



“MUSTANG CORRAL”

BEFORE & AFTER SCHOOL PROGRAM



STATEMENT OF SERVICES

2018-2019

Gilbert Arts Academy
862 E. Elliot Rd.
Gilbert, AZ 85234
P: 480-325-6100 F: 480-632-2077

Before & After School Program

Gilbert Arts Academy is proud to offer “Mustang Corral”, our before and after school program. Through this program, children in grades K-6 are encouraged to learn and interact in a safe, caring environment. Under the supervision of trained adults, the children will engage in a variety of activities specifically designed to improve their social interaction skills and promote their cognitive and emotional development.

Parental Responsibilities

Please read the information presented in the “Mustang Corral” Handbook and contact us if you have any questions or need further information. As a parent, you will be responsible for abiding by the handbook guidelines and the financial agreement. If you have any questions, please contact us at 480-325-6100.

Registration

“Mustang Corral” registration is available first-come, first-served basis. If the program has met capacity at the time of registration, your child will be placed on a waiting list. The first month’s payment will not be due until space has become available.

It is the responsibility of the parents to keep enrollment records current. Please advise both the “Mustang Corral” staff member and the GAA front office regarding any changes in your home address, phone number, or authorized emergency contacts. In situations where an individual needs to be added or deleted as an emergency contact, a written notification is required which must be signed and dated by the parent/guardian.

Financial Agreement

Payments are due the 1st of each month. A **\$25 late fee** will be charged if payment has not been received by the **10th** of each month, August through May. Rates are based on annual fees and days off are factored into the price. If payments are not received by the 15th of the month, the child will be **dropped from the program**. The unpaid balance must be paid before the child may continue in the program. You may request a payment plan on overdue balances, but all other balances must remain current.

Payment Methods

Cash or Check - payments being made with cash or check will need to be paid on the first school day of the month, in the front office between the hours of 7:30am - 4:00pm. No cash or checks will be accepted by the “Mustang Corral” staff members.

Credit/Debit Cards - payments being made with a credit/debit card can be made in person or over the phone through the front office at 480-325-6100 between the hours of 7:30am -4:00pm. Cards can also be set up for automatic payment to be charged the first school day of each month.

Check Payments

Checks returned by the bank as non-sufficient funds (NSF) will result in a cancellation of check privileges. The amount of the returned check will be reapplied to the current balance due, and the total outstanding amount on the account will be due immediately. All future payments must be in the form of cash, credit/debit card, cashier’s check, or money order.

“Mustang Corral” Fees

5 days	\$270 per month
4 days	\$220 per month
3 days	\$180 per month
2 days	\$120 per month
1 day	\$85 per month
Mornings Only	\$85 per month
Drop In Rate	\$25.00 per day

10% sibling discount is available. No discounts for drop ins.

Withdrawal

Withdrawals will be effective the first day of the following month. It is the parent's responsibility to notify GAA office of any withdrawals. All withdrawals should be sent in writing to Michelle Wicker at michelle.wicker@leonagroup.com

Absences

There are no discounts, refunds or credits for sick days, or for days your child does not attend the program. If your child is scheduled to attend “Mustang Corral” and does not report to the program, the team members will verify the absence with the school staff and/or parent.

Calendar

The “Mustang Corral” follows the school calendar set by GAA. Camps may be held for fall, winter, spring breaks and other holidays if there is enough interest to run the camps. Fees for camps will be released at the time of camp registrations.

Hours & Late Pick-Up Fee

“Mustang Corral” will open at 6:30 am and remain open until 7:45 am when the school gates are opened. After school hours operate from school dismissal until 6:00pm. “Mustang Corral” closes promptly at 6:00pm. A fee of \$1.00 per minute will be charged for late pick-ups. Frequent occurrences will result in dismissal of program.

Meals and Snacks

It is the responsibility of the parents to supply snacks daily & lunch with a drink for students attending on Fridays and early release days.

Homework

“Mustang Corral” team members will allocate time for children to do their homework and will provide a place to work with supervision every day. It is the child’s responsibility to take advantage of homework time and ask for assistance if needed.

Dress Code

Students are expected to arrive each day in appropriate attire according to the dress code outlined in the Parent/Student Handbook. Students are not permitted to change after school.

Before & After Program Licensing

“Mustang Corral” operates in compliance with regulations outlined by the Arizona Department of Health Services. Information on licensing and inspection reports are available at the Arizona Health Department’s office located at 150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007. The office may be contacted at 602-542-1040. Inspection Reports are also available upon request through the school office.

Pesticide Application

The campus is routinely treated with pesticides to prevent 'bug' infestations and maintain a healthy area for children. The schedule is posted on the “Parent Board”. Written pesticide information is available upon request.

Liability Insurance

Provided by the Philadelphia Indemnity Insurance Company.

Medication

Physician-prescribed medication packaged in the original container will be administered at “Mustang Corral”. The container must be labeled by the pharmacist and include the name of the student, start and end date, dosage, name of medication, method of administration (specifying dosage & route), reason for medication, and number of doses contained. Non-prescription medication must meet the same guidelines.

A signed consent form for the administration of the medication must be completed by the parent/guardian and be on file.

Items from Home

Since “Mustang Corral” provides a variety of educational resources and games for children, we do not allow your children to bring items such as toys and games from home. If such items are brought to the program, team members cannot be responsible for their safe return. Please clearly label all clothing, backpacks, and food containers brought from home. This will assist the team members in returning items to their proper owners.

Communication Between Parents and Team Members

Communication between parents and “Mustang Corral” team member is important. Parents are encouraged to keep informed about “Mustang Corral” program and its operations by regularly checking the “Parent Board” located in the room. Watch for special notices and newsletters sent home with your child.

Emergency Information and Immunization Record Card

- A copy of your child’s immunization record is required.
- The Arizona Department of Health Services requires the name and contact number of at least two individuals authorized by the child’s parent to pick up the child from the facility in case of emergency, or if the child’s parent cannot be contacted.
- If you do not have two local emergency contacts, you may list the Gilbert Police Department, Mesa Police Department, or Department of Child Safety.
- At the bottom of the Emergency Information Card there is a section labeled “in case of injury or sudden illness”. Please fill in your name or the name of the individual that should be contacted first in an emergency.

- “Mustang Corral” is inspected by the Arizona Department of Health Services Bureau of Child Care Licensing. To ensure compliance with the Arizona Department of Health Services, the Emergency Information Card must be filled out in its entirety and all information must be kept current.

Emergency Sign-Out Procedures

Parents will be asked to email a letter which includes the date of release and the full name, address and telephone number of the individual signing out their child. Once we receive the written information, we will contact the parent by the phone numbers listed on the child’s emergency card to verify the information. The individual signing the child out will be required to provide a photo ID. Information listed on the photo ID will be verified against the information on the email. Please understand that for the safety of your child, we will not release your child until verification is made.

Sign Out Procedures

Per the Department of Health Service regulations, only parents, legal guardians, or authorized parties over the age of 18 listed on the emergency card may sign a child in or out of the program each day on the designated sign in/out sheet. Photo ID may be required to sign a child out of the program.

Illness & Emergencies

If your child becomes ill during the program, the team members will provide a quiet area for them until the parent has been contacted. In the event the child needs to be picked up, the child will only be released to an authorized individual.

Minor scratches and cuts will be treated at the site. If serious incident should occur, emergency personnel will be called and it will be determined whether your child should be taken to the nearest hospital or doctor's office by ambulance. You will be notified immediately.

Student Responsibility

Students are responsible for their own actions. Students whose actions are in violation of the GAA guidelines will be expected to accept the appropriate consequences. Students are expected to respect the rights and property of others, along with demonstrating high standards and personal integrity.

- *Obey the School Rules, “Mustang Corral” Rules, and School Personnel.*
Students are required to obey and be courteous to everyone who works in our school.
- *Cooperate with School Staff*
Every community depends upon its citizens to uphold rules by which everyone has agreed to live. Students have the responsibility to provide truthful information when asked by school authorities.
- *Respect the Person and Property of Others*
Respecting the rights and properties of others and demonstrating personal integrity should guide student behavior at school, on the way to and from school, and at school sponsored events. Students should always be a “good citizen”.
- *Respect Public Property*
Schools are a community investment and resource for young people. People who damage school property will be held responsible.
- *Make sure all school correspondence to parents reaches home*
It is important that all written notices from “Mustang Corral” team members reach the parents/guardians to keep everyone informed and up to date.

Parent Expectations

- Parents are responsible for communicating with “Mustang Corral” team members to maximize the effectiveness of the “Mustang Corral” program.
- Parents are responsible for keeping their child’s records up to date.
- Parents are responsible for paying fees on time as described under the Financial Agreement.
- Parents are responsible for picking up their child on time daily.

Team Member Expectations

- Team members will work together with parents/guardians to maintain open communication regarding insight into the student’s behavior or any changes that may occur.
- Team members will communicate any injuries or accidents with the parents/guardians.
- Team members will provide activities that give participants the opportunity to explore new experiences that will expand learning in a supervised, safe and secure environment.
- Team members will remain in compliance with the Arizona Department of Health Services.

Student Behavior Expectations

GAA implements a school-wide Positive Behavior Intervention and Support (PBIS) System. PBIS is a proactive approach to establishing the behavioral supports and social culture and needed for all students in a school to achieve social, emotional and academic success. Attention is focused on creating and sustaining school-wide, classroom, and individual systems of support that improve behavior for all students.

- Positive behaviors will be rewarded with "Mustang Bucks" which can be redeemed weekly for various privileges within the classroom. These will vary between classes.
- Unwanted behaviors will be recorded on the Behavior Tracking Sheet. When engaging in unwanted behaviors, students will:
 1. Receive a warning and a reminder of the correct/appropriate behavior
 2. Take time away from activity and complete a Think Sheet to reflect on their behavior and how it is affecting their learning and/or that of their classmates,
 3. Receive another warning and phone call home to parent will be made later in the day
 4. Be referred to the office for consequences.

When discipline action is appropriate, the Gilbert Arts Academy discipline matrix found in the Parent/Student handbook will be followed. Reasonable efforts will be made to assist the child in behaving appropriately. If a child is unable to adjust to the “Mustang Corral” setting and follow appropriate guidelines, the child may be suspended or removed from the program.

Fees will not be refunded due to behavior related suspension

"Mustang Corral" Registration Form

Student's Name: _____

Parent's Name: _____

Please choose the Before/After Care plan your Student will attend for the 2018/2019 school year.

August-May:

_____ 5 days per week	\$270 per month
_____ 4 days per week	\$220 per month
_____ 3 days per week	\$180 per month
_____ 2 days per week	\$120 per month
_____ 1 day per week	\$85 per month
_____ Mornings only	\$85 per month
_____ Drop In Rate	\$25 per day
_____ 10% Sibling Discount applied to all plans except Drop In	

Circle the days of the week your student will be attending "Mustang Corral"

M TU W TH F

Notes:

Sibling Name: _____

Please indicate the date your child will start attending after care. _____

I have read the "Mustang Corral" handbook and agree to follow all rules, policies, and procedures.

Initial: _____

I have read the "Mustang Corral" financial agreement and agree to all the terms.

Initial: _____

Parent/Guardian Signature

Date



Credit Card Authorization - Mustang Corral

Parent/Guardian Name: _____

Gilbert Arts Academy Student(s) Name(s) * : _____

* Please fill out a new form each time a new student enters Gilbert Arts Academy. They will not automatically be added to the account.

Card to be used is a Visa, Mastercard, American Express, Discover: _____

Name on Card (Account Holder): _____

Credit Card Number: _____

Card Expiration Date: Month _____ Year _____ CVV: _____

Address associated with credit card including zip code:

Phone # associated with credit card: _____

Cardholder Email (needed to set up account): _____

I, the above-named Account Holder, hereby authorize Gilbert Arts Academy ("Gilbert Arts Academy") to establish an account (the "Account") for the above-named student ("Student") and charge the monthly amount of \$_____ ("Monthly Amount") for Before and/or After Care on or about the first of each month. I understand that the Monthly Amount may change from time to time based on the child care service I select.

This authority shall remain in effect until I change or cancel it in writing. If I decide to terminate the Gilbert Arts Academy's authority to charge my credit card specified above, I understand I must send written notice to the Gilbert Arts Academy at least ten (10) days before the date of termination. Written notice can be an e-mailed to Michelle.Wicker@LeonaGroup.com or mailed to Gilbert Arts Academy,,Attn: Michelle Wicker, 862 E Elliot Rd, Gilbert, Arizona 85234.

If the above scheduled credit card is ever declined, Gilbert Arts Academy will notify me via email and I understand that I will still be financially responsible for the charge made on the card. If the above scheduled credit card is declined, I understand that I may become subject to collection efforts by Gilbert Arts Academy.

Signature:

_____ Date: _____

For Official Use Only	
Date Received	
Employee 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:
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:
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*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:	
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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: