Welcome To Desert Vista Early Learning Center!

Welcome to the DVH family where Excellence in Teaching and Learning are our commitment. Our Early Learning Center is no exception! As educators, we know the importance of hands-on learning, that is why we are dedicated to providing each child with meaningful and rich learning experiences.

Our program is structured and center oriented. In addition to our classroom learning and activities, we take walking field trips around the campus and participate in the many traditions of Desert Vista High.

We thank you for putting your trust in us to provide your child with the support, direction and experience that will begin his/her journey for the 13 years.

Every child is unique and contributes to our classroom each day. We believe through play, children will acquire the fundamental skills that prepare and connect them to the surrounding world. We focus on values such as honesty, fairness, loyalty, and compassion; these traits give us the tools we need to grow and face each new day—not just this year, but in our future. These are stepping stones for building healthy relationships with peers and adults, and strengthening their confidence for future successes.

Our goal at Desert Vista Early Learning Center is to provide meaningful opportunities for sharing and growing, while developing skills and the love of learning that will last a lifetime. Our curriculum encompasses cognitive, physical, social and emotional development. Daily lesson plans incorporate a variety of hands-on activities promoting knowledge in the basic areas of math and language, along with simple concepts in science and social studies. Children have the opportunity to explore their surroundings through touching, tasting, smelling, listening, and seeing. Activities with music and movement are provided daily using a variety of techniques and musical instruments, what FUN!
• Tuition payments of $150.00 per week are due each Monday morning (Advance). Tuition rate is subject to change.
• This amount ($150) includes morning and afternoon snack. Your child will need to bring a sack lunch each day.
• In case your child has forgotten a sack lunch we will provide a HOT lunch from the cafeteria for an additional $3.75 per lunch.
• There are no discounted payments for short holiday weeks or last week of school. (No payments are required for Fall, Winter and Spring breaks)
• Please make checks payable to DVHS Child Care Center. A $25 processing fee will charged for all returned checks.
• If your account falls behind two or more weeks, your child may not return until the balance has been paid in full.
• Payments are made in advance and no invoice will be sent. If payment is not received by the Friday of the current week, a $10 late fee will be assessed to the account.
• Hours of Operation: Monday-Friday 7:15AM-4:30PM ***This is subject to change based on high school schedule***
• A Late pick-up fee of $1 per minute will be assessed beginning at 4:30PM. For your convenience these payments can be added to the next tuition payment.
• If you are detained please call us @ (480) 786-7937 so that we know someone is on the way.
• You will receive receipts with each payment for you tax records.
• TAX ID # 96-6000536

Holiday Schedule & Other Dates
We will be closed the following days.
• Labor Day: Monday, September 4
• Fall Break: October 9-13
• Veterans’ Day: Monday, November 10
• Thanksgiving: Th/F - November 23 &24
• Winter Break: December 25 – January 5
• MLK Day: Monday, January 15
• President’s Day: Monday, February 19
• Spring Break: Monday, March 19
• Holiday: Friday, March 30

There are half days (for the highs school students) throughout the semester, on these days HOT lunch will not be available.

The first day of school is August 7, 2017 . The last day of school will be May 23, 2018. We will close at 12:30 Friday, December 22, and Wednesday, May 23, 2017.

*Keep an eye out for other changes in the schedule.

Child Absences
Due to budget restrictions, there will be no discounts for absences due to illnesses or other reasons. You are securing your child’s place in the program with tuition payments.

Schedule Changes and Withdrawal
State licensing requires, that each child register with a set schedule of attendance - we cannot accept “drop-ins”.

Withdrawals require a two week written notification or parents will be held responsible for those two weeks of tuition.

If the staff and administration determine that we can no longer provide services to your child without jeopardizing the other children or the program, you may be asked to withdraw your child. Under these circumstances we will provide you with two weeks to make other arrangements for the care of your child.
Policies & Information

Sign-in & Sign-out

Arizona State licensing requires that each child be signed in and out daily using a full signature of the authorized person. A full signature is how it appears on your drivers license. No child will be released without prior authorization by the parent on the emergency contact sheet. Identification must be provided.

Toileting/Clothing

By the time a child has entered preschool he/she is well on their way to independence. Successful toileting is a big part of that confidence and we want to do all we can to provide the support your child needs at this stage. A regular schedule with predictable breaks and gentle reminders are all part of our day, however, the rest is up to your child and you. To begin preschool at DV Early Learning Center your child must be completely potty trained. This is defined by little to no accidents. We ask that you send your child in comfortable clothes that he/she can manipulate on his/her own, avoiding difficult buttons, overalls and belts.

Additionally, because we encourage exploration and involvement, your child will get messy from time to time. We will do what we can to protect their clothing when possible, but some activities will certainly prove to be more fun without the worry of keeping clean! A change of clothes has been requested, but this will probably be reserved for such accidents as toileting or food spills. Life is messy sometime - so is real learning!

Babysitting

Desert Vista Early Learning Center staff is not permitted to babysit enrolled children during the school year. If you’re seeking childcare outside our normal business hours, please contact the director and recommendations will be provided.

Nap & Quiet Time

A daily rest time is part of our schedule after lunch. Children are not required to sleep, but it is encouraged to give their batteries time to refuel. The center will provide sheets, blankets, and cots. If your child does not sleep, he/she will need to rest for a given amount of time before being given a quiet, independent activity.

Discipline

We view discipline as an opportunity to direct children to appropriate behaviors. Appropriate limits are set by our staff who firmly yet kindly enforce these limits. Accepting a child for who they are provides the foundation for teaching them acceptable ways to handle life’s bumps. Occasionally, children will be separated from the group in order to regain control and discuss with a staff member their inappropriate behavior and a more suitable plan of action for next time, all the while, validating their feelings and reassuring the child that they are safe and loved.
MEDICAL INFORMATION:

Health
- A current record of your child’s immunizations is required for attendance in a public school.
- Please keep your child home if he/she is experiencing any of the following:
  * Fever of 100.0 or more within the last 24 hours.
  * Diarrhea or upset stomach in the last 24 hours.
  * Any undiagnosed rash.
  * Discharge from eyes or ears.
  * Profuse or discolored discharge from nose.
  * Children with a fever will be sent home and must be fever free (without the use of medication) for 24 hours before returning to school.

Emergency
- If your child becomes ill during the day, we will contact you to come get your child.
- In the case of a medical emergency, we will also notify the school nurse and 911 when appropriate. If we are unable to contact any of the people on your child’s emergency card, we will have the Fire Department transport your child to an emergency room.
- If your child contracts a contagious disease, (Pink Eye, Chicken Pox, Strep…) please let us know so a health alert may be posted in the classroom to notify parents of potential symptoms. We respect your privacy, your child’s name will not be released in the health alert posting.

Medications
Medications can only be dispensed by Desert Vista’s school nurse and under the following conditions:
- A medical authorization form has been completed and signed by a parent/caregiver upon drop off.
- Medication is provided in original container with written instructions from a Doctor indicating dosage requirements. (This includes Children’s Tylenol)
- Medications are given to the Director - DO NOT leave meds in a child’s cubby, backpack, or lunchbox.

PARENT INVOLVEMENT:

Parent Contacts
We believe that consistent contact with home is vital to your child’s school success. We will make every effort to keep you informed of your child’s progress and activities through daily conversations and periodic written communications. If you have any concerns or any information that may be of assistance, please feel free to talk with us.

Visits
Parents and family members are always encouraged to visit the center during class parties throughout the year. We do ask, however, that if you child has trouble with separation that we be allowed to work with you on a visitation schedule.

Separation Anxiety
Rest assured that separation anxiety is normal! If you child is having difficulty, here are a few tips that may ease the transition...
- Encourage a Positive Attitude. Speak happily and positively about school and friends.
- Be consistent with attendance.
- Let your child know that you will be leaving and explain to him/her you will return.
- Give a Big Hug and quickly leave. We will be glad to help direct your child to an activity.

Please feel free to call and check on your child’s progress. Most children calm within only a few minutes.
Meals and Snacks

To encourage good eating habits, we will serve nutritious snacks for your child in the morning and afternoon. Please bring a **healthy lunch**, including a drink each day. Opened and uneaten food will only be sent home if requested by the parent.

Your child is also welcome to bring in breakfast to school if he/she will be arriving before 8:00 A.M.

Snack Pantry

Like any other family, we count on each other to make sure all the needs are met. If you have any special requests, please let us know so we can assist in any way possible. Similarly, we will be sending out requests monthly for help with snack items. Each child shines with pride when he or she assists in serving the snack that they and their family have provided. What a great way to help build our DVHS community!

Field Trips

Since we are located in the heart of the Desert Vista High campus, we have many opportunities to take walking field trips to such places as the library, assemblies, exercise fields and classes.

In the event that a field trip would take place off campus, Desert Vista Early Learning Center **will not** provide transportation.

Pest Control

A Pest Control visit is scheduled after hours the last week of each month. At that time a visible inspection is completed. In the event treatment is needed, the safest methods will be used to get rid of pest problems.

Class Expectations

- Be Safe
- Be Neat
- Be Kind
- Co-operate
- Use Your Words

Licensing Information

Desert Vista Early Learning Center is regulated by the Arizona Department of Health Services:

150 N. 18th Avenue, Ste. 400
Phoenix, AZ 85007-3244
(602) 364-2539
(602) 364-4678

http://www.hs.state/az/us

Inspection reports are available upon request.

Desert Vista High School

Desert Vista Early Learning Center
16440 South 32nd Street
Phoenix, AZ 85048

Phone: 480-706-7937
Fax: 480-706-7976
E-mail: jcadwell@tempeunion.org

GO THUNDER!
*To register your child the following must be submitted:

☐ Application complete
☐ Permission release read and signed by BOTH parents (if applicable)
☐ Emergency Information and Immunization Record Card and Information complete and signed
☐ $50 Registration fee (non-refundable)
☐ Last week tuition (Deposit of $150.00)

*I have read and understand all of the following policies:

☐ Tuition Payments (including holiday/illnesses)
☐ Calendar/Holidays
☐ Late Pick-up Fee
☐ Late Tuition Policy
☐ Attendance Policy
☐ Medical Concerns
☐ Sign-In/Out, Release
☐ Lunches/Snacks
☐ Clothing
☐ Discipline

_____________________
Child’s Name

_____________________
Parent/Caregiver Signature

_____________________
Parent/Caregiver Signature

If you would like to receive information via email – please provide your email address

________________________________________
Permission to Participate and Receive Emergency Care

My child, ______________________ has permission to:

- Use all play equipment and participate in all program activities.
- Leave the classroom under the supervision of a staff member for the purpose of walking field trips around DVHS campus.
- Be included in evaluations, pictures and videos connected with the program.
- Participate in DVHS related functions such as assemblies.

I also grant permission for the staff at DVHS Early Learning Center or school nurse to obtain necessary emergency medical care for my child which may include, but not limited to:

- Attempt to contact parent or guardian
- Attempt to contact child’s physician
- Call 911 or the emergency room
- Have child transported to an emergency room

- I understand that any emergency medical expenses incurred will be the responsibility of the child’s family.
- DVHS Early Learning Center will not be held responsible for inaccurate information on child’s emergency form.
- DVHS Early Learning Center will not be held responsible for a child who has not been signed-in upon arrival.

Mother/Guardian Signature __________________________ Date ______________

Father/Guardian Signature __________________________ Date ______________

Insurance Company and Policy Name & Phone Number __________________________

We carry liability insurance as required by the state.

2017-2018
DESERT VISTA EARLY LEARNING CENTER
APPLICATION FOR ADMISSION

Child’s Name_________________________ Date of Birth:_________________________
Address:____________________________ City_________ Zip_________
Mother/Guardian:_______________________________ Age:________________
Home Phone:___________ Work Phone:___________ Cell Phone:___________
Employer:____________________________________
Address:____________________________ City_________ Zip_________
Father/Guardian:_______________________________ Age:________________
Home Phone:___________ Work Phone:___________ Cell Phone:___________
Employer:____________________________________
Address:____________________________ City_________ Zip_________

Marital Status if Parents:
Married:__________ Divorced:__________ Single:__________ Blended Family:__________
Stepfather/Stepmother:________________________ (How Long)
Custody/Visitation Arrangements:____________
Is child adopted - Age at adoption:____________
Does child know he/she is adopted? YES NO

Additional information you would like us to know about your child:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
**Arizona Department of Health Services**
**Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

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<th>Child’s Name:</th>
<th>Date Enrolled:</th>
<th>Updated:</th>
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<tr>
<td>Home Address (#, Street, City, State, Zip Code):</td>
<td>Date Disenrolled:</td>
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<tr>
<td>Home Phone:</td>
<td>Date of Birth:</td>
<td>Sex: [ ] male [ ] female</td>
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<th>Mother or Guardian Name:</th>
<th>Home Address (#, Street, City, State, Zip Code):</th>
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<td>Cell Phone (optional):</td>
<td>Contact Telephone Number:</td>
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<tr>
<th>Father or Guardian Name:</th>
<th>Home Address (#, Street, City, State, Zip Code):</th>
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<td>Cell Phone (optional):</td>
<td>Contact Telephone Number:</td>
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I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

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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. It is understood by me that the expense of this service will be accepted by me.

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

Does your child have insurance coverage? [ ] No [ ] Yes Name of Insurance Company: __________________________

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):

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Updated immunizations received and attached:

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Is child allergic to food or other substances?  [ ] No  [ ] 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?  [ ] No  [ ] Yes
If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs?  [ ] No  [ ] 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.)?  [ ] No  [ ] Yes
If yes, list precautions:

Additional comments:

Other special instructions:

Parent Signature ___________________________ Date __________________