City of Buckeye – Community Services
Dr. Saide Recreation Center – 1003 E. Eason Ave. 623-349-6350

Lil' Squirts Program

2014-2015

The Lil' Squirts Preschool Program is a part-day childcare program that provides an environment for your child to learn, grow, and make friends as they participate in various activities such as arts and crafts, group games, creativity development, music, imaginative play, and developing language skills. Staff and parents will work together to encourage child growth and development.

Participants
Youth ages 3-5 who are fully toilet trained

Where
Dr. Saide Recreation Center
1003 E. Eason Ave. Buckeye, AZ 85326

When
Monday – Friday August 18, 2014 - May 15, 2015

Times
9:00 a.m. – 12:00 p.m.

Fees
$25 one time registration fee plus first and last week's attendance deposit fees.
***Waived if signed up for Auto Pay Program.**
$45 weekly attendance fee

Enrollment
To enroll your child in Lil' Squirts Preschool parents/guardians must complete and return the following to the City Buckeye Recreation Office located at 1003 E. Eason Ave., Buckeye, AZ 85326:

1. $25 registration fee. ***Waived if sign up for auto-pay***
2. First and last week's attendance fees (deposit). ***Waived if sign up for auto-pay***
3. Fee attendance contract. Signed.
4. Discipline policy. Signed.
5. Blue Immunization Card. Complete; leave no line blank. If the question/line does not apply, write "none" or "N/A". Each child must have 2 local emergency contacts that do not live with each other or the child, besides the 2 parents authorized to pick-up your child in case of an emergency.
6. If there are current custody issues that affect the child's pick-up and/or emergency procedures a copy of legal custody documentation is required
7. Birth certificate
8. Copy of immunization record from state licensed approved source

Children will not be able to begin attending the program until all necessary paperwork is filled out COMPLETELY. Registration must be done at the Recreation Office Monday – Friday 9:00 a.m. – 7:00 p.m.

Payments:
Weekly payments are due every Friday prior to the week of attendance. Payment is due regardless of attendance. If payments are not received on Friday prior to the next week's attendance, a $10.00 late fee will be applied per child.

Payment Options

- Payments can be made online at www.buckeyeaz.gov/recreation (login information needed)
- Auto Pay (automatic withdraw each week)
- Pay by phone 623-349-6350 (M-F 9am-7pm)

Refund
The City of Buckeye Community Services Department Lil' Squirts Preschool Program will not issue any refunds regardless of withdrawal, illness, absence, suspension or expulsion.

DES Funding
The City of Buckeye Lil' Squirts Preschool Program is a DES contracted child care program. Call 623-925-0095 to find out if you qualify for child care assistance.

Dis-enrollment
To dis-enroll your child from the Lil' Squirts Preschool Program, a Change of Contract form is required. If your child has not attended for 2 weeks without prior notification, your child will be automatically withdrawn and the payment for the 2 weeks will remain due on your account. Reenrollment with payment of the $25 registration fee and any past due amount will be required to attend again.

Absences
If your child will not be attending the Lil' Squirts Program as scheduled, please call the site to notify the staff. If your child has not attended for 2 weeks without prior notification, your child will be automatically withdrawn and the payment for the 2 weeks will remain due on your account. Reenrollment with payment of the $25 registration fee and any past due amount will be required to attend again. **Credit will not be issued for days missed.**

Vacations
Each participant is allotted two (2) weeks of vacation time free of charge. Vacation time is not permitted on a daily basis and must be taken for an entire week at a time. A change of contract form must be submitted the Friday before the week of absence to qualify. Any absences beyond the allotted two (2) weeks must be paid for. Failure to pay the weekly fee may compromise your child's spot in the program.

Sign In/Out

- Sign In: Participants must be signed in daily by a parent or authorized person. **A child may not sign themselves in.** To sign the child in, a parent or authorized person must accompany the child to the site and write their full name and time on the authorized form.
- Sign Out: For the safety of the children we require that parents or authorized persons sign the child out each day. **A child may not sign themselves out.** To sign a child out, a parent or authorized person must visit the site and write their full name and time on the sign out sheet.

A child enrolled in the Lil' Squirts Preschool Program will only be released to those persons authorized with their actual signature on the registration form. NO exceptions will be made without the advance written permission of the parents or telephone authorization. Individuals will be required to show proof of I.D. to the staff the first time the child is picked-up. If one person has the sole custody of a child, a legal document must be on file with the site stating the name of the legal guardian.

Parents/guardians have access during program operation hours to the areas on facility premises where their child(ren) are receiving child care services.

Late Pick-Up
A late charge of $15 per every 15 minutes after the scheduled ending of the program (per the school clock) will be assessed for the late pick up of participants. Late pick-up fees must be paid prior to the return of the participant.

1st Time: Verbal warning
2nd Time: Fee plus written warning
3rd Time: Fee plus 3 days suspension
4th Time: Removal from the program

Illness
It is important for parents who have children in the Lil' Squirts Preschool Program to understand that their child's health affects the health of other children and staff members in the program.
Do not bring your child to the Lil' Squirts Preschool Program if they have any of the following signs or symptoms of being ill:

1. Fever. Participants must be fever free for 24 hours in order to return
2. Any contagious disease such as strep throat, pink eye, chicken pox, etc.
3. Vomiting
4. Serious/hard coughing or difficulty breathing
5. Rash/sores
6. Diarrhea
7. Mucus or pus from red eyes
8. Thick drainage from the nose
9. Sore throat

If your child becomes ill during the program, a staff member will attempt to contact a parent or authorized designee to pick-up the participant.

Medication
Lil' Squirts Preschool Staff may administer medication. The parent/guardian must complete a Medication Release Form and bring the prescribed amount of medication in the original container to authorize giving medication to a child. Forms are available at the site.

Emergencies
If your child has an accident, injury or emergency while at the Lil' Squirts Preschool program that requires medical treatment by a health care provider, a staff member will immediately notify the child's parents. For this reason, it is essential that all forms have current names and phone numbers. A written emergency report will be completed.

Phone Number Changes
Please notify staff if phone numbers change at any time during the program. If contact numbers are inoperable, you will be given 3 business days to provide the program with replacement numbers or contacts before being automatically withdrawn from the program. Re-enrollment with payment of the $25 registration fee and any past due amount will be required to attend again.

Toilet Training
Children **MUST** be toilet trained. Occasionally, accidents will happen, however if your child has frequent urine and/or bowel accidents occur (3 or more within 5 day period) or wears pull ups, then they do not meet this requirement. Please understand that if your child does exhibit signs of not being fully toilet trained, you will be asked to remove your child from the program. **If an accident happens, a parent or guardian is expected to either pick up the child or bring change of clothes/cleansing products within 1 hour from the time parent/guardian is notified. If a child has three consecutive accidents or a total of five non-consecutive accidents, he/she may be dis-enrolled from the program.** For convenience, it is recommended that you leave a spare change of clothes/cleansing products in the child's cubby.

Snack
A snack provided. Additional snack may be provided by parent. Snack menu posted at site.

Transportation
Transportation will not be provided by the City of Buckeye.

Field Trips
For any field trip taken during program operation hours, a field trip permission slip must be signed by the parent or guardian. During field trips, staff maintains child to staff ratio and follows DHS licensing requirements to manage children during entire duration. Parents are not permitted to pick up or drop off their children at field trip destination. Additional fees may apply to field trips.

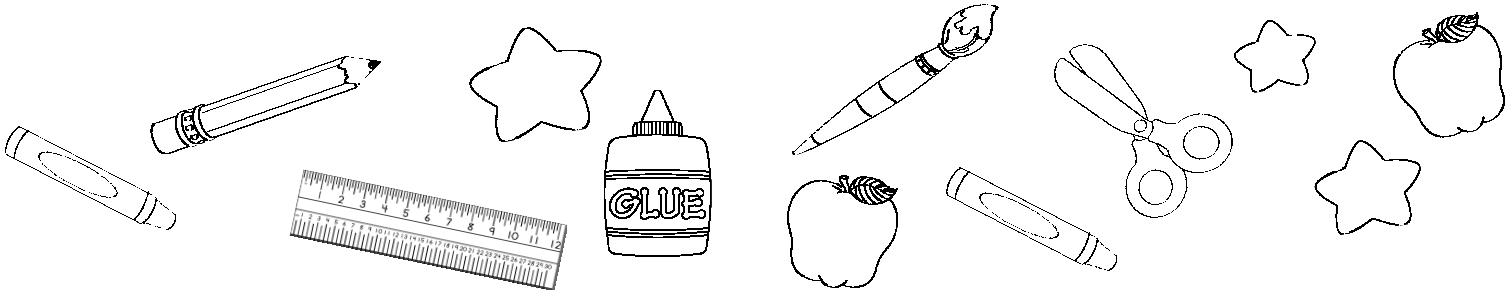
Child's Personal Property
The City of Buckeye cannot be responsible for lost, stolen, or broken property. It is **strongly** recommended to leave all valuables at home.

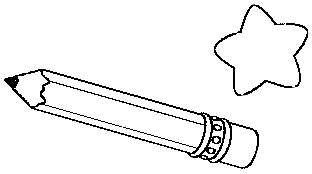
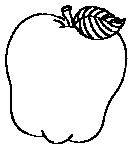
Licensing
City of Buckeye Lil' Squirts Preschool Program is regulated by the Arizona Department of Health Services, located at 150 N. 18th Avenue, Suite 400, Phoenix, Arizona, 85007, phone number (602) 364-2536. Inspection reports are completed by DHS and are available at the Lil' Squirts site upon request.

Special Needs Youth
Parents/Guardians of special needs youth should contact Jessica Thompson at 623-349-6350 regarding enrollment to better prepare for any needed accommodations.

Insurance
The City of Buckeye carries liability insurance for all its operations, including city-sponsored recreation programs. Documentation of insurance is available for review at LIL' SQUIRTS site.

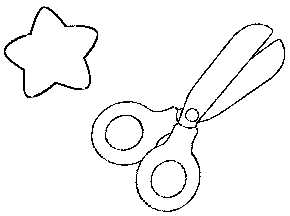
Pesticides
If pesticides are sprayed on the premises, notification will be posted at least 48 hours before the pesticide is applied.



Typical Daily Schedule

***Schedules will be posted weekly**

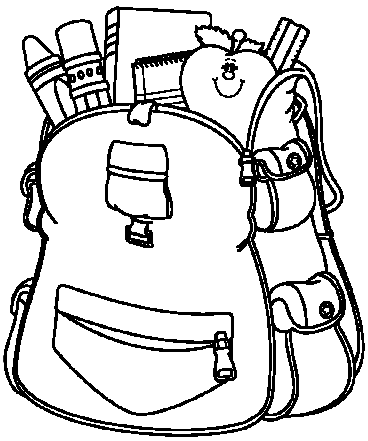
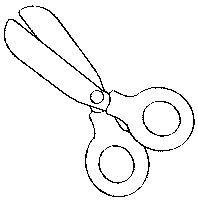


9:00 – 9:15 a.m.	Greetings
9:15 – 9:30 a.m.	Classroom Centers – Sensory Learning Activities, Motor Skill Development, Creativity Centers, Imaginative Play
9:30 – 10:30 a.m.	Letter, Number, Shape, Color, Sight Word Worksheets
10:30 – 10:45 a.m.	Circle Time –Songs, Letter Recognition, Story Time, Weather
10:45 – 11:00 a.m.	Snack Time
11:00 – 11:30 a.m.	Outside Play Time / Multi-Purpose Room- Physical Wellness Activities, Cooperative Play, & Hand-Eye Coordination Development
11:30 – 12:00 p.m.	Arts & Crafts – Motor Skill Development, Creative Development
	Clean Up, Sign Out

Vacation Days

The City of Buckeye Lil' Squirts Preschool Program will be closed on the following holidays:

September 1, 2014	Labor Day
October 13-17, 2014	Fall Break
November 11, 2014	Veteran's Day
November 24-28, 2014	Thanksgiving Holiday
December 22-January 2, 2015	Winter Break
January 19, 2015	MLK Day
February 16, 2015	President's Day
March 9-13, 2015	Spring Break
April 3, 2015	Good Friday

BUCKEYE, AZ

Fee Attendance Contract

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child/children to attend the Lil' Squirts Program.

Cash, credit cards, and money orders are accepted at Dr. Robert A. Saide Recreation Center located at 1003 E. Eason Ave, Buckeye, AZ 85326.
Credit card payments may be made over the phone Monday-Friday 9am-7pm by calling 623-349-6350

_____ *Initial* ***I understand that the entire contracted fee of $45 is due every Friday prior to the week of attendance, regardless of holidays or absences. Refunds or credits will not be given for days missed.***

_____ *Initial* I understand that my child's fee is due the **Friday** prior to the week of participation or a penalty of $10 will be assessed per child.

_____ *Initial* I understand that the weeks will not be prorated due to Holidays, absences, illness or program closures.

_____ *Initial* I also understand that a late pick-up fee will be assessed at the rate of $15 for every fifteen minutes past 12:30 p.m. (i.e. 1-15 minutes, $15, 15-30 minutes, $30, etc.)

WITHDRAWAL /VACATION POLICY

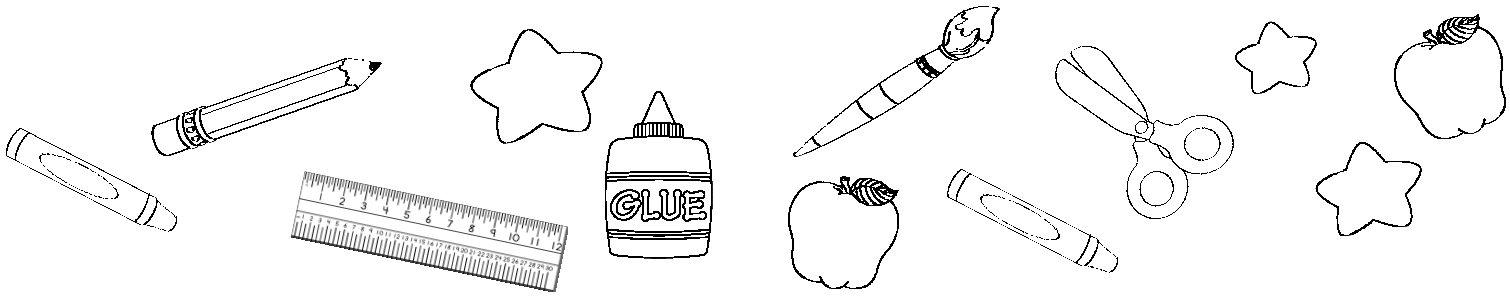
_____ *Initial* It is the City of Lil' Squirts Program Policy that each participant is allotted two (2) weeks of vacation time per school year. Vacation time is not permitted on a daily basis and must be taken for an entire week at a time. If for any reason you decide to drop your child's enrollment from the program or use the allotted vacation time, notification must be made by Friday in writing for the following week to the site leaders or the Recreation Center front office to release you from your contracted fees. This will allow for adjustments in staffing, supplies, and snacks.

_____ *Initial* **I understand that there are NO REFUNDS OR CREDITS FOR ABSENCE, ILLNESS, OR SUSPENSIONS during the Lil' Squirts Program.**

_____ *Initial* **I understand that if my child has not attended for 2 weeks without prior notification, my child will be automatically withdrawn and the payment for the 2 weeks will remain due on your account. Reenrollment with payment of the $25 registration fee and any past due amount will be required to attend again.**

Participant's Name: _____ School: _____

Parent /Guardian Signature: _____ Date: _____



City of Buckeye Lil' Squirts
Discipline Policy

To ensure the safety of all participants and staff, the City of Buckeye staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and direction of the Lil' Squirts site staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior.

1. Warning for specific unacceptable behavior.
2. Separation from group with a warning of future consequences for repeated behavior.
3. Separation from group with a warning and write-up for repeated behavior.
4. Separation from group with a call to parent or guardian and a write-up.
5. Parent/Guardian conference to discuss corrective action and consequences for future incidents.
6. Suspension. 1 to 2 scheduled days from the program and /or the remainder of the day. **(*NO REFUND FOR SUSPENSION OR EARLY PICK-UPS ON SCHEDULED DAYS).***
7. Repeated aggressive / inappropriate behavior with 3-5 suspensions will result in removal from program with approval from Recreation Coordinator and Manager.

Some actions will result in an automatic suspension or dismissal from the program. Parents / Guardians will be contacted immediately to pick-up their child from the program. The participant will be suspended for the following day(s) and/or dismissed from the program. The following are actions that will result in automatic suspension or dismissal.

1. Showing extreme disrespect or disruption (abusive language).
2. Damaging facility or supplies or stealing property.
3. Endangering another child or staff verbally (threats) or physically (hitting, spitting, biting, throwing objects, etc.).

The City of Buckeye Community Services Department reserves the rights to withdraw a participant from the program if all discipline options have been exhausted and/or demonstration of extreme behavior that put participants and staff in danger (i.e. verbal or physical actions including fighting, threats).

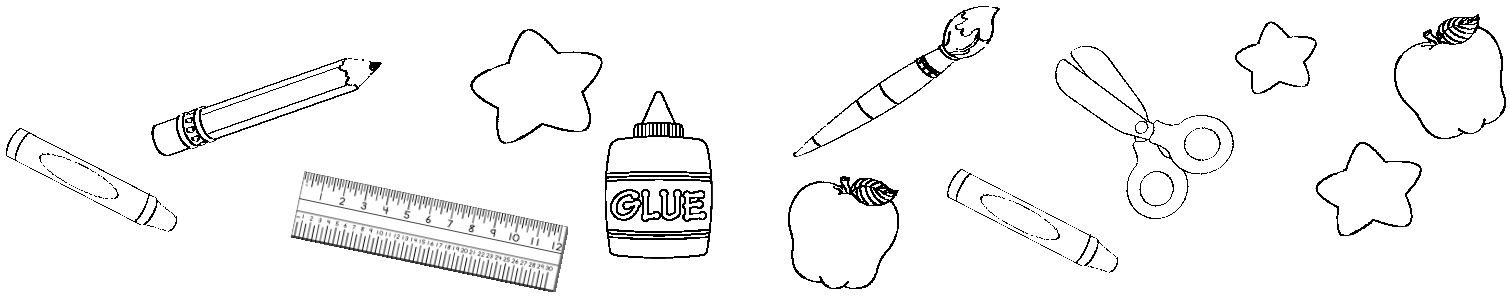
……

I have read the Lil' Squirts Discipline Policy" and fully understand the process to be used for discipline issues.

I/we hereby release and forever discharge the City of Buckeye, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants and employees, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Buckeye recreation program. The waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of the recreation program. In that regard, I/we consent to indemnity, 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. I/we give permission for my child to be video taped or photographed by the City of Buckeye employees to be used at the site for activities and for any program advertisements for the City of Buckeye.

Participant's Name: _____

Parent/Guardian Signature:_____ **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:** ☐ **male** ☐ **female**

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

Father 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**:

*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:	

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:

☐	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

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? **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	☐ **No** ☐ **Yes**
Is child usually susceptible to infections and if so, what precautions need to be taken? **If yes**, list precautions:	☐ **No** ☐ **Yes**
Is child subject to convulsions and what should be our procedure if one occurs? **If yes**, specify procedure:	☐ **No** ☐ **Yes**
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:	☐ **No** ☐ **Yes**
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:**