

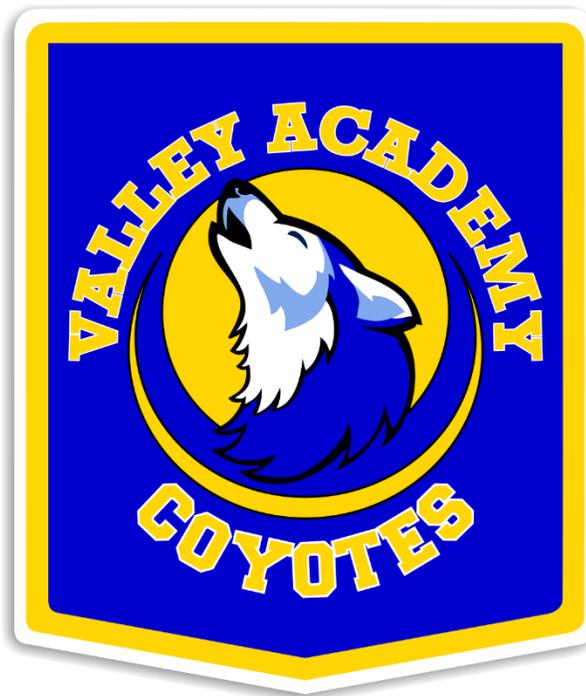


VALLEY
A C A D E M Y



The Coyote Club 2017-2018

A before and after school study hall
for Preschool-8th grade
Valley Academy students



The Coyote Club at Valley Academy
1520 West Rose Garden Lane
Phoenix, Arizona 85027
(623) 516-7747

The Coyote Club

The Coyote Club is a before and after school program at Reid Traditional Schools' Valley Academy. It is a study hall for Valley Academy students in Preschool through 8th grade. Coyote Club provides a time and place for doing homework with the help of someone to answer questions, and it provides activities for those who finish their work early. Parents are relieved to know that their children have a safe, supportive, and fun place to work on their homework.

The Coyote Club will follow Valley Academy's yearly calendar and will maintain the same breaks. The program for Kindergarten through 8th grade is located in the Multi-Purpose Room. Before and After Care for Preschool is located in the Kindergarten Multi-Purpose Room. Student drop off and pick up should take place through the east side doors of the MPR at the campus' main drop off/ pick up area.

Hours of Operation

Morning Session

6:30 a.m. - 7:30 a.m.

Afternoon Session

3:30 p.m. - 6:15 p.m.

Early Release Days

12:30 p.m. - 6:15 p.m.

Valley Academy Preschool-8th grade students may attend the Coyote Club anytime throughout the year by completing the required registration forms prior to or on the day of attending. Families who plan to use Coyote Club should register as early as possible and create a user account and password on the Coyote Club computer.

Registered Student Rates and Policies

Required Registration Forms:

Arizona Department of Health Services Emergency Form
Coyote Club Policy Agreement

You may obtain registration forms at the "Meet Your Teacher" event, in the front office, in Coyote Club during Coyote Club's regular business hours, or on the Valley Academy website. You must re-register at the beginning of each school year, due to possible changes in policies, fees, or procedures.

Coyote Club Rates and Fee Information

Morning Session

6:30 a.m. - 7:30 a.m. Daily Flat Rate of \$3.50 per student

Afternoon Session

3:30 p.m. - 6:15 p.m. Hourly Rate of \$6.00 per student

Fees are rounded in 15-minute periods.

Early Release Days

12:30 p.m. - 6:15 p.m. Hourly Rate of \$6.00 per student

Late Pick Up Charge

A charge of \$1 per minute is charged if the student is not picked up by the program's closing time of 6:15 p.m.

Discount for Multiple Students

A 20% discount will be applied to the fees of the **oldest student** when more than one student in the same immediate family is registered in the program.

ALL ACCOUNTS MUST BE PRE-PAID

Accounts must have a credit balance in order for a student to attend without accruing additional fees. If an account is delinquent (having no credit balance) for 10 days, the student will no longer be permitted in the Coyote Club until payment is made. Penalty fees of \$10 per week may be charged until the account has been cleared. You can check your balance daily on the computer when you check out your student from Coyote Club.

PAYMENT OPTIONS

- **CREDIT CARD:** Payments may be made by **credit card** on our website. The school office has a computer station available to parents for this purpose, if needed.
- **CHECKS:** **Checks** payable to Valley Academy may be deposited in the drop boxes located in Coyote Club and in the front office. Valley Academy's returned check fees will apply.
- **CASH:** You may make cash payments directly to a front office or Coyote Club employee who will issue a receipt for your records. Please do not send a cash payment with your student to the classroom.

Refunds

Please email Billing@ValleyAcademy.com if a refund is needed.

Questions?

Please email Billing@ValleyAcademy.com for account inquiries.

Transportation

Valley Academy does not provide transportation.

Daily Sign In and Sign Out Policy

Only individuals listed on the enrollment forms will be allowed to pick up students from the Coyote Club. In the event your child needs to be picked up by someone not listed on your emergency card, you must phone the school and proper identification must be presented before release of the child.

Your child or a staff member will sign in your child daily.

1. When picking up your child at the end of the day, please sign them out using the computer **and** in the attendance log. Please note the exact time to the minute.
2. Signatures must be clear and legible with first initial and last name. Please have a copy of your driver's license with you for verification.
3. Please instruct anyone picking up for you that this process is extremely important and to have identification ready.
4. Students who are not properly signed out will be charged for a full evening of service.

Homework is our main priority!

Your child will be asked to do homework and work on classroom assignments quietly from 3:30 until 4:15. If your child finishes work before then, he or she must quietly read. Please make sure your child always has a reading book.

There can be a separate area made available for working students. Students should come prepared with all supplies needed in order to complete their homework and/or school projects, including pencils, in their backpacks. Coyote Club staff are available to help students with their homework, without doing it for them. Students also learn how to help each other, without giving away the answers.

Coyote Club Wristbands

Coyote Club staff will check your student's homework for completeness, and accuracy when time permits. When picking up your child from Coyote Club, look for the wristband. The wristbands are used to identify students who feel that they have confidently completed their homework. If your student does not have one, that should tell you that their work is not complete or that it has not been checked. Note: Students are not allowed in the game area without a wristband.

Coyote Club Game Area

Coyote Club students are only allowed in the game area when their schoolwork has been completed and checked. Coyote Club offers a variety of educational games. Students may play different types of games including board games, card games, and brain teasers. Students must check the games out and back in using a system much like in the library. Donations of new and gently-used games are gratefully accepted through the front office, at any time.

Food and Beverages

Students are encouraged to bring food and beverages to the Coyote Club. However, they are not allowed to share their food with anyone else. Students are asked to clean up after themselves and must place food trash in the garbage bin with the lid. Coyote Club does not provide food.

Discipline Policy

The Coyote Club staff members use a systematic, assertive discipline plan that is posted and reviewed with students. Consistency is important. The overall plan establishes firm and consistent limits for students with loving guidance. The program also establishes a positive educational environment for both student and staff. Every effort is made to develop positive reinforcements that can be applied to individual students as well as to the group. If a student's behavior continues to disrupt or interfere with the objectives of the Coyote Club, the student's enrollment may be terminated.

Emergency and Medication Policy

*Parents must immediately inform the school office **and the Coyote Club** when there are changes in address, home phone, business phone, or emergency phone numbers.*

Medications will not be administered in the Coyote Club. In case of illness, a parent will be contacted for the child's retrieval within a reasonable time frame. When a parent cannot be reached, the secondary contact person from the enrollment information will be contacted. In case of fire, accident, evacuation, or other school emergency, Valley Academy will follow procedures appropriate for the circumstances and authorities will be called upon for assistance.

Fire Drill and Evacuation

Every month a fire drill will be conducted during the school day, before care, and after care. The children will practice proper procedure for lining up, where to evacuate away from the building, the importance of following instructions, remaining quiet and calm, and to remain with the group.

Use of Pesticide

Pursuant to A.R.S. 15-152, the use of pesticides on school property will be governed by the following procedure: Students will receive at least forty-eight (48) hours' notice in

advance of the general application of pesticides to the Valley Academy campus, which is in the form of posted signs. Signs will be at least 8.5 inches by 11 inches in size and posted at the main entrance doors of the administration building.

Insurance Coverage

Reid Traditional Schools' Valley Academy carries general liability insurance coverage of at least \$300,000. Documentation of this coverage is available for review on the facility premises, in the Administration Office.

Program Regulated By ADHS

The Valley Academy Coyote Club is a state-licensed facility and is regulated by the Arizona Department of Health Services. Certificates, insurance documents, and inspection reports are available upon request in the front office. Parents are welcome on campus at any time to view the facilities.

ADHS

150 N. 18th Avenue #400

Phoenix, AZ 85007-2539

602-364-2539

OFFICE PERSONNEL ONLY

Rec. By: _____ Student's Last Name _____
Date: _____ Cash ___ Ck# _____ Online _____
Payment \$ _____
Immunization Form? _____

The attached Emergency Form from the Arizona Department of Health Services must be filled out and returned prior to participation in the program.

Is there anyone who may NOT pick up your child?

In the event of an accident or serious illness, when direct authorization for medical treatment cannot be obtained from a parent or personal physician, you give permission, and assume full responsibility, for Coyote Club Staff to call for paramedic assistance, including ambulance service.

Authorizing Signature _____ Date: _____

Printed Name _____

What is your e-mail address? _____

Student(s) lives with: _____

When will student(s) primarily attend? A.M. P.M. Both

Name of student #1 _____

Male Female Date of birth: _____ Grade Level: _____

List all medical conditions and allergies or list "NONE"

List any medications student is receiving or list "NONE"

Name of student #2 _____

Male Female Date of birth: _____ Grade Level: _____

List all medical conditions and allergies or list "NONE"

List any medications student is receiving or list "NONE"

Name of student #3 _____

Male Female Date of birth: _____ Grade Level: _____

List all medical conditions and allergies or list "NONE"

List any medications student is receiving or list "NONE"

To make an Arizona Tax Credit Donation that may apply to your account, complete a Tax Credit Donation Form, available at the school office or online at <http://valleyacademy.com/support/arizona-tax-credit-donation-info/>. Please allow ten days for the processing of the Tax Credit Donation before the payment is credited to your account.

Coyote Club Policy Agreement Form
(Please Initial Indicating Agreement)

I have read the Coyote Club 2017-2018 Program Information packet. I understand the information and policies therein. I will complete all of the required forms in order for my child/children to be considered registered in the program.

I understand that I must maintain a credit balance on my account. After 10 days of delinquency (having no credit balance), my student will not be allowed to attend Coyote Club. Penalty fees of \$10 per week may be charged until the account has been cleared.

I understand that additional fees may be assessed if I do not utilize the Coyote Club computer for checking out my child

I understand that if my child is picked up from the program after the closing time of 6:15 p.m., I must pay late charges of \$1.00 per minute.

I understand that I am responsible for notifying the Coyote Club, in writing, of any changes to the information on the emergency form.

I understand that my child may participate in self-admission to the program.

I understand that the Coyote Club provides an environment in which my child can have fun and be responsible for their own behavior. Any discipline action resulting from fighting, destroying school or others' property, profanity, theft, or defiance of staff will result in parent notification and possible suspension or dismissal from the Coyote Club. I also understand that if the behavior of my child consistently disrupts or interferes with the goals set forth for the Coyote Club program, my child's enrollment in the program will be terminated.

I understand that with proper identification/school identification badge I can have access to my child/children at any time.

Name or Parent/Guardian completing this Policy Agreement Form:

Print

_____ *Date:* _____

Signature



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.)**

| | |
|--------------|----------------------------------|
| 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:

| | |
|--------------------------|---|
| <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: |
|-------------------------------|--------------|-------|