



FESTIVAL FOOTHILLS
"HOME OF THE FALCONS"

26252 WEST DESERT VISTA BLVD.
BUCKEYE, AZ 85396
(928) 501-6000 • (928) 501-5057 FAX
www.wickenburgschools.org

Dear Parents and Guardians,

Thank you for your interest in Festival Foothills Elementary's Preschool Program and/or Extended Care options. Our programs are licensed by the Arizona State Department of Health. Our preschool program seeks to give your child the best start to Kindergarten by helping them to develop socially, behaviorally, and academically.

Our before and after school program is available from 6am to 6pm Monday through Fridays and is available for students in preschool through 5th grades.

Attached you will find the Statement of Services/Handbook describing these two programs. The programs are flexible and provide several options to help meet your family's needs. We offer preschool that takes place during school hours, and you may choose between 2 and 5 days per week. We also offer full day preschool from 6am to 6pm, and again, you may choose between 2 and 5 days per week. Lastly, you will see information for just before and after school care.

The statement of services/parent handbook is yours to keep, but to register your child, please return the following:

1. Blue Emergency, Information, and Immunization Record Card
2. Copy of your child's immunizations record
3. Discipline policy, signed
4. Fee Attendance Contract, signed
5. \$25 registration fee
6. Copy of Birth Certificate

If you have any questions about our programs, please contact the school office at 928-501-6000.

Thank you,
Christina Strauss, Principal

CHRISTINA STRAUSS, PRINCIPAL • DR. HOWARD CARLSON, SUPERINTENDENT
"EVERY CHILD HAS HOPE, EVERY STUDENT IS A GRADUATE, EVERY GRADUATE HAS A DREAM"

"AN EXCELLING SCHOOL"



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STATEMENT OF SERVICES/PARENT HANDBOOK

Festival Foothills Elementary School is proud to offer an early childhood education program for students ages 3-5, and before and after school program for elementary age students. The program offers recreational learning activities that will help enhance children's basic social, developmental and educational skills. The program sets the perfect environment for children to learn, grow, and make friends as they participate in various activities such as, arts and crafts, group games, creativity development, music and imaginative play.

Eligible Participants: Preschool: Children ages 3-5 who are fully toilet trained
Before and After School Care- Preschool through age 12

Location: Festival Foothills Elementary School
26252 W. Desert Vista Blvd.
Buckeye, AZ 85396

Yearly Calendar: August 4, 2015 through May 20, 2016

Times & Fees: Please see our 3 different programs offered below:

Part-time Preschool (ages 3-5) During School Hours

Monday-Thursday 8:00-2:40, Friday 8:00-12:10

5 days a week (Monday-Friday) \$3530 yearly tuition

10 equal payments of \$355 due 1st of month or 20 equal payments of \$178 due 1st and 15th (Aug.-May)

2 days a week (Tuesday and Thursday) \$1600 yearly tuition

10 equal payments of \$160 due 1st of month or 20 equal payments of \$80 due 1st and 15th (Aug.-May)

3 days a week (Mon., Wed., and Fri.) \$1,960 yearly tuition

10 equal payments of \$196 due 1st of month or 20 equal payments of \$98 due 1st and 15th (Aug.-May)

Full Day Preschool (ages 3-5) 6:00am-6:00pm

5 days a week (Monday-Friday) \$5,600 yearly tuition

10 equal payments of \$560 due 1st of month or 20 equal payments of \$280 due 1st and 15th (Aug.-May)

2 days a week (Tuesday and Thursday) \$2,350 yearly tuition

10 equal payments of \$235 due 1st of month or 20 equal payments of \$118 due 1st and 15th (Aug.-May)

3 days a week (Mon., Wed., and Fri.) \$3,400 yearly tuition

10 equal payments of \$340 due 1st of month or 20 equal payments of \$170 due 1st and 15th (Aug.-May)



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Before and After School Care (Ages 5-12)

Before School 5 days a week (6:00am-8:00am) \$110 per month

After School 5 days a week (After school until 6:00pm) \$210 per month

Before School Part time

\$22 per day of the week per month (Ex. Tuesday and Thursday mornings would be \$44 per month)

After School Part time

\$36 per day of the week per month/\$62 per month for Friday Afternoons (Ex. Monday, Wednesday, and Friday afternoons would be \$134 per month).

Tuition is charged for days in school and not for holidays or breaks. No credit or refunds will be given due to illness or student absence. **Please make all checks to Wickenburg Unified School District (WUSD).**

ABSENCES:

If your child will not be attending pre-school as scheduled, please call the office at (928) 501-6000 and report the absence. **Credit will not be issued for days missed unless change of registration form is filled out prior to absence.**

SIGN IN/OUT:

Sign In: All participants must be signed in and out daily by a parent or authorized person. **A child may not sign themselves in and/or out.** To sign the child in and out, a parent or authorized person must accompany the child to the room and write their full name and time on the authorized form. The teacher or designated staff member is authorized to sign the child in and/or out.

LATE PICK-UP: \$15.00 PER EVERY 15 MINUTES LATE/PER CHILD

A late charge of \$15.00 per every 15 minutes after the scheduled ending of the day (per the school clock) will be assessed for the late pick up of participants. Late pick-up fees must be paid prior to the return of the child to school.

Late fees will be as follows: 1-15 minutes - \$15.00; 16-30 minutes - \$30.00, etc.

1st Time: Written warning
2nd Time: Fee plus written warning
3rd Time: Fee plus 3-day suspension
4th Time: Removal from the program



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ILLNESS:

It is important for parents who have children in this program to understand that their child's health affects the health of other children and staff members at the school.

Do not bring your child to school if they have any of the following signs or symptoms of being ill:

1. Fever. A child must be fever free for 24 hours in order to attend.
2. Any contagious disease such as strep throat, pink eye, chicken pox, etc.
3. Vomiting.
4. Serious/hard coughing or difficulty breathing.
5. Rash/sores.
6. Diarrhea.
7. Mucus or pus from red eyes.
8. Thick drainage from the nose.
9. Sore throat.

If your child becomes ill during school, a staff member will attempt to contact a parent or authorized designee to pick up the child. Please notify staff if emergency phone numbers change at any time.

MEDICATION:

The teacher/staff may administer medication. To authorize giving medication to a child, the parent/guardian must complete a "Medication release Form" and bring the prescribed amount of medication in the original container. Forms are available at the school.

EMERGENCIES:

If your child has an accident, injury, or emergency while at the school, that requires medical treatment by a health care provider, a staff member will immediately notify the child's parents/guardian. For this reason, it is essential that all forms have current names and phone numbers. A written report will be completed.

TOILET TRAINING:

Children **MUST** be toilet trained. Occasionally, accidents will happen, however, if your child has frequent urine and/or bowel accidents (3 or more within 5 day period) or wears pull ups, then they do not meet this requirement. Please understand that if your child does exhibit signs of not being fully toilet trained, you will be asked to remove your child from the program. **If an accident happens, a parent/guardian is expected to either pick up the child or bring a change of clothes/cleansing products within one (1) hour from the time parent/guardian is notified. If a child has three consecutive accidents or a total of five non-consecutive accidents, he/she may be disenrolled from this program.**

ENROLLMENT/DISENROLLMENT PROCEDURES:

To enroll your child in this program parents must complete and return the following to the school office located at 26252 W. Desert Vista Blvd., Buckeye, AZ 85396.



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1. **Emergency, Information, and Immunization Card. Complete, leave no lines blank. If the question/line does not apply, write "none" or "N/A". Each child must have 2 local emergency contacts that do not live with each other or the child, beside the 2 parents/guardian authorized to pick up your child in case of an emergency.**
2. **Copy of immunization records.**
3. **Discipline Policy, signed.**
4. **Fee attendance contract, signed.**
5. **\$35 registration fee.**
6. **Copy of Birth Certificate.**

If you decide to disenroll your child from this program, please contact the school office, giving at least two weeks notification.

LICENSING:

This program is regulated by the Arizona Department of Health Services, Located at 150 N. 18th Ave., Suite 400, Phoenix, AZ 85007, phone number (602)364-4768. Inspection reports are completed by DHS and are available upon request.

LUNCH: Students may bring their lunch or purchase from the school café. Parents wishing to purchase lunch or breakfast for their child can do so at the following additional cost of \$2.00 per day. All students have accounts in the café, and parents may pay ahead instead of sending in money daily. **Checks for lunch accounts should be made out to Wickenburg Unified School District or WUSD.** Microwaves and refrigerators are not available for lunches sent from home.

BEFORE AND AFTER SCHOOL PROGRAMS- FOOD AND SNACKS: Breakfast is available in the school cafeteria for those attending before school programs. We recommend that students participating in the AM program take advantage of this service. An afternoon snack will be served each day.

BEFORE AND AFTER SCHOOL PROGRAMS-HOMEWORK POLICY: Staff will remind children to do their homework and will provide a place to work with supervision every day. It is the child's responsibility to take advantage of homework time and ask for help if needed.

INSURANCE:

The Wickenburg Unified School District carries liability insurance for all its' operations, including this pre-school program.

TRANSPORTATION:

Transportation will not be provided. The staff will ensure that students in the before school and after school program arrive at their appropriate classrooms or destinations on the school property.



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FIELD TRIP:

This program will not be attending any field trips.

LOST OR STOLEN ITEMS:

The school is not responsible for personal items that are lost or stolen. We strongly recommend that children leave personal items at home.

DES FUNDING:

The program is a DES contracted child care program. Call 602-244-2678 to find out if you qualify for child care assistance.

Change of Clothing (preschool): Parents please send a change of clothing in a plastic bag, labeled with your child's name, to keep at school. Clothes will be returned. You may also choose to keep a change of clothing in your child's backpack at all times.



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Fee/Attendance Contract

This form must be completed and submitted with the registration form.

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child/children to attend Festival Foothills' Preschool Program.

Part-time Preschool (ages 3-5) During School Hours

Monday-Thursday 8:00-2:40, Friday 8:00-12:10

5 days a week (Monday-Friday) \$3440 yearly tuition

10 equal payments of \$344 due 1st of month or 20 equal payments of \$172 due 1st and 15th (Aug.-May)

2 days a week (Tuesday and Thursday) \$1533 yearly tuition

10 equal payments of \$154 due 1st of month or 20 equal payments of \$77 due 1st and 15th (Aug.-May)

3 days a week (Mon., Wed., and Fri.) \$1910 yearly tuition

10 equal payments of \$191 due 1st of month or 20 equal payments of \$96 due 1st and 15th (Aug.-May)

Full Day Preschool (ages 3-5) 6:00am-6:00pm

5 days a week (Monday-Friday) \$5,430 yearly tuition

10 equal payments of \$543 due 1st of month or 20 equal payments of \$272 due 1st and 15th (Aug.-May)

2 days a week (Tuesday and Thursday) \$2,220 yearly tuition

10 equal payments of \$222 due 1st of month or 20 equal payments of \$111 due 1st and 15th (Aug.-May)

3 days a week (Mon., Wed., and Fri.) \$3,240 yearly tuition

10 equal payments of \$324 due 1st of month or 20 equal payments of \$162 due 1st and 15th (Aug.-May)

Before and After School Care (Ages 5-12)

Before School 5 days a week (6:00am-8:00am) \$105 per month

After School 5 days a week (After school until 6:00pm) \$200 per month

Before School Part time

\$21 per day of the week per month (Ex. Tuesday and Thursday mornings would be \$42 per month)

After School Part time

\$35 per day of the week per month/\$60 per month for Friday Afternoons (Ex. Monday, Wednesday, and Friday afternoons would be \$130 per month).



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Monthly total for _____ is _____, totaling one monthly
 (child's name)
 payment of _____ or two monthly payments of _____.

Check, money order, or cash can be accepted.

Please initial below:

- _____ Tuition is due on the first of each month. (1st and 15th if making 20 equal payments)
- _____ I understand that the entire contracted fee is due every month and that it is based upon days my child is enrolled. No credits or refunds will be given for illness or absence.
- _____ I understand that a late fee may be assessed if the payment is made past the due date.
- _____ I understand that a late pick-up fee will be assessed at the rate of \$15.00 for every fifteen minutes past the scheduled ending of the day. (1-15 minutes-\$15.00, 16-30 minutes-\$30.00, etc.)
 - 1st time: Written warning
 - 2nd time: Fee plus written warning
 - 3rd time: Fee plus 3 day suspension
 - 4th time: Removal from Program
- _____ Withdrawal/change policy: It is the Festival Foothills' Preschool Policy that prior notice is required to terminate or change your enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made 2 weeks in advance to Program Director for you to be released from your current contract.
- _____ I understand that it is **MY** responsibility to notify my child's teacher of my child's after school schedule.

Participant's Name: _____ Enrollment Date: _____

Parent/Guardian Signature: _____ Date: _____

The following information is required by Wickenburg Unified School District and Maricopa County Attorney Check Enforcement Program to enhance their ability to collect and/or prosecute bad check writers.

Parent's name: _____ Driver's License # _____

Address _____ Expiration Date _____

For school office:

I verify that the driver's license information on this form has been verified.

School Staff Signature: _____ Date: _____



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Festival Foothills Preschool Program
Discipline Policy

To ensure the safety of all participants and staff, the Festival Foothills Preschool Staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and direction of the Preschool Staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior.

1. Warning for specific unacceptable behavior.
2. Separation from group with a warning of future consequences for repeated behavior.
3. Separation from group with a warning and write-up for repeated behavior.
4. Separation from group with a call to parent or guardian and write-up.
5. Parent/Guardian conference to discuss corrective action and consequences for future incidents.
6. Suspension- 1 to 2 days from the program and/or remainder of the day.
7. Repeated aggressive/inappropriate behavior with 3-5 suspensions will result in removal from the program with approval from the Preschool Director and Principal.

Festival Foothills Preschool reserves the rights to withdraw a participant from the program if all discipline options have been exhausted and/or demonstration of extreme behavior that may put participants and staff in danger.

I have read the Festival Foothills Preschool Discipline Policy and fully understand the process to be used for discipline issues.

Participant's name: _____

Parent/Guardian signature: _____ Date: _____



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

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:
(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.

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

<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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