



Welcome to Leading Edge Academy Preschool (LEAP)! We are currently accepting enrollment for part-time and full-time students in the following classes: 3's/4's Preschool, Pre-K (entering Kindergarten the following school year), and Kinder Prep. All students MUST be 3 years old and potty trained (please see handbook for more information).

We also offer After Care for Leading Edge Academy Gilbert students in grades K-5th.

LEAP is open from 7 a.m. to 6 p.m. Monday thru Friday. We are closed on most Federal holidays (see handbook for specific days).

Leading Edge Academy Preschool is located inside of Life Community Church, 717 W. Ray Road, Gilbert, AZ 85233.

Contact Information:

480.567.8779

www.leadpreschool.com

Director: Chantel Thompson, cthompson@leadingedgeacademy.com

Here is what we need to complete your child(ren)'s enrollment:

- Completed Blue Enrollment form, front and back
- Copy of current immunization records or exemption form
- Complete the Desired Program form
- Signed Enrollment Registration Agreement form

Please Note: A registration/supply fee will be billed with your first invoice, the fee for After Care is \$35.



OFFICE USE ONLY

New/Returning Student Checklist

Student's Name _____

- Completed Blue Enrollment form, front and back
- Completed Desired Program form
- Email Desired Program to Michelle Borja
- Send contact email to Jaime Johnson
- Signed Enrollment Registration Agreement form
- Assign ADT Code
- Duplicate copies of Blue Enrollment form and Immunization Records



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New/Returning Student Checklist

Student's Name _____

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DESIRED PROGRAM

Student Name: _____

I would like to enroll my child in the following program:

- Preschool/ Pre-K Full day (5 hours and 1 minute or more)
- Preschool/ Pre-k Half Day (5 hours or less)
- Kinder Prep (1 p.m. to 3:30 p.m.)
- After Care and/or School Breaks (Kinder-5th grade)

Please circle the days you need: M T W Th F

Please choose a 4 digit code: ____ ____ ____ ____

Please send all invoices to...

Name: _____

Name: _____

Email Address: _____

Email Address: _____

Please send all newsletters to...

- Same as Above

Name: _____

Name: _____

Email Address: _____

Email Address: _____



ENROLLMENT REGISTRATION INFORMATION/AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below:

_____ **REGISTRATION FEE:** I understand that a non-refundable, registration fee of \$ _____ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for fall by paying this fee no later than July 1st each year. In instances of agency reimbursement, the registration fee is to be paid according to the applicable contract.

_____ **TUITION and MODIFICATIONS CONDITIONS:** The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): Preschool Half Day Preschool Full Day Kinder Prep
 After Care/ Early Release and/or School Breaks Summer Program (see separate form for charges)
My child will attend _____ days per week. My tuition is \$ _____ per week.

I understand that rates are subject to change with reasonable notice as conditions require.

_____ **PAYMENT OF TUITION:** I understand that tuition is due by Sunday at 5 p.m. for the following week. Appropriate alternate Tuition Fees must be paid during school breaks. I understand if payment is not received by the deadline, my child cannot attend Preschool.

_____ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

_____ **PROCEDURE for LATE ARRIVAL:** Drop-off is between 7 a.m. to 8:30 a.m.. I understand that I need to contact the Director if I am running late, and if I do not arrive by 8:30 a.m. I will not be able to drop-off my child that day.

_____ **CHARGES and PROCEDURE for LATE PICK-UP:** My school is open from 7 a.m. to 6 p.m., Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the time my child's scheduled program ends, I will be charged a late fee of \$25 after a five minute grace period, and then \$1 for every minute, per child, until the child is picked up.

_____ **ADDITIONAL FEES:** School age camp will be open during the summer months and scheduled school breaks according to the local public-school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child with the lowest tuition rate. These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion except for an employee discount.

_____ **DAILY SIGN-IN and SIGN-OUT:** I agree to sign my child in and out every day according to the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated area and staff member each day. In states where a manual signature is required due to state childcare licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures. **A signature is required for anyone enrolled in DES. If a parent fails to sign in/out, DES is not required to pay for that day, however the parent will remain responsible for the daily fee.**

ENROLLMENT REGISTRATION INFORMATION/AGREEMENT

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the criteria outlined in the Parent Handbook.

_____ **MODEL RELEASE:** The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

_____ **PHOTOGRAPH, VIDEO and AUDIO RECORDINGS:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recordings for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

INTERVIEWING CHILDREN and INSPECTING RECORDS: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he/she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance, including tuition and fees, when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (tuition, registration, and activity) are non-refundable.

HOLIDAYS: All students: I understand that the school is closed on the following holidays: New Year's Day, MLK Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Day before Thanksgiving Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day. I agree that I will not receive a refund, credit, or any other allowances for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

ABSENCES/ VACATIONS: All students: I agree to inform the school immediately if my child will be absent on any day. I understand that no credits, refunds, or make up days shall be made for occasional absences (i.e. sickness) or when school is closed. A reservation of 50% off my regular week's tuition, \$ _____ per week, will be due for each absence of one full school week, with advance notice to the Director. My regularly contracted tuition is due for all weeks when my child attends any part of the week. **There is no credit given for single days.** I agree to pay the reservation fee to guarantee my child's space when my child is not in attendance for their scheduled school week.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to two business days.

ALL POLICIES & STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state childcare regulations, the Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

HANDBOOK: I have received a copy of the Handbook. I have read and understand its contents and policies and agree to be bound by same.

NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided, is available. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all previous documents.

Name of Child _____

Date _____

Parent Signature _____

Rev 01/2023



PRESCHOOL/ PRE-K HALF DAY

Drop-off between 7 - 8:30 a.m., pick-up before 12 p.m.

Days of Week	Weekly Tuition
Tues. / Thurs.	\$65
Mon. / Wedn. / Fri.	\$85
Mon. thru Fri.	\$125

PRESCHOOL/ PRE-K FULL DAY

Drop-off between 7 - 8:30 a.m., pick-up between 3 - 6 p.m.

Days of Week	Weekly Tuition
Tues. / Thurs.	\$120
Mon. / Wedn. / Fri.	\$165
Mon. thru Fri.	\$225

KINDER PREP

Drop-off at 1 p.m., pick-up at 3:30 p.m.

Days of Week	Weekly Tuition
Mon. thru Fri.	\$80

AFTER CARE (K - 5th)

Days of Care	Hours	Tuition
Mon. - Thurs.	3 - 6 p.m.	\$60/ Week
Friday	12 - 6 p.m.	
Early Release/ Drop-In	6 hours max	\$20/ Day
School Breaks Monday-Friday	7 a.m. to 6 p.m.	\$35/ Day

* Sibling Discount: 10% applied to each enrollment after the first child

* LEA Employee Discount: 25% discount

* Only one discount can be applied

* A non-refundable fee is required for each program: \$125 for preschool, \$35 for after care



PAYMENTS and LATE PICK UP FEES

INVOICES: All invoices are emailed to the provided email address(es). The enrollment fee is included on the first invoice.

PAYMENT STRUCTURE: All tuition is due by Sunday at 5 p.m. for the following week. If payment is not received, your child will not be able to attend until the balance is paid.

LATE PICK UP:

- For After Care: If not picked up by 6 p.m., you will receive a \$25 late fee followed by a \$1 per minute
- The Late Pick Up Fee must be paid with the next prepay bill or services will be discontinued

If there is an emergency and you will be late, please call or text LEA Preschool at 480.567.8779.



Handbook/ Statement of Services

Description of Services

Leading Edge Academy Preschool is a part-day preschool and full-time childcare for children ages 3-5. We also provide before and after school care for school-age children in grades Kindergarten through fifth. Our program has been specifically designed to meet the needs of each child through creative learning and provides academic excellence in a character-rich, Christian environment. We welcome you to visit our facility at any time during school hours for an opportunity to observe the classroom and the activities available to the children. In addition:

- Weekly lesson plans are posted in each classroom.
- Newsletters: Students will receive them weekly.
- Assessments are conducted throughout the year.
- Our staff receives ongoing training to ensure your child receives the best education and care possible.
- All sources of media are limited. Children are not required to participate and other activities are available.

Mission Statement

To provide a safe, positive learning experience for each child and to establish a solid foundation that will help build the confidence needed to succeed in life.

Hours of Operation

Our facility is open Monday through Friday, 7 a.m. - 6 p.m., year-round. We are closed in observance of the following holidays each year:

- Labor Day
- Veterans Day
- Day before Thanksgiving
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day
- New Year's Day
- Martin Luther King Day
- President's Day
- Good Friday
- Memorial Day
- Independence Day

If any of the above observed holidays fall on a Saturday, we will be closed the preceding Friday. If any observed holidays fall on a Sunday, we will be closed the following Monday. Please visit our website for additional information.

No allowances, credits, refunds, or make-up days will be made for holidays or absences. Tuition must still be paid in full.

Payments, Pick-Up, and Late Fees

I understand that tuition is due by Sunday at 5 p.m. for the following week. Appropriate alternate tuition fees must be paid during school breaks. I understand that if payment is not received by the deadline, my child cannot attend Preschool. The school is open from 7 a.m. to 6 p.m., Monday through Friday year-round, except for holidays. I understand that drop-off is between 7 - 8:30 to allow my child(ren) to benefit from the full curriculum and to not disrupt other students' learning. I understand that if I fail to pick up my child by the time my child's scheduled program ends, I will be charged a late fee of \$25 (after a five minute grace period) and then \$1 per minute, per child, until the child is picked up.

Safety and Security

Your child's safety is of the utmost importance to us. Please make sure to keep your child with you at all times while on campus, and be especially careful in the parking lot! Our facility doors remain locked at all times. Each family will receive a code for building entry. Your child will only be released to those listed as an emergency contact and they will be required to show identification.

Enrollment Policy

- Enrollment shall be open to any child, provided the program can meet the needs of that child.
- Enrollment shall be granted without discrimination in regard to sex, race, color, creed, or political belief.
- The child must be three years old and toilet trained when enrolled for the Preschool program, as well as developmentally ready.
- A completed enrollment packet, a \$125.00 non-refundable registration fee, and a copy of the child's immunization record or an exemption affidavit are required in order to enroll a child.
- After School care is for elementary age students (K-5th). Prices are available on our website.
- All tuition must be paid by Sunday at 5 p.m. for the following week. If tuition is not paid, your child will be unable to attend until tuition is received. All tuition invoices will be emailed to the email address provided.

Multiple Child Discount

When more than one child from the same family is enrolled in any Leading Edge Academy Preschool program, a 10% discount will be applied to the second child's tuition and any other children thereafter. This discount will apply after the full tuition is paid for the child with the highest tuition base. Please see the Director for more information.

Admission/Release Policy

For your child's safety, our building is always locked. A code will be assigned to each family for the building's security entry system. This will give you access to the school during business hours. While it's nice to be polite, please do not hold the door open for anyone entering the building behind you. This will ensure that only those with legitimate access are entering the building. We cannot be too careful!

In addition, each child must be signed in by a parent or designated individual on the attendance roster each time the child is admitted or released. Children will be released only to those persons whose names are listed on the enrollment form and identification will be required of the person picking up the child. Parents are to advise the program director, in writing, in advance if a person not listed on the enrollment form is to pick up the child. A "Sign-In and Sign-Out" binder is located at the check-in desk. If you are going to be late, please call immediately. If we are not notified and cannot reach your emergency contacts, we are required to call the authorities to assist with the situation. Staff members are not allowed to take your child home with them. **If picked up late, a \$25 late fee will be charged in addition to the \$1/minute fee.**

Non-Discrimination Policy

We provide an environment free from unlawful discrimination of any type including race, color, sex, national origin, age, disability, or any characteristic protected by law.

Attendance Policy

Illness: If your child is going to be absent, you must notify us. If your child is ill, you must inform us as to the nature of the illness. No allowances, credits, refunds, or make-up days shall be made for occasional absences. Tuition must still be paid in full.

Vacation: If your child is going to be absent for a full week due to a planned vacation, a fee of 50% of your regular week's tuition will be granted for each absence of one full week (Monday-Friday) increments. **If your child attends any day that week, they will not be eligible for the vacation credit.**

Withdrawal Policy

A parent/guardian may withdraw their child at any time by notifying the Director in writing. Voluntary withdrawal by parents will not constitute a refund. Withdrawal because of behavioral or other problems will be made only following a conference with the parents and a discussion of the child's needs. Other situations, such as illness, moving, etc., requiring the student's withdrawal will be handled case by case between the parent and the Director. If your child is withdrawn from the program, he or she will be eligible to return based on availability and if all other requirements are met, including payment of a new non-refundable registration fee.

Disenrollment Policy

Certain circumstances require the discontinuation of a child's enrollment. This decision is not taken lightly and will be based on the best interest of the concerned child, classmates, and everyone at the school. Every effort will be made to rectify the situation before a final decision is made. Disenrollment may be a result of the following:

- Abuse of self, other children, staff, or property by child or parent/guardian.
- Continued violation of policies by child or parent/guardian.
- Disruptive or dangerous behavior by child or parent/guardian.
- The school's inability to meet the child's needs or the parent/guardian's expectations.
- Non-payment of tuition.

Discipline Policy

We focus on character education and teaching students to be their best selves through the use of the Six Pillars of Character. We use positive methods of discipline which encourage self-control, self-direction, self-esteem, and cooperation via the pillars: trustworthy, caring, citizenship, fairness, responsibility, and respect for self, others, and country. Any physical or emotional punishment is prohibited. When it becomes necessary to discipline a child, certain steps are followed:

- Talking to the child on their level and reminding them of the relevant Pillar of Character and behavior expectations (they will come home with an Oops report).
- Separating the child from the activity being disrupted and redirecting.
- Isolating the child from the entire group (sitting on a chair, apart from classmates).
- A yellow Incident Report is filled out and parent/guardian signature is required.
*If a child receives 3 yellow Incident Reports in a 2-week period – this will result in a parent-teacher conference in which a behavior plan will be discussed and implemented.
**After 30 days, if the behavior has not improved, the child will be dismissed from the program.
- Any abusive behavior toward a teacher, classmate or self will result in the child being sent home for the remainder of the school day. Multiple infractions will result in removal from the program.

Health Policy

Preschool children will not be admitted to the program without a physical and an up-to-date record of immunizations. The State of Arizona requires that all children be immunized for certain diseases. The only exceptions to this requirement are if the family physician recommends against immunization on medical grounds, or if the parents request an exemption on the basis of religious belief, or other objections. In each case, a written statement must accompany the Medical History Record. *Exemption affidavits are available upon request.*

It is necessary that every parent cooperates fully with the Center's health program. Our regulations are designed to protect the well-being of all children and to guard as much as possible against avoidable absences for health reasons. When there are symptoms of illness, or other indications that a child is not well enough for group activities, arrangements must be made for their care at home. The Center has no provisions for the care of children who are ill. Proper care at the beginning of an illness can often shorten its duration. **Children must be 24 hours free of vomiting and fever (100 degrees or higher) before returning to school.** Children must be on antibiotics for 24 hours for any contagious illness. In addition, please notify the school if your child is going to be absent. If the absence is due to illness, please inform us as to the nature of the illness. No allowances, credits, refunds, or make-up days shall be made for occasional absences. Tuition must still be paid in full.

Your child's health will be observed daily and the following will be documented:

- Complaints of not feeling well, pain and/or signs of a fever.
- Any itchy or visible rashes on the skin/scalp including boils, redness, or seeping skin rashes.
- Consistent cough, vomiting, diarrhea, or drainage from the eyes.
- Changes in appearance or behavior.
- When a child has been exposed to a harmful, contagious disease.
- Head lice – child will be sent home and cannot return until all nits have been removed.

Medication Procedures

If your child is required to take medication during school hours, *you must complete a Leading Edge Academy Preschool consent form and give all medication to the Director; not classroom staff.* Prescription medication must be in the original container, labeled with the child's first/last name, physician name and date prescribed, and must have directions clearly printed on the container. No injections will be administered with the exception of Epi-Pens. Over the counter medication must be in its original container and clearly labeled with the child's name and expiration date. The consent form must indicate the exact times and dosage amounts to be administered.

No medication will be dispensed in a way contrary to the labeled directions without written instructions from a physician.

We exercise the right to refuse or discontinue administering any product if:

- A reaction takes place.
- The product is expired.
- The child is ill or injured.
- The medication can be administered before or after school hours.
- The consent form is incomplete.
- It is in the best interest of the child, per staff and management's assessment.

Injuries/Accidents

In the event of an accident or your child gets injured while at school, a pink Ouch Report is completed by a qualified staff member. This will describe how the incident happened and what action was taken. You will be asked to sign the report and you will receive a copy. If your child receives outside medical attention, your health insurance is and remains the primary responsible party for payment for the cost of treating your child. If you choose to make a claim against the school, you are solely responsible for initiating the claim, requesting all forms and for tracking the status of your claim.

Emergency Medical Procedure

First aid kits are always available and are kept in each classroom. In addition, CPR/First Aid certified staff are on-site and will perform basic care if your child becomes ill or suffers a minor injury while at school. If the illness or injury requires more than basic care, you will be asked to pick up your child. In the event of a medical emergency, we may act under the authority of the signed Authorization for Medical Treatment of a Minor form, and take the necessary measures for the protection of your child. This may include contacting Emergency Medical Services (EMS). We will make every attempt to contact you to make you aware of the situation. It is the parent's responsibility to keep all contact information, as well as medical information, current.

Allergies

If your child has or develops allergies, please notify us immediately. If medication is required for any possible life-threatening reactions, it can be kept at the school. A consent form must be completed and kept at the front office.

Clothing Guidelines

Appropriate clothing for school includes comfortable, washable play clothes. Please consider weather conditions as well as unexpected changes that may occur. Tennis shoes or other closed-toed shoes are recommended. Sandals **MUST** have a back strap. Flip-flops are not allowed.

Accidents happen, so please keep a **change of clothes (top, bottoms, undergarments and socks) in a large ziploc in your child's backpack at all times.**

During the warm summer months, we will provide *water activities*, such as sprinkler fun, use of water tables and water toys. Your child may participate in these activities with your written permission. On these days, you will be asked to bring a towel and change of clothes. Please send your child to school wearing sunscreen, a swimsuit, and water shoes. You will also be asked to sign an authorization to allow the application of sunscreen or insect repellent by a staff member.

Potty Training Policy

All children will need to be potty trained to enroll. Students must be able to communicate the need to use the restroom, as well as wipe unassisted. Please dress students in clothes that allow for independence. We are happy to include reminders to use the restroom throughout the day. We want to do everything we can to assist in continued success. This is an exciting time for you and your child because they are becoming more independent and learning how to make their own way in the big world. We understand that accidents happen and are to be expected. For the first month of wearing underwear, please send pull-ups and wipes to school for your child to be used at nap, as needed. Please keep three full changes of clothes (top, bottoms, undergarments, socks, and one pair of shoes) in large ziplocs at school during this period. If you are experiencing some potty-training issues, please hang in there. We promise your child will not go off to college in a pull-up!

Holidays and Birthdays

Holidays provide an opportunity to learn about the cultural and ethnic diversity of our families. We ensure that all holiday activities are developmentally appropriate for each child.

Birthdays are fun and we want to celebrate your child's special day! You are welcome to bring birthday treats for the class, as long as they are store bought and include a list of ingredients. Please make arrangements at least one week in advance with the lead teacher or Director. We look forward to helping make your child feel extra special on their birthday! *Some suggestions: fruit kabobs, mini muffins, popcorn, jello cups, donut holes, Rice Krispies, cookies, and mini cupcakes.*

Naps and Quiet Time

During this time, the children are not required to sleep but are encouraged to rest. After a certain period of time, those that don't sleep are allowed to participate in quiet activities.

Fire/Emergency Drills

These drills are conducted on a regular basis to ensure the success of our evacuation plan in the event of a real fire or emergency. In the case of a real fire or emergency, the school will be evacuated and parents will be notified as soon as possible.

Pest Control

Pesticides are used once a month to protect the health and safety of everyone on campus. We use a licensed company that complies in accordance with all federal, state, and local laws. A pesticide notification is posted at least 48 hours prior to application according to the law. More information is available upon request.

Transportation

Transportation is not available.

Field Trips

Field trips will take place only at the school campus by bringing in experts from a specific field we are learning about.

After School Care

Children attending this program must complete the enrollment process with Leading Edge Academy Preschool. Students will be signed into the program each day by an authorized staff member. They will be signed out by either a parent or authorized person on their enrollment form.

Resolution of Disputes

We strive to maintain a positive relationship with each family and trust you will communicate any dissatisfaction in good faith directly with the Director. The Director will be happy to work with you to resolve any issues you may have.

Liability Insurance

Leading Edge Academy Preschool carries the required amount of liability insurance determined by the state childcare licensing division.

Notices

- ❖ Inspection reports of the facility are available upon request.
- ❖ The facility is regulated by the Arizona Department of Health Services and can be reached at: 150 North 18th Avenue Phoenix, Arizona 85007 or (602) 364-2539

GENERAL INFORMATION:

- Please notify the Director by 8:30 a.m. if your child will not be attending or will be late arriving.
- Please pick up your child promptly.
- Please be prompt in your child care payment.
- Parents are required to keep the Director informed of any changes pertaining to the child's records.
- The handbook may be revised at times; you will be notified in writing of any changes.
- A simple prayer will be said before meals and Bible stories will be incorporated into the curriculum.
- Anything brought from home will be put up safely until the child is picked up. This policy is for the concern of all children in our care. Children often have a hard time sharing the toys they bring from home and we want it to stay safe.
 - The ONLY exceptions to this policy are:
 - A special blanket OR stuffed animal/doll to be used during Nap Time. This will be put up and ONLY used for the appropriate time. Please limit your child to one thing.
 - Show and Tell. At times we will have "Show and Tell", I will inform you ahead of time of when your child can bring in their toys and what the theme that day is.

Dear Mommy and Daddy,

I know you are going to want to hear all about my day. It's a brand new experience and I had a lot of fun! I will probably be very tired the first few days as I adjust to my new school, teacher, and friends. I would love to tell you about my day but may not be sure what it is you want to know. I will tell you I had a good day, but that won't be enough, I'm sure. Feel free to be more specific. I would love to tell you what kind of snack I ate. Who I played with. What kinds of activities I participated in. What my teacher's name is. What my friends' names are. What new color, letter, number or shape I learned, and much, much more. Ask me anything you would like! Just remember, I've had a busy, busy day, and I need direction as to what it is you would like to know.

Love,
Your LEAP kid

We consider it a privilege to have been entrusted with the care of your child and will always treat your child with love and respect. If at any time you have suggestions, comments or questions, please feel free to bring them to our attention.

"Tell me and I forget. Teach me and I remember. Involve me and I learn." -- Benjamin Franklin



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:	
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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 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 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 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 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:

Leading Edge Academy Preschool

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (To be completed by merchant)

Customer name: _____ Customer account number: _____ Phone: _____

Payment Information (To be completed by merchant)

I authorize Leading Edge Academy Preschool to automatically bill the card listed below as specified:

Amount: _____ Frequency: Weekly Monthly Quarterly Annually

Start billing on: ____ / ____ / ____ End billing when: Contract expires: _____
 Customer provides written cancellation

Credit Card Information (To be completed by customer)

Leading Edge Academy Preschool accepts the following credit cards:

Credit card type: _____ Credit card number: _____ Expires: _____ / _____

Cardholder's name: _____ Cardholder's ZIP code (required): _____
(as shown on credit card) (from credit card billing address)

Customer's signature: _____ Date: _____



Arizona law requires that preschools and child care facilities use this official ADHS form to document a religious beliefs exemption to immunization.

Religious Beliefs Exemption Form

For Child Care, Preschool and Head Start Programs

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Polio: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials _____ Date _____
<input type="checkbox"/>	Haemophilus Influenza type b (Hib): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials _____ Date _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials _____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immun/).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.

Child's Name _____ Date of Birth (month/day/year) _____

Parent/Guardian Signature _____ Date (month/day/year) _____