

**Learning Foundation And
Performing Arts
Alta Mesa**

**Before & After School Program
Enrollment Packet
2020 - 2021**



5761 E. Brown Road
Mesa, AZ 85205
Phone 480-807-1100
Fax 480-807-1190
Website: lfapa.com

LFPA's vision is to be a leader in education by inspiring learners to own their future.

The mission of LFPA is to provide a rigorous academic and performing arts environment that sets high expectations and motivates students to be successful.

Learning Foundation and Performing Arts Alta Mesa
Before and After School Program

Checklist for Enrollment

- ◆ **Registration fee is due at the beginning of each school semester and must be paid before beginning the Before or After School Program.**

_____ \$200 Registration Fee (per semester)

- ◆ **Documents listed below must be turned in to the office before beginning the Before or After School Program.**

_____ Birth Certificate

_____ Immunization Record

_____ Enrollment Forms

_____ AZ Emergency Card

_____ Schedule

_____ Signature Page
(Last page of packet)



**Learning Foundation and Performing Arts
Before & After School Program
Student Enrollment Form 2020-2021**



Student Name _____ Sex: M ___F ___ Birth Date ____/____/____ Age__
 Name student prefers to go by _____ Social Security # _____
 Home Phone (_____) _____ Parent E-Mail: _____
 Physical Address _____ City _____ Zip _____
 Mailing Address _____ City _____ Zip _____

FAMILY DATA

NAME: LAST, FIRST, MIDDLE	LIVES WITH	LEGAL CUST	EMPLOYER	WORK # include area code	CELL/ include area code
Father					
Mother					
Stepfather					
Stepmother					
Legal Guardian/ Foster					

Emergency Contact Person _____ Relationship _____
 Address _____ Phone _____ - _____

If there is a divorce or legal separation, please provide custody papers.

SIBLINGS

Name	Age	School (if Attending)	Grade

MEDICAL HISTORY: GIVE DATES/INFORMATION

Measles _____	Mumps _____	Convulsive Disorder _____
Allergy _____	Hearing Loss _____	Recent Ear Infection _____
Asthma _____	Diabetes _____	Heart Condition _____
Chickenpox _____	Scoliosis _____	T.B. or Contact _____
Glasses _____	Operations _____	Daily Medication _____
Physically Handicap _____	P.E. Restriction _____	Other _____

Please list any physical impairments or special conditions _____

Family Physician _____ Address _____ Phone _____

Parent Signature _____ **Date** _____

FOR OFFICE USE ONLY

___Registration Fee ___Birth Certificate ___Immunization Record ___Enrollment Form ___Emergency Card
 ___Schedule ___Medical Alert ___Legal Alert ___Incomplete File

Learning Foundation and Performing Arts Alta Mesa

Hours of Operation

	<u>Before-School</u>	<u>After-School</u>
MONDAY	7 - 8 a.m.	3:35- 6 p.m.
TUESDAY	7 - 8 a.m.	3:35- 6 p.m.
WEDNESDAY	7 - 8 a.m.	3:35- 6 p.m.
THURSDAY	7 - 8 a.m.	3:35- 6 p.m.
FRIDAY	7 - 8 a.m.	1:05- 6 p.m.

Pick Your Schedule

For Before & After School Program

Before-School

After-School

MONDAY	From_____ To 8:00 a.m.	From 3:35 To_____
TUESDAY	From_____ To 8:00 a.m.	From 3:35 To_____
WEDNESDAY	From_____ To 8:00 a.m.	From 3:35 To_____
THURSDAY	From_____ To 8:00 a.m.	From 3:35 To_____
FRIDAY	From_____ To 8:00 a.m.	From 1:05 To_____

**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

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

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:
At least 2 contacts must be listed.**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

Health Care Provider	*Name:	Contact Telephone Number:
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A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or health care provider to render immediate aid as might be required for my child's health and safety at the time of sudden illness, accident, or injury.*

***It is understood by me that I will accept the expense of this service as my responsibility.**

In case of injury or sudden illness, I request that the individual named below be called first:
Name:

Does your child have insurance coverage? No Yes Name of Insurance Company: _____

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

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630..

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name	: SIGNED Name:	DATE:
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Learning Foundation and Performing Arts Before & After School Program Policies and Procedures

The following Policies and Procedures are not all inclusive of LFPA policy and are in addition to the Student and Parent handbook issued upon enrollment in LFPA and the District Governing Board Policies and Procedures Manuals.

Description of Services:

Learning Foundation strives for a solid foundation of education for children to become successful learners. The Before and After School Program focuses on helping children grow and learn as individuals while providing them with the essential skills to be successful in school and in life.

Liability Insurance

Learning Foundation carries the minimum general liability insurance that is required by the state of Arizona. Information is posted in the front lobby.

Enrollment and Admission Procedures

The following must be completed and received by Learning Foundation before students begin:

- Registration fee (\$200 per semester)
- Enrollment Forms
- Policy Agreement Signature Page
- Copy of Certified Birth Certificate
- AZ Emergency Forms completed
- Current Immunization Record or Immunization Exemption Form

Hours of Operation, Drop Off and Pick Up Requirements

★ **All students must be SIGNED-IN and SIGNED-OUT by a parent or guardian.**

★ **Students arriving at 7:00 a.m. must be ready to participate in daily activities.**

★ Monday through Thursday program:

Before School - 7:00 a.m. – 8:00 a.m.

After School - 3:35 p.m. – 6:00 p.m. pickup time is no later than 6:00 p.m.

★ Friday Program:

Before School - 7:00 a.m. – 8:00 a.m.

After School - 1:05 p.m. – 6:00 p.m. pickup time is no later than 6:00 p.m.

Holidays

The last day before a holiday is an early release day. Learning Foundation reserves the right to close the after school program on early release days at the site director's discretion. Learning Foundation is closed for the following holidays:

Labor Day	Thanksgiving (3 days)	Presidents Day
Fall Break (5 days)	Winter Break (10 days)	Spring Break (5 days)
Veterans Day	M.L.K. Day	April Break (1 day)

Medication

School personnel are sometimes asked to administer medication to students during school hours.

School personnel may cooperate if the following conditions are met:

- All medication must come in its original container. Prescription medication must have an unaltered pharmaceutical label attached.
- Over the counter medication, dietary supplements and other non-prescribed medication must be labeled with the student's name, medication name, directions concerning dosage and time of day to be taken.
- The parent or legal guardian must complete and sign a "Parent's Consent for Giving Medication at School" form. A new form must be completed at the beginning of each school year and any time medication or dosage changes.
- Medication must be administered and stored in the office. Students may not carry or self-administer any type of medication (including over-the-counter drugs).
- Exception: Prescription Asthma inhaler or Epi-pen with written consent form in the school office (ARS 15-341.36)

Illness

If your child has a contagious illness please do not bring them to school. We do not want your child's illness spread to other children or staff. When your child is ill, please find alternative arrangements for your child. When your child is no longer contagious and is healthy enough to actively engage in activities with other children he or she may return to school. Please help us protect the health and well-being of all the children and staff at school.

- Common symptoms of contagious illness:
- Fever over 100 degrees - if your child is sent home with a fever or develops a fever while at home, he or she may not return until fever free for 24 hours or with a doctor's note stating the child is no longer contagious.
- Colored discharge from the nose
- Discharge from eyes or ears
- Diarrhea or vomiting

Emergency Medical Procedures Overview

An emergency medical response unit (911) will be called in cases where an employee or student needs immediate emergency medical attention. An adult from the school will accompany an ill or injured child to the doctor or hospital when immediate emergency medical treatment is required and will stay with the child until a parent or designated adult arrives. Staff will contact the parent of any ill or injured child as soon as possible.

First Aid

- All LFPA teachers and staff are required hold a valid First Aid and CPR card.
- A current first aid kit is kept in the school. Established first aid procedures will be used in case of a medical emergency.
- In case of accident or illness, attempts will be made to contact the parents before any kind of action is taken beyond necessary first aid except as necessary in a life-threatening situation.

Posters listing emergency numbers, procedures and location of the first aid kit will be strategically posted beside the phone. The location of first aid kits must be prominently marked with a Red Cross or signs to facilitate the retrieval of the first aid kit in an emergency situation and to remind building occupants of the necessity of maintaining a safe work environment

Discipline Policy

It is our policy at Learning Foundation to discipline first by setting up our room and activities to eliminate problems. If a problem does arise, it can often be solved by a staff member merely appearing on the scene and sitting with or talking to the child. On the occasion that a child's disruptive behavior continues to re-occur, a time-out away from the activity is required. The child is usually required to sit at a table away from the current activity for 5 minutes or until the activity is completed. At that time, he/she is asked if they are ready to follow the rules and join in. When disruptive behavior continues and none of these actions seem to be effective, the parent is notified by phone and a discipline notice will be sent home. The following day the parent or guardian should discuss the problem with the teacher and try to decide on a mutual plan of action. All Staff are required to continuously provide positive reinforcement for appropriate behavior.

Termination and Disenrollment Procedures

Learning Foundation reserves the right to terminate this agreement at any time for any reason deemed sufficient by LFPA administration and district office.

Some of the reasons for disenrollment may include the following:

- Failure to pay tuition
- Student misbehavior that may cause harm to other children or staff.
- Non-compliance with Learning Foundation policies.
- Disruptive or disrespectful behavior to other children or staff.

Learning Foundation will make every effort to give reasonable notice to allow parents time to obtain alternate arrangements. Parents have the right to withdraw their child from Learning Foundation at any time for any reason. When disenrolling a student from the program a withdrawal form must be completed and kept on file.

Field Trips and Transportation

Learning Foundation Before & After School Program does not offer class field trips or transportation.

Parent Participation

Learning Foundation welcomes parent support and participation in class activities. Parents are encouraged to help but must comply with district volunteer policy for the security of all students in the classroom.

You can help out in your child's classroom for a maximum of 20 minutes each day unless you have an Arizona fingerprint clearance card and a volunteer contract on file in the school office. You cannot have access to any records or confidential information about other students in your child's classroom.

Volunteering must not interfere with the teacher's classroom schedule or classroom momentum; therefore, the time a volunteer is needed in the classroom is the teacher's discretion and must be coordinated for minimum classroom interruption.

Postings:

Posters listing emergency numbers, procedures and location of the first aid kit are required to be strategically posted next to the phone. The location of first aid kits is required to be prominently marked with a Red Cross or signs to facilitate the retrieval of the first aid kit in an emergency situation and to remind building occupants of the necessity of maintaining a safe work environment

**Learning Foundation and Performing Arts
Before & After School Program Agreement**

Signature Page

Thank you for enrolling your child in the LFPA before and after school program.

By signing this form you agree that this is a Legal Binding Document and that you have read and agree to the conditions, terms, and policies of the Learning Foundation and Performing Arts Before and After School Program. Failure to abide by the policies stated in this contract will result in immediate termination of this service. LFPA reserves the right to revise or change this policy agreement and will provide written notice to parents.

Please retain the policies with your records and submit this page with the enrollment packet.

Sincerely,

Evelyn Taylor

Evelyn Taylor, Executive Director
Learning Foundation and Performing Arts

Student's Name (Please print)

Grade

Parent/Guardian (Print name)

Parent/Guardian (Signature)

Date

CAFA Inc. dba
Learning Foundation and Performing Arts
Alta Mesa Campus
5761 E. Brown Rd., Mesa, AZ 85205
Phone 480-807-1100 Fax 480-807-1190

ACKNOWLEDGEMENTS PAGE

I _____ by my initials
and signature below, acknowledge and understand the following:

_____ It is my responsibility to ensure my child is signed in
and out of the Before and After School Program daily.

_____ I understand I will be billed \$2.00 per minute if my
child is not picked up from the school by **6:00** pm.

Parent/Guardian Signature

Date