



## The Boulder Club 2018-2019

A before and after school study hall  
for Kindergarten-8<sup>th</sup> grade  
Painted Rock Academy students



The Boulder Club at Painted Rock Academy  
14800 N. 25<sup>th</sup> Drive  
Phoenix, Arizona 85023  
623-466-8855

## The Boulder Club

The Boulder Club is a before and after school program at Reid Traditional Schools' Painted Rock Academy. It is a study hall for Painted Rock Academy students in Kindergarten through 8<sup>th</sup> grade. Boulder Club provides a time and place for doing homework with the help of someone to answer questions, and it provides activities for those who finish their work early. Parents are relieved to know that their children have a safe, supportive, and fun place to work on their homework.

The Boulder Club will follow Painted Rock Academy's yearly calendar and will maintain the same breaks. The program is located in the Multi-Purpose Room. Student drop off and pick up should take place through the south doors of the MPR, accessed through the basketball court gate at the southwest corner of campus.

### Hours of Operation

#### Morning Session, K-8

6:30 a.m. - 7:30 a.m.

#### Afternoon Session

3:30 p.m. - 6:15 p.m.

#### Early Release Days

12:30 p.m. - 6:15 p.m.

Painted Rock Academy Kindergarten-8<sup>th</sup> grade students may attend the Boulder Club anytime throughout the year by completing the required registration forms prior to or on the day of attending. Families who plan to use Boulder Club should register as early as possible.

### Registered Student Rates and Policies

#### **Registration Forms:**

Arizona Department of Health Services Emergency Form  
Boulder Club Policy Agreement

You may obtain registration forms at the "Meet Your Teacher" event, in the front office, in Boulder Club during Boulder Club's regular business hours, or on the Painted Rock Academy website. You must re-register at the beginning of each school year, due to possible changes in policies, fees, or procedures.

## Boulder Club Rates and Fee Information

### Morning Session

6:30 a.m. - 7:30 a.m. Daily Flat Rate of \$3.50 per student

### Afternoon Session

3:30 p.m. - 6:15 p.m. Hourly Rate of \$6.00 per student

Fees are rounded in 15-minute periods.

### Early Release Days

12:30 p.m. - 6:15 p.m. Hourly Rate of \$6.00 per student

### Late Payment Fee

**A Late Payment Fee of \$20.00** will be applied if the invoiced amount is not paid in full by the 10<sup>th</sup> of the month.

### Late Pick Up Charge

A charge of \$1 per minute will be charged if the student is not picked up by the program's closing time of 6:15 p.m.

### Discount for Multiple Students

A 20% discount will be applied to the fees of the oldest student when more than one student in the same immediate family is registered in the program.

## PAYMENT OPTIONS

Payment on our website using your credit/debit card is our preferred payment method.

- **CREDIT CARD:** Payments may be made by **credit card** on our website. The school office has a computer station available to parents for this purpose, if needed.
- **CHECKS:** **Checks** payable to Painted Rock Academy may be deposited in the drop boxes located in Boulder Club and in the front office. Painted Rock Academy's returned check fees will apply.
- **CASH:** You may make **cash** payments in person, only to a front office employee, who will issue a receipt for your records. Please do not send a cash payment with your student to the classroom or place cash in a payment drop box.

### Refunds

Please email [Billing@PaintedRockAcademy.com](mailto:Billing@PaintedRockAcademy.com) if a refund is needed.

### Payment Questions?

Please email [Billing@PaintedRockAcademy.com](mailto:Billing@PaintedRockAcademy.com) for account inquiries.

### Transportation

Painted Rock Academy does not provide transportation.

## Daily Sign In and Sign Out Policy

Only individuals listed on the enrollment forms will be allowed to pick up students from the Boulder Club. In the event your child needs to be picked up by someone not listed on your emergency card, you must phone the school and proper identification must be presented before release of the child.

Your child or a staff member will sign in your child daily.

1. When picking up your child at the end of the day, please enter the MPR through the south doors, which are locked after school for our students' security. **A staff member will check your placard, PRA ID badge, or government-issued photo ID before allowing access to the building.**
2. To sign out your child(ren), enter your computer code and select the student(s) you are picking up. If you forget your code, you can easily have it sent immediately to your cell phone. Your code is unique and should not be shared with anyone.
3. Complete the checkout by signing your name. Signatures must be clear and legible with first initial and last name. Please have a copy of your driver's license with you for verification.
4. Please instruct anyone picking up for you that this process is extremely important for your child's safety. Those who pick up for you regularly should have their own computer code; they should not use your code.
5. Students who are not properly signed out will be charged for a full evening of service.

### Homework is our main priority!

Your child will be asked to do homework and work on classroom assignments quietly until 4:00 p.m. If your child finishes work before then, he or she may quietly read or use electronic devices. Please make sure your child always has a reading book.

There is a separate area for working students. Students should come prepared with all supplies needed in order to complete their homework and/or school projects, including pencils, in their backpacks. Boulder Club staff members are available to help students with their homework, without doing it for them. Students also learn how to help each other, without giving away the answers.

### **Boulder Club Game Area**

Boulder Club students are only allowed in the game area when their schoolwork has been completed and checked. Boulder Club offers a variety of educational games. Students may play different types of games including board games, card games, and brain teasers. Students must check the games out and back in using a system much like in the library. Donations of new and gently-used games are gratefully accepted through the front office, at any time.

### **Food and Beverages**

Students are encouraged to bring food and beverages to the Boulder Club. However, they are not allowed to share their food with anyone else. Students are asked to clean up after themselves and must place food trash in the garbage bin with the lid. Boulder Club does not provide food.

### **Discipline Policy**

The Boulder Club staff members use a systematic, assertive discipline plan that is posted and reviewed with students. Consistency is important. The overall plan establishes firm and consistent limits for students with loving guidance. The program also establishes a positive educational environment for both student and staff. Every effort is made to develop positive reinforcements that can be applied to individual students as well as to the group. If a student's behavior continues to disrupt or interfere with the objectives of the Boulder Club, the student's enrollment may be terminated.

### **Emergency and Medication Policy**

*Parents must immediately inform the school office **and the Boulder Club** when there are changes in address, home phone, business phone, or emergency phone numbers.*

Medications will not be administered in the Boulder Club. In case of illness, a parent will be contacted for the child's retrieval within a reasonable time frame. When a parent cannot be reached, the secondary contact person from the enrollment information will be contacted. In case of fire, accident, evacuation, or other school emergency, Painted Rock Academy will follow procedures appropriate for the circumstances and authorities will be called upon for assistance.

### **Fire Drill and Evacuation**

Every month a fire drill will be conducted during the school day, before care, and after care. The children will practice proper procedure for lining up, where to evacuate away from the building, the importance of following instructions, remaining quiet and calm, and to remain with the group.

### **Use of Pesticides**

Pursuant to A.R.S. 15-152, the use of pesticides on school property will be governed by the following procedure: Students will receive at least forty-eight (48) hours' notice in advance of the general application of pesticides to the Painted Rock Academy campus, which is in the form of posted signs. Signs will be at least 8.5 inches by 11 inches in size and posted at the main entrance doors of the administration building.

### **Insurance Coverage**

Reid Traditional Schools' Painted Rock Academy carries general facility liability insurance coverage of at least \$300,000. Documentation of this coverage is available for review on the facility premises, in the Administration Office.

### **Program Regulated By ADHS**

The Painted Rock Academy Boulder Club is a state-licensed facility and is regulated by the Arizona Department of Health Services. Certificates, insurance documents, and inspection reports are available upon request in the front office. Parents are welcome on campus at any time to view the facilities.

ADHS

150 N. 18<sup>th</sup> Avenue #400

Phoenix, AZ 85007-2539

602-364-2539

OFFICE PERSONNEL ONLY

Rec. By: _____	Student's Last Name _____
Date: _____	Cash___ Ck#_____ Online_____
	Payment \$ _____
	Immunization Form? _____

The attached Emergency Form from the Arizona Department of Health Services must be filled out and returned prior to participation in the program.

**Is there anyone who may NOT pick up your child?**

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In the event of an accident or serious illness, when direct authorization for medical treatment cannot be obtained from a parent or personal physician, you give permission, and assume full responsibility, for Boulder Club Staff to call for paramedic assistance, including ambulance service.

**Authorizing Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name \_\_\_\_\_

What is your e-mail address? \_\_\_\_\_

Student(s) lives with: \_\_\_\_\_

When will student(s) primarily attend?  A.M.  P.M.  Both

**Name of student #1** \_\_\_\_\_

Male  Female  Date of birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

List all medical conditions and allergies or list "NONE"

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List any medications student is receiving or list "NONE"

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**Name of student #2** \_\_\_\_\_

Male  Female  Date of birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

List all medical conditions and allergies or list "NONE"

\_\_\_\_\_  
List any medications student is receiving or list "NONE"

**Name of student #3** \_\_\_\_\_

Male  Female  Date of birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

List all medical conditions and allergies or list "NONE"

\_\_\_\_\_  
List any medications student is receiving or list "NONE"



**Boulder Club Policy Agreement Form**

(Please Initial Indicating Agreement)

**I have read the Boulder Club 2018-2019 Program Information packet. I understand the information and policies therein.** I will complete all of the required forms in order for my child/children to be considered registered in the program.

I understand that if my child is picked up from the program after the closing time of 6:15 p.m., I must pay late charges of \$1.00 per minute.

I understand that late payment may subject my child to dismissal from the program until the account is made current.

I understand that I am responsible for notifying the Boulder Club, in writing, of any changes to the information on the emergency form.

I understand that my child may participate in self-admission to the program.

I understand that the Boulder Club provides an environment in which my child(ren) can have fun and be responsible for their own behavior. Any discipline action resulting from fighting, destroying school or others' property, profanity, theft, or defiance of staff will result in parent notification and possible suspension or dismissal from the Boulder Club. I also understand that if the behavior of my child consistently disrupts or interferes with the goals set forth for the Boulder Club program, my child's enrollment in the program will be terminated.

I understand that with proper identification/school identification badge I can have access to my child/children at any time.

Name of Parent/Guardian completing this Policy Agreement Form:

\_\_\_\_\_

*Print*

Date: \_\_\_\_\_

\_\_\_\_\_

*Signature*



CDC/SGH# or name: \_\_\_\_\_

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

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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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](http://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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