



# Kid's B.A.S.E. Program

## 2016-2017



The Kid's B.A.S.E. (**B**efore and **A**fter **S**chool **E**nrichment) Program provides a safe and exciting place for children to be during out-of-school time. The mission of the program is to provide an environment that keeps youth safe while preparing them for success. Our creative programming will enhance self confidence, self expression, social skills and cognitive skills while keeping youth physically active.



**Participants:** The Kid's B.A.S.E. Program is a part-day care program for students in grades K-8.

**When:** Monday – Friday August 3, 2016 – May 18, 2017

**AM Care:** 6:00 am – until school starts

**PM Care:** End of School – 6:30 pm

The program is open at dismissal time for early release days and parent conference days, however will be closed on national and school holidays.

**Fees:** One Time Registration Fee: \$25

Deposit: First week's attendance due at time of enrollment.

**\*Registration fee will be waived with participation in Auto Pay program.**

AM Care: \$5/day or \$20/week

PM Care: \$11/day or \$50/week

### Billing:

Bills will be **emailed** weekly on Wednesday for the following week's care. Payments are due every Friday prior to the week of attendance. Accounts not paid by midnight on Friday will be assessed a \$10 late fee and emailed a late bill. Accounts not paid by the end of the day Tuesday will be dis-enrolled from the program.

**Important:** Because all billing communication will be done via email it is imperative that you keep your account information up to date. You can access your account online at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec).

### How to make payments:

- 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 **online** at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec) or over the phone (623-349-6350). Phone payments can be made during regular business hours; Monday-Friday 9am-7pm.
    - **Accounts can be set up for Auto-Payments with a valid credit or debit card.**
- Visit [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec) to set up auto pay. Payments will be charged each Friday for the full amount due on the account for the next week of care.

### Change of Attendance Contracts:

It is the City of Kid's B.A.S.E. Program Policy that prior notice is required to terminate or change enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made by **Friday** for the following week to release you from your current contract. This will allow for adjustments in staffing, supplies, and snacks.

**Changes in contract must be submitted electronically and can be found at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec) .**

*Children who attend non contracted days will be assessed a non-contracted fee of \$5/day in addition to the regular fee for care.*

## **B.A.S.E. Site Locations:**

Sundance Elementary  
23800 W. Hadley Rd.  
Buckeye, AZ 85326  
623-649-8586

Bales Elementary  
25400 W. Maricopa Rd.  
Buckeye, AZ 85326  
623-694-3707

Jasinski Elementary  
4280 S. 246<sup>th</sup> Ave.  
Buckeye, AZ 85323  
623-694-7198

Inca Elementary  
23601 W. Durango St  
Buckeye, AZ 85326  
623-764-4474

West Park Elementary (space limited)  
Students will be transported to Bales site  
**After school care available only**  
623-694-3707

Buckeye Elementary (space limited)  
Students will be transported to Jasinski site  
**After school care available only**  
623-694-7198

## **Refunds**

The City of Buckeye Community Services Department Kid's B.A.S.E. Program will not issue any refunds regardless of withdrawal, illness, absence, suspension or expulsion.

## **Enrollment**

For your child to be enrolled in our program we must receive the following:

1. \$25 registration fee.
2. First and last week's attendance fees.
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 emergency contacts who have different phone numbers than 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. Copy of immunization record from state licensed approved source (not from elementary school)

Children will not be able to begin attending the program until all necessary paperwork is filled out COMPLETELY. Children may begin attending the program 48 business hours after all completed paperwork is turned in to recreation office. Registration may be done in person at the Recreation Center located at 1003 E. Eason Ave, Buckeye, AZ 85326 Monday – Friday from 9am – 7pm.

## **Dis-enrollment**

To dis-enroll your child from the Kid's B.A.S.E. 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.

## **DES Funding**

The City of Buckeye Kid's B.A.S.E. Program is a DES contracted child care program. Call 623-925-0095 to find out if you qualify for child care assistance.

## **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. The Site Leaders are authorized to sign the child in from class.

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 form. The Site Leaders are authorized to release the child for class.

**A child enrolled in the Kid's B.A.S.E. 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 when 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.

- 1<sup>st</sup> Time:** Verbal warning
- 2<sup>nd</sup> Time:** Fee plus written warning
- 3<sup>rd</sup> Time:** Fee plus 3 days suspension
- 4<sup>th</sup> Time:** Removal from the program



### **Absences**

If your child will not be attending the Kid's B.A.S.E. Program as scheduled, please call your child's site and notify his/her teacher. **Credit will not be issued for days missed unless change of contract form is filled out the Friday prior to absence.**

### **Illness**

It is important for parents who have children in the Kid's B.A.S.E. 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 Kid's B.A.S.E. 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 lice, 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**

Kid's B.A.S.E. 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 Kid's B.A.S.E. 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.

### **Snack**

Afternoon 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.

### **Cell Phone Use by Participants**

As we do not prohibit the use of cell phones at our Kids B.A.S.E. Programs, it is the understanding that children must keep their cell phone use limited to calling parents/guardians in emergency situations. There will be limited free time when participants can use their phones at their own discretion; however, it must not be done in a group setting as we do not monitor what is being played or seen on each individual cell phone. This is a conversation the parent must have with their child as to what is considered appropriate. Sharing devices is absolutely NOT allowed.

### **Licensing**

City of Buckeye Kid's B.A.S.E. Program is regulated by the Arizona Department of Health Services, located at 150 N. 18<sup>th</sup> Avenue, Suite 400, Phoenix, Arizona, 85007, phone number (602) 364-2536. Inspection reports are completed by DHS and are available at the BASE site upon request.

### **Special Needs**

Parents/Guardians of special needs youth should contact Christa Lancaster at 623-349-6318 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 BASE site.

### **Pesticides**

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

## **What is a Typical Day at the Kid's B.A.S.E. Program?**

The Kid's B.A.S.E. program has weekly themes that are designed to captivate your child in various projects, activities and educational lectures. Our experienced, trained and qualified staff will provide stimulating programming to fit your child's interests while also keeping them physically active throughout the day.

#### **Typical Before School Activities:** 6:00 am – School Starts

- Check in with site leaders
- Activities to include arts and crafts, motor skill development, and creativity.
- Group projects that will develop teamwork skills.
- Group gym and outside games that promote physical fitness.
- Children are released to the playground/cafeteria when school campus opens.

#### **Typical After School Activities:** End of School Day – 6:30 pm

- Check in with site leaders
- Homework Hub
- Nutritious snack
- Group projects that will develop teamwork skills.
- Activities to include arts and crafts, motor skill development, and creativity.
- Group gym and outside games that promote physical fitness.
- Activities to promote pride and ownership in classroom and create friendships.

### **Holiday and Vacation Days**

The City of Buckeye Kid's B.A.S.E. Program will be closed on all school holiday, in-service days, and vacations unless otherwise advertised.

#### **Early Release and Parent/Teacher Conference Days:**

When school releases the children early, the program will open at the dismissal time to accommodate these children. Please check with staff for the early release schedule.

## City of Buckeye Kid's B.A.S.E. Attendance Contract



**This form must be completed and submitted with the registration form.**

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child/children to attend the Kid's B.A.S.E. Program.

**Participant's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

	MON	TUES	WED	THURS	FRI	Cost times # days	Weekly Fee
Please "X" ALL AM's attending						\$20/week or \$5/day	
Please "X" ALL PM'S attending						\$50/week or \$11/day	
							Total \$

**Please note that AM care is NOT available at Buckeye Elementary and West Park Elementary**

\_\_\_\_\_  
*Initial* I understand that the entire contracted fee is due every week, regardless of school holidays or absences. Refunds or credits will not be given for days missed.

\_\_\_\_\_  
*Initial* If for any reason there is a school closure or school holiday care is charged at a daily rate.

\_\_\_\_\_  
*Initial* I understand that my child's fee is based on days/week enrolled, and that payment is due the **FRIDAY** prior to the week of participation or a penalty of \$10 will be assessed per child.

- 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 **online at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec)** or over the phone (623-349-6350). Phone payments can be made during regular business hours; Monday-Friday 9am-7pm.
  - **Accounts can be set up for Auto-Payments with a valid credit or debit card. Call 623-349-6350 to set your account up for automatic weekly payments.**

\_\_\_\_\_  
*Initial* I also understand that a late pick-up fee will be assessed at the rate of \$15 for every fifteen minutes past 6:30 p.m. (i.e. 1-15 minutes, \$15, 15-30 minutes, \$30, etc.)

### WITHDRAWAL / CHANGE POLICY (Change of Contracts)

\_\_\_\_\_  
*Initial* It is the City of Buckeye Kid's B.A.S.E. Program Policy that prior notice is required to terminate or change enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made electronically by **Friday** for the following week to release you from your current contract. This will allow for adjustments in staffing, supplies, and snacks.

- **Changes in contract must be made electronically at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec)**

\_\_\_\_\_  
*Initial* I understand that if my child attends days that I have not contracted to attend, an additional \$5 per day fee will be added to my bill.

\_\_\_\_\_  
*Initial* I understand that it is **MY** responsibility to notify my child's teacher of my child's after school schedule.

\_\_\_\_\_  
*Initial* I understand that there are **NO REFUNDS OR CREDITS FOR ABSENCE, ILLNESS, OR SUSPENSIONS** during the Kid's B.A.S.E. 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### City of Buckeye Kid's B.A.S.E. 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 Kid's B.A.S.E. 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 the recreation site (school or bus) 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 may put participants and staff in danger (i.e. verbal or physical actions including fighting, threats).**

I have read the Kid's B.A.S.E. 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.

<b>Participant Name</b>	<b>School</b>	<b>Grade</b>

<b>Teacher</b>	<b>Date</b>

**Parent/Guardian Signature**

**Date**



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

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<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:**

<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):			
Updated immunizations received and attached:			

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>If yes,</b> 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><b>If yes,</b> 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><b>If yes,</b> 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><b>If yes,</b> 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 <b>PRINTED</b> Name:	<b>SIGNED</b> Name:	<b>DATE:</b>



## City of Buckeye Auto Pay Authorization Form

The City of Buckeye offers an auto-pay option for your weekly program fees. This option allows you to pay your account every Monday with your debit or credit card. This service is free of charge. Please complete the below form to authorize the Auto Pay program for your account.

Child's Name: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

BASE Site: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Weekly Schedule: (Please Circle)

AM:   Monday       Tuesday       Wednesday       Thursday       Friday

PM:   Monday       Tuesday       Wednesday       Thursday       Friday

**Please call Christa Lancaster, Recreation Coordinator at 623-349-6318 to set up auto pay.**

You are hereby authorized and requested, until otherwise instructed, to charge to the above referenced account, the weekly attendance fee. I understand that if a transaction is DECLINED, a courtesy phone call will be attempted at the numbers listed on the account. I further understand that I am responsible for payment and I am aware that if the transaction is declined that penalties will be applied and will not be waived.

I understand that a request to discontinue or change this service must be made in writing one week prior to the anticipated charge date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date