

Valley Academy Preschool



Statement of Services

Valley Academy
1520 W. Rose Garden Lane
Phoenix, AZ 85027
(623) 516-7747
FAX (623) 516-2703
www.valleyacademy.com

Mission Statement

Valley Academy Preschool is dedicated to providing a nurturing educational environment. We provide a program based on developmental milestones that will foster a positive self image and social skills through reading readiness, pre-math, language developmental activities, music, art and movement activities.

Our Program and Curriculum

Valley Academy Preschool expands a preschoolers' knowledge, and prepares them to be successful in kindergarten through age-appropriate academics using weekly thematic units of learning.

Thematic units will focus on:

- Phonemic awareness and letter recognition
- Awareness of print and early reading concepts
- Number recognition and early math concepts
- Critical thinking skills such as predicting, recalling events, and sequencing.
- Music, Art, and Movement will be used to develop fine and gross motor skills.

Language and literacy development

- Instilling the love of reading through the listening of fine literature
- Retelling stories and drawing pictures about stories
- Understanding the relationship between letters and sounds (early phonics)
- Knowledge of print
- Written expression with use of words or drawings to convey meaning

Mathematics

- Sorting
- Understanding directions (up, down, top, bottom, etc.)
- Simple problem solving
- Patterns and functions (basic shapes, colors, and classifications)

Science

As children explore the classroom and outdoor environments, they learn about science and the role it plays in our lives.

The focus is on developing an understanding of:

- Making and recording observations (the concepts of same and different)
- Exploring our environment (the five senses)
- Exploring our earth (weather, plants, and animals)

Music

Music is shared each day. Children enjoy listening to music, learning dance, creative movement, and singing.

Creative Arts and Expression

Experiences are planned for the sheer joy and excitement of self expression through art, including coloring, painting, drawing, and making objects and crafts.

Physical Fitness

Physical Fitness activities are designed to help children develop basic motor skills (run, hop, jump, skip, etc.) and experience the meaning of team play.

Preschool Calendar

Valley Academy Preschool will follow the same calendar as Valley Academy Charter School and will closed during the same holidays and breaks.

Transportation

Transportation is not provided by Valley Academy.

Special Needs Programs

There is no special needs program offered at this time.

Programs and Prices

Valley Academy Preschool expands a preschoolers' knowledge, and prepares them to be successful in kindergarten through age-appropriate academics using weekly thematic units of learning.

Programs and prices are as follows:

4 Year Old Program:

Must be 4 on or before August 31

Monday through Friday

Full Day Hours:

8:30 a.m. - 2:30 p.m.

\$ 40.00 Registration Fee
\$540.00 per month (10 months)
\$5,400.00 annually
\$5,130.00 if paid in full

The registration fee and first month's tuition are due upon registration.

A 10% discount is available for siblings of current Valley Academy students.

Registration fee and first month's tuition are non-refundable.



Lunch Information

Preschool students should bring a sack lunch to school each day.

**Please Note:
All Preschool children must
be Fully Potty-Trained.
Thank you.**

Payment Policy & Fees

The \$40.00 registration fee and the \$540.00 first month's tuition must accompany the enrollment packet and will hold your child's spot in the program.

Tuition is due the 1st of every month and is considered late on the 5th of each month. Payments received after the 5th of the month will be charged a \$20.00 late fee. Payments received later than the 10th of the month subject the enrolled student(s) to dismissal from the program until the account is made current. Monthly payments can be made by credit card on the Valley Academy Website, or by cash or check in the school office. Checks returned due to "non-sufficient funds" will be charged a \$25.00 service charge by Valley Academy. After the second returned check, credit card, cash or money order will be the required form of payment.

Disenrollment and Refunds

A one week notice of intent to terminate enrollment is required. If a child is not in attendance for one week without notification, enrollment will be considered terminated. A new registration form and fee will be necessary to re-enroll at a later date.

Daily Sign In and Sign Out Policy

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

The sign in sheets are audited by the state and are required to be filled in properly. Please assist us in keeping these records clear and precise by following these guidelines.

1. Make certain you are signing your child in and out daily.
2. Please allow the appropriate time at drop off and pick up to complete the

- task of signing in and out. Do not PRE-SIGN on any line for any reason.
3. Due to the nature of our state audits, it looks suspicious or recreated if all the times logged are rounded and identical each day. Please note the exact time to the minute when filling in these forms.
 4. If you have signature that is not clear and legible, please have a copy of your driver's license with your signature copied to keep on file as proof of an authorized party for the child.
 5. Please instruct anyone picking up for you that this process is extremely important and to have identification ready.

Late Pick Up Policy and Fees

There will be a \$5.00 late charge for every 15 minutes beyond the assigned pick up time that your child has not been picked up. Proper authorities will be notified if your child remains unpicked up after one hour.

Discipline Policy

The classroom teachers use a systematic, assertive discipline plan that is posted in the classrooms 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 teacher. Every effort is made to develop positive reinforcements that can be applied to individual students as well as classrooms. If a student's behavior continues to disrupt or interfere with the objectives of Valley Academy Preschool, the student's enrollment will be terminated with no refund granted.

Emergency and Medication Policy

Parents are required to complete an Emergency Medical Referral Card for each of their children. This card tells us how to contact parents or other responsible adults should a child become ill or are injured at school. It lists health problems, including allergies to food, medicine, and insect stings. *Parents must immediately inform the school office when there are changes in address, home phone, business phone, or emergency phone numbers.*

Proper authorization forms will be required to have school nurse or staff administer any prescription medication. Only medication prescribed and in its original container with doctors instructions posted will be administered at school. All medications are kept under lock and key. 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 assisting.

Health Policy

We care greatly for the well being of our families and staff. For that reason we want to keep the spread of illness and infection to a minimum. If your child has experienced any of the following in the past 24 hours, please keep them home.

1. Fever of 100° or more
2. Vomiting
3. Persistent diarrhea
4. Flu symptoms
5. Severe cold symptoms (green mucus)
6. Conjunctivitis
7. Unexplained Rash
8. Head Lice
9. Rapid or labored breathing
10. Other contagious illness or infection

A phone call would be appreciated when your child is absent. Please notify the school the reason for the absence. He/she is welcome to return when he/she is symptom free for 24 hours without the aid of medication. A slight cough and slight runny nose, as long as it is clear, are not reason enough to keep a child home.

If your child becomes mildly ill while at school, we will keep them comfortable and isolated from the rest of the class. You will be notified immediately to pick up your child. If you are not reachable, the emergency contacts listed on the emergency card will be called and asked to pick up your child in a timely manner. We ask that you inform the school of contagious illnesses so we can post an alert on the Parent Information Board.

Injury: If your child is injured and needing anything beyond simple first aid treatment, the teacher will determine whether there is time to consult a parent by phone or pursue emergency services first. An accident report will be filled out and any first aid given by the school will be noted within 24 hours. When a child needs to be transported, parents will be notified to meet at the hospital and a staff member will accompany the child to the hospital. All emergency phone numbers are kept by the phone in each teaching area.

Allergies: The name of any child with an allergy is required to be posted on our Parent Information Board in each class room with the necessary procedures if contact with the allergen occurs.

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. It is helpful if parents have a discussion with their young children regarding these safety practices.

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.

Dress Code and Uniforms

Preschool students are to follow Valley Academy dress code for Kindergarten students.

Insurance Coverage

Reid Traditional Schools' Valley Academy carries Liability Insurance coverage.

Program Regulated by ADHS

The Valley Academy Preschool 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.

ADHS

150 N. 18th Avenue #400

Phoenix, AZ 85007-2539

602-364-4788

Valley Academy Preschool Policy Agreement Form

(Please Initial Indicating Agreement)

___ I have read the Valley Academy Preschool Program Statement of Services. I understand the information and policies therein. I will complete all of the required forms, in order for my child/children to be considered a registered student in the program.

___ I understand that my account must be paid by the 1st of every month and is considered late on the 5th of each month. Payments received after the 5th of the month will be charged a \$20.00 late fee.

___ I understand that a one week notice of intent to terminate enrollment is required. If a child is not in attendance for one week without notification, enrollment will be considered terminated. A new registration form and fee will be necessary to re-enroll at a later date. Notifications should be made to: 623-516-7747 x108.

___ I understand that there will be a late charge for every 15 minutes beyond the assigned pick up time that my child has not been picked up. Proper authorities will be notified if my child remains not picked up after one hour.

___ I understand that I am responsible for notifying the Valley Academy Preschool, in writing, of any changes to the information on the emergency form.

___ I understand that the Valley Academy Preschool classroom teachers use a systematic, assertive discipline plan that is posted in the classrooms and reviewed with students. Consistency is important. The overall plan establishes a positive educational environment for both student and teacher. Every effort is made to

develop positive reinforcements that can be applied to individual students as well as classrooms.

If a student's behavior continues to disrupt or interfere with the objectives of Valley Academy Preschool, the student's enrollment will be terminated with no refund granted.

___ I understand that only individuals listed on the enrollment forms will be allowed to pick up students from class. In the event my child needs to be picked up by someone not listed on my emergency card, I must phone the school and proper identification must be presented before you release the child.

___ I understand that I must sign in and sign out my child on a daily basis.

___ I understand that my child must be fully potty trained to attend preschool.

Name of Child: _____

Name of Parent/Guardian Completing this Policy Agreement Form:

_____ Date: _____

Please Print Name

Signature



CDC/SGH# or name: _____

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex (male/female)

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

Form with fields: 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:

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for listing individuals.

If Medical care is necessary, call:

Form with fields: Health Care Provider*, Name, Contact Telephone Number

*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:

Form with field: 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

<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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