



WELCOME TO OUR PROGRAM

We are delighted to welcome your scholar to our Central Leman Academy AfterBell Program!

To enroll your scholar, please complete the attached paperwork and include a copy of their current immunization record. Submissions can be made via email to centralafterbell@lemanacademy.org, in person with the AfterBell Director, or to our Leman Central Front Office staff.

If you have any questions regarding the AfterBell Program, please do not hesitate to reach out. Our staff is eager to collaborate with you!

Warm regards, Kassidi Petersen
Leman AfterBell Director - Central
kassisi.petersen@lemanacademy.org



PARENT POLICY AGREEMENT

To enroll your child at Leman Academy AfterBell, please review, initial, and acknowledge the following criteria:

- ☐ A \$20 late fee will be charged for any scholar that remains after 6:00pm (5:00pm on half days), in addition to a charge of \$1.00 per minute until the scholar is picked up. (e.g. If a scholar is picked up at 6:02, they will be charged an additional \$22 for that day.)
- ☐ An automatic Tuition Express form must be on file at the time of enrollment.
- ☐ Statements are emailed on the first school day of the week reflecting the prior week's attendance. Payments are due by Friday each week and automatic payments are processed on Fridays (or the last day of the week). Your scholar will not be allowed to continue in the AfterBell program if balances are not paid by the following Monday.
- ☐ I understand if I receive childcare subsidies or scholarships, any fees not covered by these funds will be my financial responsibility.
- ☐ There will be a **\$30 drop-in fee** for scholars who attend AfterBell without prior notice. Please sign up for the coming week no later than Thursday of the week prior at myprocare.com/account.
- ☐ If my account is delinquent for more than two weeks, my AfterBell services will be suspended until my account is made current.
- ☐ All payments are non-refundable. A \$25 fee will be applied for any returned checks.
- ☐ The enrollment fee for **fall, winter, and spring camps is \$67**, which will be deducted from your camp billing at the end. **There is a \$67 nonrefundable Summer Camp Fee.**
- ☐ Child Protective Services and/or the police department may be notified after 30 minutes if listed parents/guardians or emergency contacts cannot be reached for late pick-up.
- ☐ Notifying the Director at Leman Academy AfterBell of any changes in contact information is my responsibility.
- ☐ If my child's behavior becomes unsafe for others or themselves, I will be asked to pick them up from school. Continued unsafe behavior may result in my child's disenrollment from the program.
- ☐ If my child is ill, they must be symptom-free without the use of medication for 24 hours or have a doctor's note stating that the child is "not contagious" before returning to Leman Academy AfterBell.
- ☐ Leman Academy AfterBell communicates with parents mainly through our Procure App and email provided below. Please notify the Director of other communication preferences if needed.
- ☐ I understand it is expected that in the event of my child's illness or misbehavior, someone will be available to arrive within 45 minutes of notification.
- ☐ Leman Academy AfterBell may be closed for staff professional development to better enrich our program. Notice will be given a month in advance and/or scheduled on the AfterBell calendar.
- ☐ I understand it is my responsibility to sign my scholar out of AfterBell each day. **Failure to sign out may lead to additional fees.**
- ☐ A parent or someone over the age of 18 must sign my child out of Leman Academy AfterBell. Written permission must be given for anyone other than those listed as emergency contacts to pick up my child. Proper identification will be required at the time of pick-up.
- ☐ **Leman Academy AfterBell is authorized to my scholar sign in/out in the event of technical difficulties or if the pickup person fails to sign out using Procure. All scholars will be signed out no later than close of business by a staff member and all fees incurred are a parent's responsibility.**

Parent email address

Parent email address

Parent Name (Print)

Parent Name (Signature)

Date



ACKNOWLEDGEMENT

By signing this page I acknowledge to have read and agree to the rules and regulations at Leman Academy of Excellence AfterBell as stated in the AfterBell Family Handbook. A hard copy is posted on the parent board.

(Available for review at lemanacademy.com)

Scholars Name

DOB

Scholars Signature

Date

Parents/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian email address

Parent/Guardian email address



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.

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.

In case of injury or sudden illness,
I request that this individual be called first:

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)364-3643

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?

☐ No ☐ 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? ☐ No ☐ Yes

If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? ☐ No ☐ 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.)? ☐ No ☐ 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:
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Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name)

to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

0001

DATE

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$

DEPOSIT SLIPS NOT ACCEPTED

100 DOLLARS

Security features included. Details on back.

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

RE

123456789 000123456789 0001

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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