

ADMIN USE ONLY:

Accepted

\_\_\_\_\_  
Date of Email Sent & Initials

Waiting List

\_\_\_\_\_  
Date of Email Sent & Initials



## ENROLLMENT PACKET

### KEEP IN MIND...

- When filling out forms, it's important to ensure that all fields are completed accurately to avoid any processing delays or misunderstandings.
- If a field does not apply to your situation, you should write "N/A" (not applicable) in the space provided. This indicates that you have not overlooked the question and clarifies that the information requested is not pertinent to your circumstances.
- There must be at least two alternate pick up names (first and last) and phone numbers listed.
- Please write clearly!

### *Forms* CHECKLIST

Please ensure that all required forms are fully completed before submitting your enrollment packet to the Director of our AfterBell Program.

- Automated Payment Form - **complete ONE section for payment processing each week**
- Emergency Card - **no blank answers**
- Immunization record or waiver - **current copy needed each year**
- Parent Policy Agreement - **each line is initialed**

Central Tucson

520-462-1202

[centralafterbell@lemanacademy.org](mailto:centralafterbell@lemanacademy.org)

East Tucson

520-526-0481

[eastafterbell@lemanacademy.org](mailto:eastafterbell@lemanacademy.org)

Marana

520-639-8080

[Maranaafterbell@lemanacademy.org](mailto:Maranaafterbell@lemanacademy.org)

# 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) Leman Academy of Excellence 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)

Scholar Name: \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number (VISA or MASTERCARD ONLY)   \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION B (Bank Account)

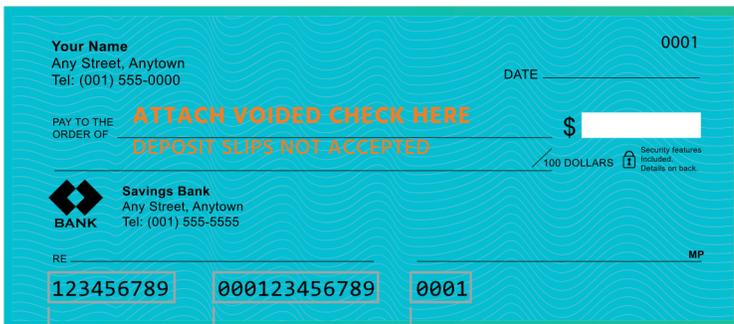
Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

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) \_\_\_\_\_  Checking  Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

### FOR OFFICIAL USE ONLY

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Employee Signature**

800.338.3884 • [procaresoftware.com](http://procaresoftware.com)

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**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>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female
<b>Home Address:</b>		
<b>Date of Birth:</b>	<b>Date Disenrolled:</b>	<b>Updated:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address:</b>
<b>Phone:</b>	<b>Email Address:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address:</b>
<b>Phone:</b>	<b>Email Address:</b>

**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 and R9-5-716, at least two contact persons are required.)**

<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.**

**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.**

<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):	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? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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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## 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](http://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.

There is a \$67 nonrefundable Summer Camp Fee, which will be deducted from your camp billing at the end.

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.



## PARENT POLICY AGREEMENT (continued)

\_\_\_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.

\_\_\_**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. This is available online at [Lemanacademy.com](http://Lemanacademy.com) and a hard copy is posted on the AfterBell parent board.**

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Parent/guardian email address(es)

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Parent/guardian Name (printed)

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Parent/guardian Signature

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Date