LEMAN ACADEMY
AfterBell

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.

- [ ] Scholar Information - no blank answers
- [ ] 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

East Tucson
520-526-0481
eastafterbell@lemanacademy.org

Marana
520-639-8080
Maranaafterbell@lemanacademy.org

Oro Valley
520-912-4005
ovafterbell@lemanacademy.org

ADMIN USE ONLY:

☐ Accepted

_____

Date of Email Sent & Initials

☐ Waiting List

_____

Date of Email Sent & Initials

LEMAN ACADEMY AfterBell

SCHOLAR INFORMATION

At what campus are you enrolling? ☐ Central ☐ East ☐ Marana ☐ Oro Valley

Scholar's Name: First _____ Middle _____ Last _____

Grade: _____ Birth Date: _____ Age: _____ ☐ Male ☐ Female

I have: ☐ IEP ☐ IFSP ☐ None (If your child has an IEP or IFSP, it must be submitted upon enrollment)

I have: ☐ Rescue medication in the nurse's office (inhaler, Epi Pen) ☐ A health condition on file with the school nurse

(a separate medication form is required to administer medication during AfterBell, please contact the AfterBell Director)

Name and ages of siblings: _____

Do they attend Leman Academy: ☐Yes ☐No

I have a Procare Account: ☐Yes ☐No ☐Unsure

Photo Consent (CHOOSE ONE OPTION)

☐ I approve of Scholar Information and Photograph/Video/Media Release **without reservation, compensation or restrictions.**

☐ I approve of Scholar Information and Photograph/Video/Media Release for school/class pictures, and Yearbooks. I understand these **pictures will only be used for individual pictures, pictures in school used only app, Yearbooks used inside the facility.**

☐ **I DO NOT approve of any Scholar Information or Photograph/Video/Media release for my child.** I understand this means my child may not be photographed, videoed or interviewed under any circumstances including outside agencies. *(Please Note: This option includes, but is not limited to, school pictures (individual), class pictures and/or yearbook pictures).*

***Does not apply to DCS officials**

	PARENT / GUARDIAN - 1	**PARENT / GUARDIAN - 2**
Full Name:		
Relationship to scholar:		
Phone:		
Email:		
Address:		
City, State, Zip code:		

Automated Payment Processing

Safe. Convenient. Easy.

Procare SOLUTIONS

Weare excited tooffer 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) VISA MasterCard | 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



FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

© Copyright 2020 Procare Software®, LLC

ARIZONA
DEPARTMENT OF
HEALTH SERVICES

License# or Facility Name:_____

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Sex: ☐ male ☐ female
Home Address:		
Date of Birth:	Date Disenrolled:	Updated:

Parent or Guardian Name:	Home Address:
Phone:	Email Address:

Parent or Guardian Name:	Home Address:
Phone:	Email Address:

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.)

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:

*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)364-3630.

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

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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:	☐ No ☐ Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	☐ No ☐ Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	☐ No ☐ 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:	☐ No ☐ 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:

LEMAN ACADEMY AfterBell

PARENT POLICY AGREEMENT

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

___ An automatic Tuition Express form must be on file at the time of enrollment.

___ Statements are emailed on Monday (or the first school day of the week) reflecting the prior week's attendance. Automatic payments are processed on Tuesdays (or the second school day of the week). Accounts in arrears on Friday are subject to suspension.

___ There will be a $30 drop-in fee for scholars who attend AfterBell without enrollment paperwork on file. Please sign up for AfterBell prior to attending at myprocare.com/account or with the Director.

___ A $20 late fee will be charged for any scholar that remains after 6:00 PM 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.)

___ A nonrefundable late payment fee of $25 is applied to accounts with a balance on Monday morning.

___ A $25 fee will be applied for any returned checks.

___ There is a $69 nonrefundable Summer Camp Fee, which will be deducted from your camp billing at the end.

___I understand it is my responsibility to sign my scholar out of AfterBell each day. Scholars will be signed out at the end of business, 6:00 p.m., which may lead to additional fees.

___A parent or someone over the age of 18 must sign my scholar out of Leman Academy AfterBell. Written permission must be given for anyone other than those listed as emergency contacts to pick up my scholar. Proper identification will be required at the time of pick-up.

___ I understand if I receive childcare subsidies or scholarships, any fees not covered by these funds will be my financial responsibility.

___ If my account is delinquent for more than two weeks, my AfterBell services will be suspended until my account is made current. Delinquent accounts are subject to collections after 30 days.

___ The Department of Child Services and/or the Police Department may be notified to escort your child home and/or the police department may be notified after 30 minutes if listed parents/guardians or emergency contacts cannot be reached for pick-up.

___ Notifying the Director at Leman Academy AfterBell of any changes in contact information is my responsibility.

___ If my scholar is ill, they must be symptom-free without the use of medication for 24 hours or have a doctor's note stating that the scholar is "not contagious" before returning to Leman Academy AfterBell.

PARENT POLICY AGREEMENT (continued)

___ I understand it is expected that in the event of my scholar's illness or misbehavior, someone will be available to arrive within 45 minutes of notification. *The Department of Child Services and/or the Police Department may be notified to escort your child home and/or the police department may be notified if listed parents/guardians or emergency contacts cannot be reached for pick-up.*

___ If my scholar's behavior becomes unsafe for others or themselves, I will be asked to pick them up from AfterBell. Continued unsafe behavior may result in my scholar's suspension or disenrollment from the program.

___ Leman Academy AfterBell communicates with parents mainly through our Procare App and the email provided below. Please notify the Director of other communication preferences if needed.___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 acknowledge and agree to respect the personal electronic devices policy, and that my scholar will take responsibility for bringing a personal electronic device to school. Leman Academy staff and/or scholars will not be held responsible for damaged, lost, stolen, or broken personal devices. If a scholar chooses to bring their personal device to school, they are responsible for the device at all times and complying with the personal electronic device policy outlined in the AfterBell Family Handbook.

___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 and a hard copy is posted on the AfterBell parent board.

_____

Parent/guardian email address(es)

_____

Parent/guardian Name (printed)

_____

Parent/guardian Signature

_____

Date

AFTERBELL ELECTRONIC DEVISE POLICY ACKNOWLEDGEMENT PAGE

Leman Academy of Excellence
Personal Electronic Devices Policy

Scholar cell phones are to be turned off and stored in the scholar's backpack and/or locker when they arrive at school. Scholars may use their cell phones only with permission from, and in the presence of an adult. If a scholar is observed using a cell phone without permission, the cell phone is to be confiscated and turned into the front office. Scholars are able to pick up the cell phone themselves after the 1st confiscation. Parents/guardians are required to pick up cell phones after any further confiscations.

Scholars may bring laptops or tablets to school with teacher permission for academic purposes only. Devices must be stored safely in backpacks or lockers. If a scholar is observed using the laptop/tablet inappropriately, the device will be confiscated and a parent/guardian will be responsible for picking it from the front office.

By signing below, I acknowledge and agree to respect the personal electronic devices policy, and to take responsibility for bringing a personal electronic device to school. Leman Academy staff and/or scholars will not be held responsible for damaged, lost, stolen, or broken personal devices. If a scholar chooses to bring their personal device to school, they are responsible for the device at all times.

_____ _____
Scholar Name Date

_____ _____
Parent/Guardian Name Date

_____ _____
AfterBell Director Grade