

**Learn and Play,  
Have Fun All Day!**



**City of Peoria**  
COMMUNITY SERVICES



Handbook 2012-2013

**Lil' Learners**

**ALL DAY PRESCHOOL PROGRAM**



# Lil' Learners

## ALL DAY PRESCHOOL PROGRAM

### PROGRAM INFORMATION

#### WHAT

Peoria Lil' Learners provides an opportunity for children to participate in a variety of activities and to expand their educational, social and developmental horizons in a supervised and secure environment. The goal of the program is the total well being of each child.

#### WHO

Children ages 3-½ to 5 who have not started kindergarten. Children may be enrolled at anytime throughout the year. All children must be able to feed and fully toilet themselves (No Pullups).

#### AZ DEPT OF HEALTH SERVICES (DHS) LICENSING

Lil' Learners Preschool is regulated by DHS, located at 150 N. 18th Ave. Phoenix, AZ, 85007, (602) 364-2539. Inspection reports are available upon request and are located in the Black Book.

#### DAYCARE SUBSIDIES

The Department of Economic Security (DES) has funding available for families in need. Contact DES at (623) 846-1046 to find out more information on how to apply. Processing can take up to 30 days.

### OTHER PROGRAMS

#### SUMMER CAMP

**Location:** TBA

**Dates:** May 23- (TBA); Closed May 6, July 4

**Time:** 6:00am – 6:00pm, Monday-Friday

All day licensed childcare for ages 5-14. Field trips provided each week along with special instructors, activities and group games.

#### SUMMER RECREATION (GRADES 1-5)

**Location:** TBA

**Dates:** May 27-July 17; Closed July 4

**Time:** Monday-Friday, 8:00am-2:30pm

Drop in care with daily activities, group games and planned field trips for an additional fee.

#### STEP OUT TEEN PROGRAM (GRADES 6-8)

**Location:** TBA

**Dates:** May 27-July 17; Closed July 4

**Time:** Monday-Friday, 8:00am-2:30pm

Drop in care with daily activities, group games and planned field trips for an additional fee.

#### SPORTS

Peoria sports dept. offers activities for youths and adults. Sports include: Kickball, T-Ball, baseball, softball, soccer, flag football, basketball, volleyball and tennis. Please visit [www.peoriaaz.gov/sports](http://www.peoriaaz.gov/sports) for more information.

#### SPECIAL INTEREST CLASSES

Over 125 recreation classes are offered for youth, teens, and adults every quarter! From Fencing to Zumba, Soccer to Spanish, the city's Special Interest Class program has something for everyone! View and register for all classes online at [www.peoriaaz.gov/classes](http://www.peoriaaz.gov/classes) or call 623-773-7137 for more information.

## HEALTH & MEDICATION

### HEALTH & MEDICATION

Your child's safety is a matter of major importance to us. It is important that the following procedures and policies be followed.

**Illness:** Children appearing to have symptoms of illness during the day will be immediately isolated from others and you will be contacted to come pick up your child.

Do not bring your child if the following symptoms are present:

- Fever (or has had a fever within the last 24 hours)*
- Has a cold that is less than 4 days old*
- Has thick or green nasal discharge*
- Constant cough*
- Fussy, irritable, or not his/her usual self*
- Chills*
- Earache*
- Sore throat*
- Reddened or oozing eyes*
- Rash or skin eruptions*
- Stomach cramps or diarrhea*
- Unusual fatigue*

Children may come to class when a cold is over, when a minor nasal drip is present, or after a doctor authorizes a return to a normal schedule.

Minor scratches and cuts will be treated at the Site. If a serious accident should occur, the City of Peoria Fire Department will be summoned for treatment and they will decide whether your child should be taken to the nearest hospital or doctor's office by ambulance. You will be notified immediately. Treatment may only be rendered if we have your written authorization on file, which is located on the emergency registration form.

### MEDICATION

The Lil' Learner Program staff may administer medication. To authorize giving medication to a child, the parent/guardian must complete a Medication Release Form and bring the prescribed amount of medication in the original container. Forms are available at the program.

## ADDITIONAL INFORMATION

### CLOTHING

Dress for fun. Clothes should be comfortable, relaxing and washable for those messy projects and outside fun. To aid in preventing injuries, shoes should be comfortable and fit firmly on the foot to avoid them coming off during play or other active times during the day. It is required that you send a change of clothes for your child for little messes, which will be stored in their cubby. Please send the following in a separate bag: pants, shirt, socks, and underwear. Label all clothing items with child's name.

### REST TIME

Children will need a blanket and a twin size fitted sheet to relax comfortably on the mats provided. Pillows are optional, but please remember that all items must fit in your child's cubby. All items will be sent home at the end of the week for laundering.

### PESTICIDE NOTICE

The Pesticide application schedule for will be posted on the parent board 48 hours in advance.

### VISITING SITE

Parents are welcome to stop by and visit the program without prior notice. However, they must stay within the licensed areas. TAX ID # 86-6003634

## REGISTRATION PROCEDURES

Registration Is Accepted Monday-Friday

1. Complete, in detail, the following forms:
  - A. **Registration Form** with a copy of child's Immunization Records attached.
  - B. **Fee Attendance Contract** with registration fee and first and last weeks payment.
  - C. **Withdrawal/Change Policy** - Read and Sign "Policy" and "Waiver of Liability"
2. Where can you go to register your child:
  - A. **Walk-In Registration**
    - Community Services Department**  
9875 W. 85th Avenue  
Monday - Thursday 7:00 a.m. - 6:00 p.m.
    - Peoria Community Center**  
8335 W. Jefferson  
Monday - Thursday 8:00 a.m.-8:00 p.m.  
Friday 8:00 a.m. - 5:00 p.m.
  - B. **Lil' Learners**
    - Sunrise Family Center**  
21303 N. 86th Dr  
Year-round M-F 6:00a.m.-6:00p.m.

## SCHEDULE & PAYMENT POLICIES

### SCHEDULE CHANGES & VACATIONS

We understand there are days that children may not attend for various reasons such as vacations, special events, etc. In order to accommodate these events we are providing you "Very Important Personal" (V.I.P.) days to utilize during these times. V.I.P. days are awarded 60 days from July 1st, each year the child attends. Children enrolled full-time, 5 days per week, will be credited the weekly fee of \$125 for all day care and \$90 for partial day care. V.I.P. days must be used during the fiscal year, which runs July through June 30. V.I.P. days do not carry over into the next year. Regular fees are due each week even if your child does not attend. All fees must be current at the beginning of the new calendar year. For more information, please call the site at 623-773-8498.

### DELINQUENT ACCOUNTS/LATE PAYMENT FEE

Payment is due every week on Monday for the week of participation. A penalty of \$20 per child will be assessed on Wednesday for payments not received. Penalty fees will accrue weekly for any outstanding balances. If weekly payment and late fees are not paid by the following Wednesday, the participant cannot attend until the account is paid in full.

### *RETURNED CHECK FEE - \$30 PER CHECK*

A returned check fee of \$30.00 and the amount of the returned check must be paid in cash, cashiers check, or money order at City Hall-Community Services or over the phone with a credit card by calling 623-773-7192 or 623-773-7139. All future payments will be required in cash, cashiers check, or money order for a period of six (6) months from the date of the returned check.

### RECEIPTS & TAX ID#

After making payment for childcare services, you will receive a receipt. Please save these receipts for your tax records. Individual printouts of payments made will not be available.

## POLICIES and PROCEDURES

### SIGN IN/OUT

For the safety of your children, we require that a parent or an authorized person sign the children in and out each day. Children MAY NOT sign themselves in or out of the program. They will only be released to those persons specifically authorized on the registration form with their signature. NO exceptions will be made without the advance written permission or telephone authorization from the parent or guardian. Individuals will be required to show a valid picture I.D. at the time of pick-up. If only one person has the sole legal custody of a child, we must have a copy of the court ordered custody agreement on file.

### LATE PICK UP FEE

A \$15 fee will be charged per child for every 15 minutes past 6:00 p.m. For example: 6:01p.m - 6:15p.m. - \$15; 6:16 p.m. - 6:30 p.m. - \$30, etc. Time is determined by the designated site clock.

Late fees will be assessed as follows:

*1ST - incident will result in FEE plus verbal warning*

*2ND - incident will result in FEE plus written warning*

*3RD - incident will result in FEE plus a three-day suspension*

*4TH - incident will result in FEE plus a one-week suspension*

*5TH - incident will result in FEE plus removal from program*

### FIELD TRIPS/TRANSPORTATION (Break Camps Only)

The children may attend several trips throughout the year. Field trips are an additional fee and prices vary depending on the trip. See your monthly newsletter or our website for more information. Parents will be notified in advance of the place and time of each trip and will be required to complete a permission slip allowing the child to attend. Transportation is provided by Peoria Unified School District or by City of Peoria vehicles. Proper identification will be provided to all students for safety purposes. A written field trip plan is completed and kept for 12 months from the date of the trip.

### INSURANCE

The City of Peoria carries liability insurance for all its operations, including city-sponsored recreation programs. However, the City does not carry medical insurance for any participant's injuries or illnesses associated with any specific recreational activity. Medical claims are your responsibility.

## FEE INFORMATION

### PROGRAM FEES

A **\$30 non-refundable registration fee** is required for all participants at time of enrollment. Registration will be accepted any time during the year based on availability. Participants may enroll for full time or part-time in the AM or PM, 5 days/week.

Drop-in format is not available.

### PROGRAM DAYS COST

**Full Time** Monday - Friday \$125

**Part Time** 6 Hours of care, Monday - Friday \$90

**Breakfast** 7:30-8:00am AM **Snack:** 10:00- 10:15am

**Lunch** 11:30am-12:00pm PM **Snack:** 3:30-3:45pm

### PAYMENT OPTIONS

Weekly payments will not be accepted on site. New registrations will be accepted at the site with a check or money order only.

- 1. Quick Pay** – Automatic payment from a credit or debit card – AUTHORIZATION FORM REQUIRED.
- 2. Electronic Funds Transfer (EFT)** – Automatic withdrawal from a checking account – AUTHORIZATION FORM REQUIRED with a voided check.
- 3. Electronic Bill Pay** – Many banks offer on-line bill pay. Check with your bank for this option.
- 4. RecConnect** – <http://recreation.peoriaaz.gov>. Available 24/7. You will need your client ID and Family Password.
- 5. Community Services Offices** – Located at 9875 N. 85th Ave. Customer Service Staff are available Mon – Thurs 7am – 6pm except Holidays.
- 6. Phone with Customer Service Staff** – Call 623-773-7505 or 623-773-7139 with a credit or debit card, Monday–Thursday, 7am – 6pm except Holidays.
- 7. Peoria Community Center** – Cash, check, or credit card, at 8335 W. Jefferson, M – TH, 8 AM – 8 PM and Friday, 8AM – 5PM.

## VACATION DAYS/ DAILY SCHEDULE

Program will be closed on the following days:

<b>Labor Day</b>	<b>MLK Day</b>
<b>Veteran's Day</b>	<b>Presidents' Day</b>
<b>Thanksgiving &amp; Day After</b>	<b>Memorial Day</b>
<b>Christmas Day</b>	<b>Independence Day</b>
<b>New Year's Day</b>	

### A TYPICAL DAY

6:00 – 7:30 am	Arrival time & Open Centers
7:30 – 8:00 am	Breakfast
8:00 – 8:30 am	Welcome, Attendance, Daily calendar
8:30 – 9:45 am	Pre-school curriculum
9:45 – 10:00 am	Snack time
10:00 – 10:30 am	Structured /Self-Directed activities
10:30 – 11:00 am	Outside play
11:30 am – 12:00 pm	Lunch
12:00 – 2:00 pm	Story time/ Rest time/ Quiet Time
2:00 – 2:15 pm	Snack
2:15 – 2:45 pm	Music, Creative movement, Story time
2:45 – 3:15 pm	Learning zone activities
3:15 – 3:45 pm	Circle time
3:45 – 4:15 pm	Large group activities/ Gross motor development
4:15 – 4:45 pm	Manipulatives, Fine motor development
4:45 – 5:15 pm	Free-Play, Self directed play
5:15 – 5:30 pm	Closing circle time
5:30 – 6:00 pm	Open Centers, Pick-up time

## POLICIES & PROCEDURES

### PARENT/STAFF COMMUNICATIONS

The Lil' Learner Program staff would like to work as a team with the family to provide the best environment for the child's growth and development. Exchanges of information between parents and staff will be a formal or informal format. Information that is shared regarding issues at Lil' Learners or any changes occurring within the family for example, a sibling moving, a sick grandparent or pet, or alterations in the parents' relationship will give all of us insight to a child's behaviors or attitudes. It is essential that we are informed of changes in any of your phone numbers in case of an emergency or sudden illness.

### GUIDANCE AND DISCIPLINE

When a child does need guidance, the following options are utilized.

1. Encourage the child to verbalize his/her feelings and to think of alternative solutions.
2. Focus on the act, not the child. "Hitting hurts. We do not hit." Use words to tell her/him what is acceptable.
3. Redirect the child. "You may play with the blocks, or paint at the easel."
4. Minimize attention given for inappropriate behavior, while giving attention to desirable behavior.
5. Employ natural consequences. If a child dawdles during cleaning time, the natural consequences would be that they might be the last child in the room cleaning up their materials, while everyone else is outside playing.
6. If a child has lost control and unable to reason, a "time out" will be utilized. The time out technique will only be employed as long as the teacher feels it is needed for the child to calmdown and will last five minutes or less. The above process will be followed under normal circumstance. However, extreme behaviors that put a child or those around them in danger or continual redirections for repeated behaviors may accelerate this process and may result in a suspension. Parents will be notified if their child needed guidance or discipline during the day.

*The Community Services Director reserves the right to remove a participant from the program at any time and without notice; if this occurs, the city will provide a full refund of the program fees that were paid the week the participant was removed.*

# PEORIA FEE ATTENDANCE CONTRACT

My child \_\_\_\_\_ will attend Sunrise Lil' Learners Preschool program.

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail \_\_\_\_\_

Program	Days	Cost
Full Time	Monday - Friday	\$125
Part Time *6 Hours of care	Monday - Friday	\$90
Breakfast: 7:30-8:00am AM Snack: 10:00- 10:15am Lunch: 11:30am-12:00pm PM Snack: 3:30-3:45pm		

### FEE PAYMENT:

First Week's Participation Fee \$ \_\_\_\_\_

Start Date: \_\_\_\_\_

Additional week(s) \$ \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Registration Fee (Non-Refundable) \$ 30.00

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Blue Card Completed, Signed  
\_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_ (Make checks payable to "City of Peoria")**

### Photos

I give permission for my child to be video taped or photographed by the City of Peoria employees to be used at the site for activities and for any program advertisements for the City of Peoria.

\_\_\_\_\_  
Signature of Parent or Guardian

### **WAIVER OF LIABILITY**

*I/we hereby release and forever discharge the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my child's participation, in a City of Peoria Recreation Program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorney's fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Peoria or its officers, employees, or agents.*

***By signing below, I attest that I have read and agree to abide by the payment policies listed on the policies page of this registration packet and that I have received a copy of and will abide by the policies and guidelines outlined in the Little Learners Parent Handbook.***

Please Print Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*\*OFFICE USE ONLY\*\*\*

Date: \_\_\_\_\_ Cash Check # \_\_\_\_\_ Money Order: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Visa M/C Discover AMEX

(not available for on-site registration)

Staff Signature: \_\_\_\_\_ Amt Pd: \_\_\_\_\_

- **REGISTRATION**

A completed Fee attendance contract, Immunization record information and a \$30 non-refundable registration fee are required for all new participants. All participants must make full payment of registration fees to attend the program.

**Full payment of participation fees is the first week of attendance and the \$30 registration fee.**

- The contracted fee (full time, part time) is due every week on **Monday** for the week of participation. **A penalty of \$20 per child will be assessed on Wednesday for payments not received.** If weekly/daily payment and late fees are not paid by the following Wednesday, the participant may be dropped from the program.
- It is the Lil' Learners policy that prior notice is required to terminate enrollment in the program. If for any reason you decide to drop your child's enrollment from the Lil' Learners program, notification must be made on **Thursday** in writing for the following week to the site leaders or the Peoria Recreation Division to release you from your current contract.

- **PAYMENT OPTIONS**

1. **Quick Pay** – Automatic payment from a credit or debit card – AUTHORIZATION FORM REQUIRED
2. **Electronic Funds Transfer (EFT)** – Automatic withdrawal from a checking account – AUTHORIZATION FORM REQUIRED
3. **TeleReg** – Automated Telephone available 24/7 -**Call 623-773-7725**. You will need your Client ID number and Family Password. TeleReg is available for current payments only. You cannot pay over the amount due. Payments are posted every Monday.
4. **Electronic Bill Pay** – Many banks offer on-line bill pay. Check with your bank for this option.
5. **RecConnect** – <http://recreation.peoriaaz.gov>. Available 24/7. You will need your client ID and Family Password.
6. **Community Services Offices** – Located at 9875 N. 85<sup>th</sup> Ave. Customer Service Staff are available Mon–Thur 7am – 6pm except Holidays
7. **Phone with Customer Service Staff** – Call 623-773-7505 or 623-773-7139 with a credit or debit card Mon-Thur 7am – 6pm except Holidays

**Weekly payments will not be accepted at the Little Learners site. New registrations will be accepted with a check or money order only.**

- **ABSENCES**

CREDIT will only be given for V.I.P. days earned. For any other absences or suspensions, the parent/guardian will be responsible for the scheduled weekly fee while the child attends at the Lil' Learners Preschool program.

A late pick-up fee along with the graduated step consequence (see late pick-up fee policy and procedures in Parent Handbook) will be assessed per child at the rate of \$15 for every 15 minutes past 6:00 p.m. For example 6:01 - 6:15=\$15, 6:16 - 6:30=\$30, etc.

- **RETURNED CHECKS**

A returned check or declined EFT payment will result in service/program interruption. An RCF of \$30 per check/EFT and the amount of the returned check/EFT must be paid in cash, cashier's check, credit card or money order at the Community Services Offices or over the phone with a credit card by calling 623-773-7139. All future payments will be required in cash, credit card, cashiers check or money order for a period of six (6) months from the date of the returned check.

- **AUDITS**

Monthly audits of daily sign-in/sign-out sheets will be performed for each site. Any extra days of attendance not originally scheduled per this attendance contract will be the responsibility of the parent/guardian and subject to late/penalty fees as described above.

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Call (623) 773-7137 for general information.

For billing information and/or questions, call (623) 773-7505, 623-773-7192, or 623-773-7139 e-mail: [AMPMBillingStaff@peoriaaz.gov](mailto:AMPMBillingStaff@peoriaaz.gov)



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>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

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

<b>Father 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:**

<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.** It is understood by me that the expense of this service will be accepted by me.

**In case of injury or sudden illness, I request that this individual be called first:**

Does your child have insurance coverage?  No  Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Name(s):
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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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City of Peoria  
9875 W. 85<sup>th</sup> Ave  
Peoria, Arizona 85345

Print Child's Name: \_\_\_\_\_

Name of AM/PM School Site \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Email address: \_\_\_\_\_

City of Peoria can send me information regarding up coming activities in the City of Peoria.

**Where did you hear about our program?**     *Returning Patron*     *Word of mouth*

*City Brochure*     *School*     *Website*     *Advertisement in* \_\_\_\_\_

**Photos:**

I give permission for my child to be video taped or photographed by the City of Peoria employees or established area media for the free use of my child's name and picture for site activities or should they appear in broadcasts, newspapers, or city brochure etc. \_\_\_\_\_ (Initial)

**Signing Children In/Out of Program:**

I give permission for the City of Peoria AM/PM staff to sign my child in and out of the program as needed, i.e. signing children in at school dismissal for PM program or signing children out to the school staff in the morning or room changes during program hours. \_\_\_\_\_ (Initial)

**Sunscreen:**

I understand that sunscreen must be applied by a Parent or Guardian as needed prior to attending the AM/PM program or Break Camps. \_\_\_\_\_ (Initial)

*Please sign below to acknowledge that you have read each statement above regarding photos, signing children in/out of the program and sunscreen.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Quick Pay



**Pay your weekly childcare fees automatically every Monday with your Debit or Credit Card without having to call each week. This is a Free service. Complete the following information to become enrolled in our Quick Pay program today.**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Amount to be Charged Weekly: \$\_\_\_\_\_

Date of First Charge: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date of Card: \_\_\_\_\_

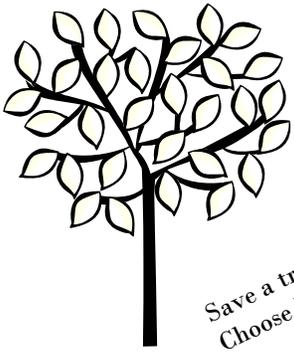
Billing Zip Code: \_\_\_\_\_

You are hereby authorized and requested, until otherwise instructed, to charge to the above referenced account, the weekly attendance fee and any occurring extra fees, such as late pick-up fees. I understand that if a transaction is DECLINED, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transaction is declined and payment is not made by the due date, penalties will be applied and will not be waived. I further understand that the staff reserves the right to cancel my "Quick Pay" program.

**I understand that a request to discontinue or change this service must be made in writing one week prior to the stop date, and given to the Site leader or the Community Services office at 9875 N. 85th Ave, Peoria, AZ 85345.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Electronic Funds Transfer



**In effort to make payments more convenient, we are now offering an Electronic Transfer option. Provide us with a voided check, complete the following information and each Monday we will automatically deduct your childcare payment from your checking account.**

Child's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Amount to be Deducted Weekly:\$ \_\_\_\_\_ Date of First Deduction: \_\_\_\_\_

You are hereby authorized and requested, until otherwise instructed, to deduct from the above referenced account, the weekly attendance fee and any occurring extra fees, such as late pick-up fees. I understand that if the transfer is unsuccessful, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transfer is unsuccessful, "Return Check Fees" will apply. I further understand that the staff reserves the right to cancel my "Electronic Funds Transfer" program.

**I understand that a request to discontinue or change this service must be made in writing one week prior to the stop date, and given to the Site leader or the Community Services office at 9875 N. 85th Ave, Peoria, AZ 85345.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Place voided check here