

Maricopa Unified School District
 Before and After School Program – Copa Kids Care
 Enrollment Contract 2019-2020 School Year

Please fill out all information requested on this form, sign, date and return to the Copa Kids Care staff at Santa Rosa Elementary School with payment. Also, include your child's immunization record and the [Blue Emergency Card](#) as well as the Parent Signature Page. **Use one form per child.**

Child's Last Name	Child's First Name	Grade 19/20 (K-5 th only)	School	Expected Start Date
Mailing Address		City, State, Zip		Emergency Contact Name
Father/Guardian Last Name		Father/Guardian First Name		
Home Phone	Work Phone	Cell Phone	Email Address	
Mailing Address		City, State, Zip		Place of Employment
Mother/Guardian Last Name		Mother/Guardian First Name		
Home Phone	Work Phone	Cell Phone	Email Address	
Mailing Address		City, State, Zip		Place of Employment

By signing this form I authorize Maricopa Unified School District's Before and After School Program Staff to obtain any and all emergency medical treatment when appropriate. Prescription medications will NOT be administered during program hours.	YES	NO	
I allow Copa Kids Care to take pictures of my child participating in the program and use them for promotion of the program.	YES	NO	
I understand that if I am participating in the DES program, I am responsible in providing/contacting DES to obtain documentation and authorization for Copa Kids Care.	YES	NO	N/A
No discount will be applied until all documentation/authorization has been completed.	N/A	N/A	N/A

Parent/Guardian Signature	DATE:

~The Before and After School Program is now held at Santa Rosa Elementary School for all Elementary Schools.

Maricopa Unified School District
 Before and After School Program – Copa Kids Care
 Tuition Agreement 2019-2020 School Year

Bi-Weekly Tuition Rates

<i>Enrollment Options</i>	<i>Single Child</i>	<i>Free/reduced lunch Sibling 25% discount</i>	<i>Days of Attendance</i>
AM Only Held at Butterfield Option 1	\$55	No Discount	Monday - Friday
AM 3 Days/Week Option 2	\$35	No Discount	Please circle your days. These days cannot change Mon. Tues. Wed. Thur. Fri.
AM and PM Option 3	\$165	\$123.75	Monday – Friday
PM Only Option 4	\$110	\$82.50	Monday – Friday
PM 3 Days/Week Option 5	\$75	No Discount	Please circle your days. These days cannot change Mon. Tues. Wed. Thur. Fri.
AM and PM 3 Days/ Week Option 6	\$110	No Discount	Please circle your days. These days cannot change Mon. Tues. Wed. Thur. Fri.
Wednesday Only Option 7	\$35	No Discount	Wednesday
Flex Days Option 8	5 days = \$87.50 10 days = \$175	No Discount	You can use a flex day anytime as long as you inform your homeschool and Copa Kids before you use it. These are good for one school year.
PM 2 Days/Week Option 9	\$65	No Discount	Please circle your days. These days cannot change Mon. Tues. Wed. Thur. Fri.
AM 2 Days/Week Option 10	\$25	No Discount	Please circle your days. These days cannot change Mon. Tues. Wed. Thur. Fri.
PM 4 Days/Week Option 11	\$95	No Discount	Please circle your days. These days cannot change Mon. Tues. Wed. Thur. Fri.

Children’s Information:

First Child: _____

Second Child: _____

Third Child: _____

Registration Information:

There is a \$25 registration fee **per child** due at time of enrollment.

Enrollment Option Chosen: _____

Payment Plan Chosen: ___ 4-Week ___ 2-Week

	Tuition		Registration \$25/child	
First Child:	_____	+	_25_	= _____
Second Child:	_____	+	_25_	= _____
Third Child:	_____	+	_25_	= _____

*Total Amount Due \$ _____

*All Fees and Tuition must be paid **prior** to your child(ren) attending the program.

Before and After School Program is held at Santa Rosa Elementary School for all Elementary Schools.

Copa Kids Care

Program Coordinator: Traci Manoguerra tmanoguerra@musd20.org Phone: 520.568.6150



MARICOPA UNIFIED SCHOOL DISTRICT #20
 44150 W. MARICOPA CASA-GRANDE HIGHWAY
 MARICOPA, ARIZONA 85138
**Copa Kids Care 2019-2020 School Year
 Parent Handbook Acknowledgement**

Parents/guardians please review the key points from the parent handbook and initial next to each one that you understand the program requirements.

- LATE PAYMENTS:** Payments are due every other Friday and late the following Monday night at 6:00pm. If the full payment is not made by the following two week billing cycle your child will not be able to return to the program until payment has been made.
- MISSED DAYS:** There are no refunds for program days that are not used unless it is classified as an “Extended Absence”. You will continue to be charged the daily rate of \$17.50.
- EXTENDED ABSENCES:** If your child will not be attending the program for more than two scheduled day(s) we require advanced notice to suspend your billing. You will need to contact Traci Manoguerra and inform her of the extended absence. If you do not communicate the expected absence you will still be billed accordingly and expected to pay by the payment due date.
- LATE PICK UP:** A late fee of \$1 per minute will be charged anytime you are past 6:05pm picking up your child (You have a 5 minute grace period).
- END OF YEAR ACCOUNTS:** All accounts at the end of the school year **MUST** be paid in full in order to register for the Summer Program or the following school year.

Please sign below acknowledging that you have ***read*** the parent handbook for Copa Kids Care, and that you and your child/children ***agree*** to its contents and will abide by the requirements as outlined.

 Student Name Date

 Student Name Date

 Student Name Date

 Parent/Legal Guardian Name Please Print

 Parent/Legal 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

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.

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

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> 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.)? <input type="checkbox"/> No <input type="checkbox"/> 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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Map to Copa Kids Care @ Santa Rosa Elementary School

21400 North Santa Rosa Parkway

Please drop off/pick up your children through the Cafeteria/MPR.

520.568.6150

