new sheet filled out every year.
- I understand if my child arrives at school any time before 8:15 AM, they will be signed into Before Care and I will be charged and responsible for paying for care received.
- I understand if my child is not picked up by 3:15 (12:45 on Fridays), they will be signed into After Care and I will be charged and responsible for paying for care received.
- I understand that it is my responsibility to provide my child with healthy snacks and a lunch on Fridays for After Care hours.
- I will accurately sign my child into Before Care and sign my child out of After Care.

Signed: _____ 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.) *Must provide two other than parent.*

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:

*I give my permission for Before and After Care staff to sign my child in and out of Mountain Care.

please sign
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Parent's name (printed): _____ Signature: _____ Date: _____