



*Peoria Unified School District*

## **PARENT HANDBOOK**

**Students can “EXCEL” in a supervised, safe and enriching environment right on their own campus.**

The Peoria Unified School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. No child will be denied enrollment in or access to the EXCEL program solely on these bases. All protections that students with disabilities and their parents are entitled to under the provisions of Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-65) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), including reasonable accommodations, will be provided to eligible students in the Peoria Unified School District Programs. For students with disabilities who are placed in special education programs, this means that, except for reasonable accommodations, special education services listed in a student's IEP, including all specially designed instruction, will not be provided to those students during the EXCEL program.

# Program Overview

The Peoria Unified School District is proud to offer the EXCEL (Extending Children's Everyday Learning) program, our innovative before and after school care program. Through this program, school age children in grades K-8 are able to learn and interact in a safe, caring environment where staff to student ratio is 1:20. Under the supervision of our trained staff members, the children engage in a variety of activities specifically designed to improve their social interaction skills and promote cognitive and emotional development. The program operates on our school campuses and runs from 6 a.m to the start of school and goes from school dismissal till 6 p.m.

**Registration:** Registration is a on a first come first served basis. Parents must complete, in detail, leaving no blanks, the Emergency and Information form, Fee Attendance Contract and provide a copy of child's immunization record. Children may not attend the program without this information.

**Payment:** A \$35 non-refundable registration fee is required for all participants.

**Where to register** Registration will be held at the school sites and the District Office. Contact Donna Keller at (623) 486-6051

## HOLIDAYS & BREAKCARE

All program sites will be CLOSED on the following holidays:

Labor Day – September 1  
Veteran's Day – November 11  
Columbus Day – October 13  
Thanksgiving/Fall Break – November 24-28  
Winter Break – December 22 – January 2  
Martin Luther King Jr. Holiday – January 19  
Presidents' Day – February 16  
Spring Break – March 16 - 20  
April Break – April 17

## Early Release Days/Professional Development Days

EXCEL will provide childcare on the scheduled professional development days at time of release at 11:00/11:40am. Days will vary for each school. Participants enrolled five days a week in the full afternoon program **consistently** will not be charged an additional fee. All morning participants will be charged \$12 for the early release day. If this day is not a normally scheduled day for part-time afternoon participants there will be a \$12 charge for this day as well. During the full-day professional development days, EXCEL will be open regular hours. The following four days are full-day professional development days (days where no school in session and EXCEL will be open) – September 2, January 20, February 17 and April 16. To view the complete school calendar for holidays, early release days and the first/last day of school, visit the district's website at [www.peoriaud.k12.az.us](http://www.peoriaud.k12.az.us). The calendar can be found under the 'Schools' tab.

***Children are required to bring a non-perishable lunch.***

## Parent Teacher Conference Days (Oct 16 & 17, Feb 12 & 13)

Children will be released at 10:00/10:40 am from school. EXCEL will be available at that time. Participants enrolled 5 days a week **consistently** in the full PM program (school dismissal until 6 pm) will not be charged an additional fee. ***Children are required to bring a non-perishable lunch.***

## Visits

'Our doors are open' to drop-in visits, however, visitors must stay within the EXCEL licensed areas and are asked to call ahead if they wish to spend any time talking with the instructor or aides, as staff's first priority is with the children and we must remain in ratio at all times. Please understand that children need some time to adjust to the program routine.

## SCHEDULE, FEE & PAYMENT POLICIES

### Attendance Information

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It is the **Peoria EXCEL 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 Peoria EXCEL Program, notification must be made in writing by the end of the month and given to the Site leaders to make changes to your current contract. **NO REFUNDS OR CREDITS FOR MISSED/SICK DAYS, SUSPENSIONS OR EARLY PICKUPS.**

### Absences

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If your child will not be attending the Peoria EXCEL Program as scheduled, call the EXCEL site prior to school dismissal. 24 hour voicemail available; leave a message. **Credit will not be issued for days missed.**

### Delinquent Accounts / Late Payment Fee

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Tuition is based on a daily rate for 180 school days and divided into 10 equal monthly payments. Fees are not charged for school holidays. The contracted fee (full time, part time) is based on days the students are registered for the program and payment is due every month on the **1st** of the month of participation. **A penalty of \$20 per child will be assessed.** If monthly payment and late fees are not paid by the 15<sup>th</sup> of the month, the participant cannot attend until the account is cleared of all charges.

### Returned Check Fee (RCF)

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Non-sufficient funds checks will be turned over to the district's collection agency and will be assessed fees in addition to those charged by your bank. Non-sufficient funds checks may only be repaid through CCM/eFund at 1-888-423-8974. Two non-sufficient funds checks will require all future payments by cash or money order.

## POLICIES & PROCEDURES

### Signing In & Out

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A child enrolled in the Peoria EXCEL program will only be released to persons specifically authorized with their signature on the registration form. NO exceptions will be made without the advance written permission or telephone authorization from the parent or guardian. Individuals will be required to show a valid picture I.D. at the time of pick-up. A written request to release your child to a person not on the authorized list will be verified by phone, with your telephone authorization code, before your child will be released. **If there are custodial issues regarding a child**, legal custody papers must be on file at the EXCEL site.

Participants must be signed in/out daily by a parent or authorized person. This is done by signing your name and time. **Children may not sign themselves in or out of the program.** The EXCEL site staff is authorized to sign the child out and release the child to the school. For the after-school sessions, staff will sign them in.

### Health & Emergency Procedures

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If a child becomes ill during the program, the child will be placed in an isolated area. According to the time of day and the degree of illness, the site director will decide to call the parents and make arrangements to have the child taken home by an authorized person (not a staff member) or keep them at the EXCEL Site. Don't send a child if he/she missed school or displays any of the following symptoms; nausea, rashes, red/inflamed eyes, temperature above 100° without medication, or cold symptoms within the past 24 hours. Minor scratches and cuts will be treated at the site. If a serious accident should occur, the City of Glendale Fire Department will be summoned for treatment and will decide whether a child should be taken to the nearest hospital or doctor's office by ambulance. Parents will be notified immediately. Treatment may only be rendered if written authorization is on file. Students are NOT ALLOWED to carry any medication. All medicine will be stored in a locked container and will be dispensed by staff.

### Personal Items

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The program provides a variety of games and activities to keep children busy and engaged. EXCEL staff is not responsible for personal items brought to site. **Children are not allowed to use cell phones at the site.** If you and your child need to be in contact for urgent matters, we will allow occasional use of the site telephone for short calls. Cell phones must be put away upon arriving at the site.

## AZ Dept Of Health Services (DHS) Licensing

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EXCEL is regulated by DHS, located at 150 N. 18th Ave. Phoenix, AZ, 85007, (602) 364-2539. Inspection reports are available upon request and are located in the Black Book at each EXCEL location.

### Insurance

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Liability insurance is carried by Peoria Unified School District for each of our EXCEL sites, and documentation of the liability insurance coverage is available for review at each of these locations.

### Pesticide Notice

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The pesticide application schedule for each school will be posted on the parent board 48 hours in advance.

### Parent / Staff Communications

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The staff works as a team with the school and family to provide the best environment for the child's growth and development. Exchanges of information between parents and staff will be a formal or informal format. Information will be shared regarding issues in school, EXCEL, or any changes occurring within the family, e.g. a sibling moving, a sick relative or pet, alterations in the parents' relationship, gives insight to a child's behavior or attitude.

### Medication

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Students are NOT ALLOWED to carry any medication. All medicine will be stored in a locked container with the staff and will be dispensed by staff. For staff to administer medication, parent/guardian must complete a "Medication Release Form" available at the site and bring the prescribed amount of medication in the original container.

### Discipline

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Staff will implement an assertive discipline program. Children are expected to follow the rules and directions from EXCEL staff and be able to participate in a 1:20 staff to student ratio. The following guidelines are used when disciplinary action becomes necessary due to unacceptable behavior. Parents will be notified if a child needed guidance or discipline.

1. **Warning** - For specific unacceptable behavior
  2. **Time-out** - with a warning and/or write up for repeated behavior in file and parent notified upon pick-up.
  3. **Time-out** - with a call to parent or guardian and a write-up like above. Discuss corrective action and consequences for future incidents with parent upon pick-up.
  4. **Suspension** - One to five scheduled days from the program and/or the remainder of the day.
- Repeated aggressive/inappropriate behavior with three to five suspensions will result in removal from EXCEL with approval from supervisor.***
- (No refund for suspensions)**

**Extreme behaviors will accelerate the process and be dealt with on a case by case basis:** Physical attacks such as hitting, biting, spitting, kicking, etc.; abusive language; disrespect to staff (verbally or physically by child or parent); attempts to leave or leaving the program area without permission; repeated offenses within the same day or those behaviors that put a child or others in danger.

***The Peoria Unified School District reserves the right to remove a participant from the program at any time and without notice; if this occurs, the District will provide a prorated refund of the program fees that were remaining on the balance.***

## FEE INFORMATION

A **\$35 NON-REFUNDABLE registration fee per child** or a **\$50 per family** is required for all participants and is due at registration. Full payment of first month's fee is due by the 15<sup>th</sup> of August.

PROGRAM	5 days	Up to 3 days
AM	\$115 per month	\$95 per month
PM*	\$170 per month	\$125 per month
AM/PM*	\$235 per month	\$190 per month

\*includesafternoonssnack

### Late Pick up Fee

A \$15 fee per child will be assessed for every 15 minutes past 6 p.m. 6:01 p.m. - 6:15 p.m.: \$15; 6:16 p.m. - 6:30 p.m.: \$30, etc. Pick-up time will be recorded by the designated site clock.

### Fee assessment

- 1st** - incident will result in verbal warning with review of policy
- 2nd** - incident will result in FEE plus written warning
- 3rd** - incident will result in FEE plus a three-day suspension
- 4th** - incident will result in FEE plus a one-week suspension
- 5th** - incident will result in FEE plus removal from the program

### Payment Options

- **Acceptable Payments in the front office of the school:**
  - Cash/ Check/ Money order
- **Online payments can be made at [www.Peoriaud.k12.az.us](http://www.Peoriaud.k12.az.us).**
  - VISA/MasterCard/ Discover accepted online

### Fee Assistance (Department of Economic Security)

Funding may be available for low-income families. Contact DES at **(602) 771-0014** to find out more information on how to apply. Processing can take up to 30 days.

- **Please save your tuition receipts, statements or canceled checks. The program is unable to provide individual print outs for tax purposes**

Tax I.D. 86-6000-488

## DAILY SCHEDULE

### Typical Morning Schedule

*(Bold denotes schools with 8:00 start time)*

6:00 a.m.: Excel Site opens; check in with site leaders.

6:00 a.m. - **7:40**/8:20 a.m.: Organized games and/or homework time.

**7:40**/8:20 a.m. - **School Opens:** Breakfast and release to playground with school staff supervision.

## Typical Afternoon Schedule

*(**Bold** denotes schools with a 3:00 p.m. dismissal time)*

**3:00** /3:40 p.m. - **3:20** /4:00 p.m.: Check-In

**3:20** /4:00 p.m. - **3:50** /4:30 p.m.: Snack time

**3:50** /4:30 p.m. - 5:30 p.m.: Enrichment, organized play or homework time. 5:30 pm /6:00 pm - **All Schools:** Free play or homework time.

## EXCEL PROGRAM

August 6 to May 21, 2014

### SCHOOLS

Desert Palms Elementary School	11441 N. 55 <sup>th</sup> Avenue, Glendale, Arizona	(623)412-4600
Desert Valley Elementary School	12901 N.63 <sup>rd</sup> Avenue, Glendale, Arizona	(623)412-4750
Foothills Elementary School	15808 N. 63 <sup>rd</sup> Avenue, Glendale, Arizona	(623)412-4625
Marshall Ranch Elementary School	12995 N. Marshall Ranch Drive, Glendale, Arizona	(623)486-6450



2014 -2015 Registration

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City and ZIP: \_\_\_\_\_  
Gender:  Male  Female Grade Entering in 2014: \_\_\_\_\_  
Child resides with  Both Parents  Mother  Father  Other (specify) \_\_\_\_\_  
Are there any legal custody agreements?  No  Yes (If yes, you **MUST** attach a copy of the agreement)  
Does your child currently have an IEP (Individual Education Plan)?  Yes  No  
Does your child currently have a 504 Accommodation Plan?  Yes  No  
Mother/Guardian Name: \_\_\_\_\_ PUSD Employee:  Yes  No  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City and ZIP \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_ PUSD Employee:  Yes  No  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City and ZIP \_\_\_\_\_

**2014-2015 EXCEL Program Enrollment**

1. Choose the EXCEL program location your child will attend for the 2014-2015 school year.  
 Desert Palms  Desert Valley  Foothills  Marshall Ranch
2. Choose the EXCEL program plan for your child for the 2014-2015 school year. Please note that if a location or plan is not chosen, your child will not be enrolled in the program and the registration will not be accepted.
- |   |                 |              |                            |                             |                            |  |
|---|-----------------|--------------|----------------------------|-----------------------------|----------------------------|--|
| <input type="checkbox"/> 5 days per week, AM and PM       | \$235 per month |              |                            |                             |                            |  |
| <input type="checkbox"/> 5 days per week, AM only         | \$115 per month |              |                            |                             |                            |  |
| <input type="checkbox"/> 5 days per week, PM only         | \$170 per month |              |                            |                             |                            |  |
| <input type="checkbox"/> Up to 3 days per week, AM and PM | \$190 per month | Select days: | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th <input type="checkbox"/> F |
| <input type="checkbox"/> Up to 3 days per week, AM only   | \$95 per month  | Select days: | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th <input type="checkbox"/> F |
| <input type="checkbox"/> Up to 3 days per week, PM only   | \$125 per month | Select days: | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th <input type="checkbox"/> F |

Tuition is based on a daily rate for 180 school days and divided into 10 equal monthly payments. Fees are not charged for school holidays. A **NON-REFUNDABLE** registration fee of \$35 per child or \$50 per family is due at the time of registration. Monthly payments are due the first of each month, August through May. Early release afternoons are included if it is the student's regularly scheduled PM day. Monthly fees will be prorated for children entering or leaving the program mid-month. DES Child Care Subsidies are accepted at all sites. There is a 20% discount for district employees or for each additional child.

PEORIA UNIFIED 2014-115 EXCEL FEE ATTENDANCE CONTRACT

My child \_\_\_\_\_ is attending the \_\_\_\_\_ EXCEL site.

Parent/Guardian \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Email Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Please "X" ALL DAYS ATTENDING	MON	TUES	WED	THURS	FRI	Cost times # of days	Monthly Cost
<b>AM</b> 6:00 AM Until - School opens						\$95 3 days \$115 for 5 days	
<b>AM/PM</b> Both morning & afternoon						\$190 for 3 days \$235 for 5 days	
<b>PM</b> School dismissal - until 6 PM						\$125 3 days \$170 for 5 days	
Employee Verification Employee/Badge Number _____						<b>TOTAL COST</b>	

**FEE PAYMENT**

Registration Fee \$30/\$50 (Non-Refundable)      \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ Additional

Monthly payment      \$ \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_ (Make checks payable to "Peoria Unified School District")**

**WAIVER OF LIABILITY**

I/We hereby release and forever discharge Peoria Unified School District its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, employees and any and all other persons, firms or corporations who are or might be liable, from any and all claims of any kind and character which I/we may have against them due to my child's participation, in a Peoria Unified School District Program. This waiver includes all damages, losses, costs, expenses and injuries that allegedly occur during the course of this program. In that regard, I/we covenant to indemnify, 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 claim are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such or liability that is caused by the sole and exclusive intentional acts or gross negligence of the Peoria district or its officers, employees, or agents.

***By signing below, I attest that I have read and agree to abide by the payment policies listed on the policies page of this registration packet and that I have received a copy of and will abide by the policies and guidelines outlined in the EXCEL Parent Handbook. I also understand that EXCEL Staff may sign my child in and out of the program as needed, i.e. room changes during program hours.***

YES     NO I give permission for my child to be videotaped or photographed by the PUSD employees or established area media for the free use of my child's name and picture for site activities or should they appear in broadcast, newspapers or any brochure, etc.

Please Print Name \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

<b>*** OFFICE USE ONLY ***</b>	
Date: _____ Cash	Check # _____ Money Order: _____
Credit Card: _____	_____ Visa M/C Discover AMEX
<small>(not available for on-site registration)</small>	
Staff Signature: _____	Amt. Pd. _____

### • REGISTRATION

A completed Fee attendance contract, Immunization record information and a \$35 per student or \$50 for a family non-refundable registration fee are required for all new participants. All participants must make full payment of registration fees to attend the program.

- The contracted fee (full time, part time regular and) is based on days/week enrolled, and that payment is due every month on the **15th** of the month of participation. **A penalty of \$20 per child will be assessed.** If monthly payment and late fees are not paid by the 25<sup>th</sup> of the month, the participant cannot attend until the account is cleared of all charges.

### • EARLY RELEASE DAYS/ Professional Development days

EXCEL will provide childcare on the scheduled professional development days at time of release at 11:00/11:40am. Days will vary for each school. Participants enrolled 5 days a week in the full afternoon program **consistently** will not be charged an additional fee. All morning participants will be charged \$12 for the early release day. If this day is not a normally scheduled day for part-time afternoon participants there will be a \$12 charge for this day as well.

### • PAYMENT OPTIONS

**Acceptable Payments in the front office of the school:** Cash/ Check/ Money order

**Online payments can be made at [here](#) or on the Peoria School District website under Programs/Services then click on EXCEL.**

- VISA/MasterCard/ Discover accepted online

### • SCHEDULE CHANGES

It is the Peoria EXCEL 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 Peoria EXCEL Program, notification must be made in writing by **the end of the month** for the following month and given to the Site leaders or the to release you from your current contract.

**NOREFUNDS OR CREDITS FOR MISSED DAYS, SUSPENSIONS OR EARLY PICKUPS**

### • ABSENCES

If your child will not be attending the Peoria EXCEL program as scheduled, you must call the EXCEL Site prior to school dismissal. 24 hour voicemail is available. **There is no credit for sick or missed days**

### • RETURNED CHECKS

Non-sufficient funds checks will be turned over to the district's collection agency and will be assessed fees in addition to those charged by your bank. Non-sufficient funds checks may only be repaid through CCM/eFund at 1-888-423-8974. Two non-sufficient funds checks will require all future payments by cash or money order.

### • AUDITS

Monthly audits of daily sign-in/sign-out sheets will be performed for each site. Any extra days of attendance not originally scheduled per this attendance contract will be the responsibility of the parent/guardian and subject to late/penalty fees as described above.

**For questions contact Donna Keller at (623)486-6051**

**Billing information contact Carrie Sheldon (623) 412-5327**



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 : \_\_\_\_\_ (This code is necessary to allow authorization over the phone)

### 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

Is child allergic to food or other substances? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span> If <b>yes</b> , 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? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span> If <b>yes</b> , list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span> If <b>yes</b> , 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.)? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span> If <b>yes</b> , 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 <b>PRINTED</b> Name:	SIGNED Name:	DATE:
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