

# Valley Academy Preschool

2018-2019



## Statement of Services

**Valley Academy**  
1520 W. Rose Garden Lane  
Phoenix, AZ 85027  
(623) 516-7747  
FAX (623) 516-2703  
[www.ValleyAcademy.com](http://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 be closed during the same holidays and breaks.

## **Dress Code and Uniforms**

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

## **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 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. - 3:30 p.m.

\$ 40.00 Registration Fee  
\$585.00 per month (10 months)  
\$5,850.00 annually  
\$5,557.50 if paid in full

#### **Half Day Hours:**

8:30 a.m. - 11:30 a.m.

\$ 40.00 Registration Fee  
\$350.00 per month (10 months)  
\$3,500.00 annually  
\$3,325.00 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.**

**Preschool Extended Day** hours are available for before and after preschool childcare.

Rates and Hours - Page 8  
Enrollment Forms - Pages 11-12

## **Payment Policy & Fees**

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

*Tuition is due the 1<sup>st</sup> of every month.* A Late Fee of \$20 will be applied if the invoiced amount is not paid in full by the 10<sup>th</sup> of the month. Late payment may subject the enrolled student(s) to dismissal from the program until the account is made current. Payment on the [www.ValleyAcademy.com](http://www.ValleyAcademy.com) website using your credit/debit card is our preferred payment method. You may also pay by cash or check in the school office. Checks returned due to "non-sufficient funds" will be charged a \$25.00 service charge. After the second returned check, payment will be required in the form of credit card, cash, or money order.

## **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. We do not pro-rate refunds for partial month attendance.

## **Long Term Absence**

We do not make provision for long term absences. In order to reserve your child's place, full tuition must be paid during the period of the absence.

## **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, you must phone the school and proper identification must be presented before release of the child.

Our sign in and sign out process is audited by the state and we are required to track student attendance closely. 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 using the provided

seven-digit code. For student safety, do not share your code with anyone. Bring your cell phone to pickup; if you have forgotten your code, it can be easily and quickly texted to your phone.

2. Please allow the appropriate time at drop off and pick up to complete the task of signing in and out.
3. State regulations require we obtain at least a first initial and last name of the person picking up a student, and that the signature be legible. Please sign out carefully and clearly, not with a line. If your standard signature is not clear and legible, please provide us with a copy of your driver's license with your signature as proof of your being an authorized party for the child.
4. 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 at school 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 doctor's 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.

## **Insurance Coverage**

Reid Traditional Schools' Valley Academy carries general facility 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 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. 18<sup>th</sup> Avenue #400  
Phoenix, AZ 85007-2539  
602-364-2539

### Preschool Extended Day Rates

Morning Session	6:30 a.m. - 8:30 a.m.	\$3.50 per day flat rate
Afternoon Session	3:30 p.m. - 6:15 p.m.	\$6.00 per hour
Early Release Days	12:30 p.m. - 6:15 p.m.	\$6.00 per hour

Fees are rounded in 15-minute periods.

A **Late Payment Fee** of \$20 will be applied if the invoiced amount is not paid in full by the 10<sup>th</sup> of the month.

A **Late Pick Up 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.

## 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 1<sup>st</sup> of every month and is considered late on the 10<sup>th</sup> of each month. A Late Fee of \$20 will be applied if the invoiced amount is not paid in full by the 10<sup>th</sup> of the month.

\_\_\_ 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, or through the website: [www.ValleyAcademy.com](http://www.ValleyAcademy.com) by clicking on Report an Absence.

\_\_\_ 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

## Optional - Enrollment for Preschool Extended Day

OFFICE PERSONNEL ONLY

Student's Last Name \_\_\_\_\_

Rec. By: \_\_\_\_\_

Cash\_\_\_ Ck#\_\_\_\_\_ Online\_\_\_\_

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

Payment \$ \_\_\_\_\_

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 Preschool Extended Day 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 \_\_\_\_\_

Male  Female  Date of birth: \_\_\_\_\_

List all medical conditions and allergies or list "NONE"  
\_\_\_\_\_

List any medications student is receiving or list "NONE"  
\_\_\_\_\_

**Preschool Extended Day Policy Agreement Form**

(Please Initial Indicating Agreement)

I have read the Preschool 2018-2019 Program Information packet. I understand the information and policies therein. I will complete all of the required forms in order for my child to be considered registered in the program.

I understand that a Late Payment Fee of \$20.00 will be applied if the invoiced amount is not paid in full by the 10<sup>th</sup> of the month.

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 late payment may subject my child to dismissal from the program until the account is made current.

I understand that I am responsible for notifying the Preschool, 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 Preschool Extended Day program 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 program. I also understand that if the behavior of my child consistently disrupts or interferes with the goals set forth for the program, my child's enrollment in the Preschool Extended Day will be terminated.

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

Name of Parent/Guardian completing this Policy Agreement Form:

\_\_\_\_\_

*Print*

\_\_\_\_\_

*Signature*

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



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

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

<b>Parent 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:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<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.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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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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