



**FLOWING WELLS  
COMMUNITY SCHOOLS**

5001 N. SHANNON ROAD  
TUCSON, ARIZONA 85705  
PHONE: (520) 696 - 8397  
MONDAY - FRIDAY  
7:30 AM - 4:00 PM

**2023/2024**

**HENDRICKS YES  
COMMUNITY SCHOOLS  
YES PARENT BROCHURE**  
Quality Before and After School Care

- Open early and open on most school holidays
  - Located directly on school campus
    - Licensed by DES and DHS
      - \$4.20 per hour

**HOURS OF OPERATION:**

6:30 AM - 7:30 AM

2:00 PM - 6:30 PM

Visit us at [Flowingwellsschools.org](https://Flowingwellsschools.org)

Licensed with Arizona Department of Health Services  
400 W. Congress, Suite 100, Tucson AZ 85701  
(520) 628-6541

*\*All Information Subject to Change*

# Flowing Wells Community Schools (FWCS)

## **Before and After School Programs for the Flowing Wells School District**

### Welcome

Welcome to the Flowing Wells Community Schools Program (FWCS). We understand the importance of choosing the right environment for your child. During these developmental years, each child will grow and develop through the education and healthy and happy relationship with both you and your child.

This parent handbook has been prepared to help answer your questions about the FWCS YES Program; it will explicate the guidelines, procedures, and primary functions of FWCS. This handbook also explains the role that you, as the parent, play in the FWCS YES Program. Please keep this handbook as a future reference for questions and concerns. If you need any further clarification, the staff at each site or the program administrator is always available for you.

### Mission Statement

We are dedicated to ensure the safety, health, and well-being of all the children in our school-age quality after school programs. We recognize the developmental changes and needs of each child, and we tailor our programs to those characteristics. We use those developmental changes as positive opportunities to enhance the quality of our programs and to expand the child's experiences. We offer fun and exciting programs while providing a nurturing and caring environment for all children.

To accomplish our mission for quality after school programs, we provide an experienced staff trained in child development and/or education. The FWCS YES staff focuses on increasing the effectiveness of its programs through collaborative interaction with the parents, the school district, the community, and the state agencies. We are committed to raising the level of public awareness of the importance for quality after school programs. The ultimate aspiration of the FWCS YES Program is to achieve every facet of omission in order to meet the needs of the children in our programs.

### Statement of Services

Flowing Wells School District developed the FWCS YES Program, which offers a well-planned and supervised format for children in kindergarten through sixth grade, ages 5-12 years old. We arrange fun filled activities that will excite and stimulate your child, in addition to fostering social, physical, and critical thinking skills. The professionally trained staff plans and conducts unique activities to help children build self-esteem and expand their knowledge and experiences. Children will also participate in a variety of discovery projects. Typical daily activities include homework time, arts and crafts, STEM and organized games. Parents are encouraged to keep abreast of program information and operational procedures, such as special notices, calendars, and scheduled events.

FWCS is a licensed quality after school program operated by the Flowing Wells School District. Funding for the operation of FWCS is derived solely from the tuition of students who attend the program. FWCS meets all Arizona Department of Health Services Child Care licensure requirements regarding facility usage, staffing, insurance (as mandated by Chapter 5, Article 3, Reg. R9-5-302, State of Arizona Child Day Care Center regulations), and other mandates applicable to a licensed quality after school program.

*Arizona Department of Health is located at 400 W. Congress, Suite 100, and their phone number is (520) 628-6541.*

Enrollment of students is solicited based on non-discrimination toward race, color, religion, or gender. **Flowing Community Schools maintains liability insurance in collaboration with Flowing Wells School District. Copy of certificate is available upon request.**

### Administration

If parents have questions, problems, or concerns that need further clarification, please contact Cathy Saldate, Community Schools Coordinator, at (520) 696-8397. The Flowing Wells Community Schools administration is always available to make your experience with the FWCS YES Program completely enjoyable. The administration office is open Monday thru Friday, 7:30 a.m. to 4:00 p.m. during the school year. Please be aware that the Flowing Wells Community Schools administration office closes at 10:30 a.m. on all school half days and will be closed on no school days and most holidays.

### Administration: (520) 696-8397

**Martha Damron**  
Community School Director  
Martha.Damron@fwusd.org

**Cathy V. Saldate**  
Community School Program Manager  
Catalina.VerdugoSald@fwusd.org

**Kerrie Hankinson**  
Community School Operation Specialist  
Kerrie.Hankinson@fwusd.org

## FWCS YES Program

In addition to the administration, each of the four sites has a site supervisor on hand to assist you with any problems or concerns regarding your child's after school program:

### Centennial YES

(520) 696-8217

2200 W. Wetmore Rd.

#### **Hours of operation:**

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

\*Afternoon - 2:00 p.m. - 6:00 p.m.

### Davis YES

(520) 696-8293

4250 N. Romero Rd.

#### **Hours of operation:**

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

\*Afternoon - 2:00 p.m. - 6:00 p.m.

### Hendricks YES

(520) 696-8420

3400 W. Orange Grove Rd.

#### **Hours of operation:**

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

Afternoon - 2:00 p.m. - 6:30 p.m.

### Richardson YES

(520) 696-8512

6901 N. Camino De La Tierra

#### **Hours of operation:**

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

Afternoon - 2:00 p.m. - 6:30 p.m.

\*Afternoon Program ONLY - Laguna students will be transported to Centennial YES at no charge. Douglas students will be transported to Davis YES at no charge.

## Enrollment Information

The FWCS YES Program is open to all students, between 5 and 12 years of age, kindergarten through sixth grade, who are enrolled in the Flowing Wells School District for the 2022 -2023 school.

At the time of enrollment, parents and/or legal guardians are required to complete an Emergency Information and Immunization Record Card. Parents and/or legal guardians are required to provide two or more emergency contacts, which includes the names and telephone numbers of individuals authorized by the parent and/or legal guardian to pick up the child from the FWCS Program. It is recommended that these emergency contacts live or work within 15 minutes from the FWCS Program for prompt pick up. Parents and/or legal guardians are also obligated to complete the name and telephone number of child's physician or health care provider. The site supervisor must be made aware of any changes during the school year. It is your responsibility to notify the site supervisor if your child will not be attending the program on any specified days. The nutritional and dietary needs of your child must be listed on the enrollment form. Please include any information noting your child's susceptibility to illness, physical conditions of which childcare personnel should be aware, and any individual requirements for good health maintenance.

**All children enrolled in the FWCS YES Program must have a copy of their verifiable immunization records or exemption of immunization attached to their enrollment form.** Emergency and information cards must be completed and signed before a child is admitted. Current telephone numbers, addresses, and employment information must be on file at all times. **The site supervisor must be notified of any changes.** To attend the FWCS YES Program, the enrollment form must be filled out correctly and a copy of the immunizations must be attached to the Emergency form.

**Disenrollment:** Files of children who have left the FWCS YES Program for any reason will be maintained at the Flowing Wells Community Schools office. FWCS has a right to dis-enroll a child for any reason we deem necessary.

***Enrollment packet must be returned to any YES Site or FWCS office ONLY. School office staff and teacher's are not able to accept YES enrollment paperwork.***

## Fees and Admission

There is an annual, non-refundable material fee per child each school year. The **Fall FWCS material fee is \$30.00 for the first child. Each additional child is \$25.00 per child.** A non-refundable material fee and a separate registration is required for the Summer FWCS YES Program. The **Summer FWCS YES material fee is \$25.00 per child.** Children are admitted on a space available basis. FWCS does not provide refunds for services rendered.

The FWCS YES Program attempts to provide services for children at or near cost. For children with special needs, FWCS will determine eligibility and assess costs on a case-by-case basis. Since the Flowing Wells Community Schools receives all of its funding through student tuition, FWCS has no monies available to subsidize payments.

## FWCS YES Rates/Attendance Policy:

\$4.20 per hour per child/minimum 1 hour charge

\$3.70 per hour per child/minimum 1 hour charge for certified district employees of Flowing Wells. *\*Please provide your district ID when enrolling.*

**Minimum billing time is one hour for each day your student attends. A \$25.00 non-attendance fee will apply if your student attends less than 3 days per week. After 2 weeks of non-attendances, your student will be dropped from the program.**

For more information, please contact Kerrie Hankinson at (520) 696-8397 or Kerrie.Hankinson@fwusd.org, Monday - Friday, 7:30 a.m. to 4:00 p.m.

## Payment Methods

Payment may be made by using any of the following options: Payments by check, money order, or credit/debit card (Discover, MasterCard or Visa) may be made at any District school front office.

Payments made by credit/debit card (Discover, MasterCard or Visa) may be made online through PowerSchool or at the Community Schools office.

## Invoices

Invoices are emailed each week. Please make sure a current email address is on file with the district. Billing is always a week behind. Payment is due by Friday of each week. **If payment is not received, your account will be suspended. After 2 weeks of non-payment, your student will be withdrawn from the program.**

## Payment Procedure

### **Terms of Service:**

Fees for services are to be made payable to FWCS upon receipt of statement. Statements are emailed by Wednesday of each week. There is a \$25.00 fee for all returned checks. After the second returned check, we will no longer accept personal checks as a method of payment. Delinquent accounts are subject to suspension until the account is brought current. If your account is not brought current, your student account will be fined.

### **Process of Payment:**

The following process will be taken on a weekly basis to obtain payment for the Flowing Wells Community Schools:

Statements are emailed by Wednesday of each week.

Payments are due every Friday; however, payment arrangements can be made. If you need to arrange a payment plan, please contact Kerrie Hankinson at (520) 696-8397.

Payments by cash, check, money order, or credit/debit card (Discover, MasterCard or Visa) may be made online through PowerSchool, at any District school front office, or at the Community Schools office (credit or debit card only).

You will be contacted by email if a payment is late, the parent and/or legal guardian will then be given a specific date to make payment by. Parents or legal guardians will also receive a verbal notification by their site supervisor.

If a payment fails to be made by the specific date given to make payment, the account will be suspended, and the child will not be able to attend the program until a payment is received. After 2 weeks of non-payment, your student will be withdrawn from the program.

Accounts with outstanding balances will result in suspension. Every effort will be made to verbally contact the parent and/or guardian. In addition to the verbal notification of suspension, an email will be sent to notify of the immediate suspension.

**For billing questions or information, please contact - Kerrie Hankinson, Monday - Friday, 7:30 a.m. – 4:00 p.m., at (520) 696-8397 or by email at [Kerrie.Hankinson@fwusd.org](mailto:Kerrie.Hankinson@fwusd.org)**

## Refunds

Your account is charged for services rendered, (hours used). *There are no refunds.*

## Suspension Policy

If a child does attend the program after notification of suspension, then the parents and/or guardians will be contacted by the site supervisor for immediate pick up of their child. If the parent and/or legal guardian cannot be reached, then every effort will be made to contact an authorized individual on the child's Emergency card for prompt retrieval. Accounts must be brought current for the child to attend the FWCS Program.

## Half Days

The FWCS Program will open at 12:00 p.m. during half days. There will be no additional fee to attend the program on half days. Each account will be charged hourly and per child.

## School Holidays/Student Record Days

\*We will offer the FWCS program during Fall Break, Winter Break, Rodeo Break and Spring Break. The hourly rate is \$4.20 per hour per child for holiday FWCS Programs. The FWCS program will be closed during Student Record Days and Thanksgiving Break. During holiday programs, two FWCS sites will be open. Please see attached calendar for specific dates. *\*Subject to change.*

## Communication

The FWCS staff will communicate with families through written notes, phone calls, and newsletters. The FWCS classrooms will also have a parent board with information on upcoming events, snack menus, and lesson plans. Please do not hesitate to contact the site supervisor or executive director if you have any questions regarding your child.

## Withdrawal

Your student/students will be withdrawn from the program after 2 weeks of non-payment.

Your student/students will be withdrawn from the program if they have not been in attendance for 2 consecutive weeks. Notice will be sent by email. It is your responsibility to keep a working email on file with the school district and FWCS YES Programs.

## Sign In and Sign Out Procedures

A parent, legal guardian, or FWCS YES staff member must sign each child in and out on a daily basis. The Department of Health requires that all signatures must be written legibly, with their authorized signature. The authorized signature is first and last name or the signature that is on the individual's Arizona driver's license or identification. All parents and/or legal guardians are required to sign the Sign In/Sign Out Authorization Form, giving FWCS YES staff member's permission to sign their child in after school. At 7:30 a.m. FWCS YES sites will be closed. The children will be released to the playground under the supervision of Flowing Wells School District. The FWCS YES staff is posted at set locations during school dismissal to watch the children come from their classroom to the FWCS YES building. **Any parent who does not sign their child out of FWCS YES Program at time of pick up, will be automatically charged until site \*closing time.** It is the policy of Flowing Wells Community Schools that all parents and guardians are required to use their legal signature when signing their child in and out of the program. All time entries on the sign-in/sign-out record shall be legible and in blue or black ink. Signature entries shall be in blue or black ink and the full legal signature of the person completing the entry (no initials). In order for a child to be released from the FWCS center, an authorized person must come into the FWCS building to sign the child out. Proof of identification is required. Only people listed on the FWCS Emergency Card will be allowed to pick up your child. **If you fail to sign your child out by the FWCS Site \*closing time, the site supervisor will document the incident.** \*Richardson and Hendricks close at 6:30pm, Centennial and Davis close at 6:00pm.

## Early Drop Off/Late Pick Up

For the first occurrence, an early drop off/late pick up charge of \$3.00 per minute per child will be assessed for children dropped off before 6:30 a.m. or not picked up by 6:00 p.m. at Centennial YES FWCS and Homer Davis YES FWCS and by 6:30 p.m. at Hendricks YES FWCS and Richardson YES FWCS. A charge of \$4.00 per minute per child is assessed for the second occurrence, and after the third occurrence, the child will be removed from the program. If there is an emergency and the child cannot be picked up by your FWCS Site closing time, please call the FWCS center and inform the staff so that your child's mind can be put at ease. The child will not be left unattended.

## Health, Medications, and Emergencies

**Sick Child Policy:** It is to the benefit of all children and staff, that sick children do not attend the FWCS YES Program. Your child may not attend if he/she is experiencing any of the following symptoms: fever, rash, vomiting, diarrhea, severe coughing, pink eye, head lice, chicken pox, or other contagious diseases. If your child becomes ill while attending the program, you will be contacted and asked to arrange for your child to be picked up. We will post a notice at the site to inform you if the children have been exposed to any infectious disease. **If your child has been suspended from school or does not attend school for any reason, your child may not attend the FWCS YES Program for that day.**

**Medication Policy:** The site supervisor or appointed staff member is permitted to dispense medication with parent and/or legal guardian written authorization. If a child needs medication, the parent and/or legal guardian needs to complete the Request for Giving Prescription Medication form. All medications including inhalers, sunscreens, and prescription drugs are to be furnished by the parent and/or legal guardian. All medications must be in their original container and need to be labeled with the child's name, date, name of medication, dosage, time(s) to be administered, and the date to be discontinued. Any medications given will be documented with the time, date, dosage, and signature of the staff member who administered the medication. Medication cannot be transported from site to site. **Parents are responsible for picking up medication before a holiday or summer program ends.**

**Emergency Policy:** All sites have staff members who have been trained in CPR and First Aid to handle minor injuries and accidents. Parents and/or legal guardians will be notified, by phone or other means, of any accident involving their child within 30 minutes. Should emergency treatment be needed, the staff members will attempt to contact the parent and/or legal guardian first. If the staff is unable to reach the parent and/or legal guardian, an attempt will be made to contact one of the designated persons on the emergency card. In case of serious injury or accident, 911 Emergency and/or the party listed as the emergency contact will be contacted. **If deemed necessary by paramedics or other medical personnel, the child will be taken to the nearest emergency center.**

## Transportation and Field Trips

Parents are responsible for transporting their child to and from the FWCS YES Program. Laguna students will be transported to Centennial YES FWCS at no charge **after school only**. Douglas students will be transported to Davis YES FWCS at no charge **after school only**.

**Field Trips:** FWCS does not participate in field trips.

## Use of Appropriate Language

Parents, students, and all other adults must use appropriate language in the presence of children, staff, and other parents.

## Pesticide Procedures

As stated in Arizona Department of Health Services, Office of Child Care Licensing rules and regulations, R9-5-310:

A. A licensee shall make written pesticide information available to a parent, upon a parent's request, at least 48 hours before a pesticide application occurs on facility premises, containing:

1. The brand, concentration, rate of application and any use restrictions required by the label of the herbicide or specific pesticide;
2. The date and time of the pesticide application;
3. The pesticide label and the material safety data sheet;
4. The name and telephone number of the pesticide business licensee and the name of the licensed applicator.

## Inspection Reports

All Department of Health Services Inspection Reports are available upon request. Pesticide Inspection Reports are available upon request.

## Toys and Electronic Device's

Students are not allowed to bring any toys or electronic devices. These electronic devices include and are not limited to Cell Phones or any portable game devices. If your child does bring any electronic devices, they will be immediately confiscated. **Please remember, cell phones are not permitted at the FWCS YES Programs.** If it is crucial for your child to be contacted, please feel free to call the FWCS Program. **Flowing Wells Community Schools is not responsible for lost or damaged items that are brought to the FWCS YES Program.**

## Schedule of Activities

The FWCS Program stresses the importance of variety and choice in its activities and programs. Monthly themes are developed, and each day, children are offered choices in diverse areas of activity. These areas include arts and crafts, science, recreation and games, and homework.

## Homework Time

Students are given the opportunity to work on their homework in a quiet atmosphere. They are allowed additional time throughout the day, as they transition with their groups.

## Disciplinary Philosophy

The FWCS staff uses a philosophy of positive reinforcement, including rewards and praise to manage the children's behavior. Redirection is always the first method of discipline. The staff encourages the children to engage in activities in a happy and positive manner. Children who exhibit inappropriate behavior may be removed in a time-out for a short period until they are ready to participate in a more appropriate fashion. If a child's behavior repeatedly disrupts the activity and prevents other participants from having a quality experience, there are certain consequences to follow. Parents will be notified of any disciplinary action.

Discipline is handled in the following manner:

1. The child will receive a warning of his/her inappropriate behavior.
2. The child and staff member will have a time-out discussion.
3. The child, parent, and staff member will have meeting.
4. The child will experience short-term suspension.

A child can be suspended from the program for extreme disruptive behavior. A child can also be suspended from the program for behavior, which could cause harm to him/her, other students, program property, or the program staff.

## Center Visitation

Parents are invited and encouraged to visit the program at any time during the hours of operation. Parents are welcome to observe and participate in activities with their child. All parents and guests must sign in and will be supervised by the staff at all times.

## Snacks

Daily snacks consist of at least 2 of the 4 food groups; they are nutritious, healthy foods, such as fresh fruit, pretzels, crackers, and dairy products. Juice or milk is served at every snack. Snack calendars are posted weekly on the parent board, and they are available for your viewing at any time. Children are encouraged, but never forced to eat, nor will snack be held from children as means of punishment. Second servings will be available and if additional snacks are required for your child, you may send one with him/her.

## Movies

The FWCS Program limits the use of the television. Movies are only on half days or during rainy day schedule. Various alternative activities are offered to the children that choose not to watch the movie.

## **Telephone Usage**

The FWCS telephone is for incoming calls. The children should not be on the phone unless it is an extreme emergency. If a child does not arrive to the FWCS YES Program in a timely manner, the site supervisor will make contact with the school to locate the child. If the child is not located immediately, the parents will be notified. **Please note – If your child is not attending the program on a specific day, it is the parent’s responsibility to notify FWCS.**

## **Meals**

The FWCS YES program meets all Department of Health Services child care licensure requirements regarding facility usage, staffing, insurance (as mandated by Chapter 5, Article 3, Reg. R9-5302, State of Arizona Child Day Care Center regulations), and other mandates applicable to a licensed child care program. According to Department of Health Services, under regulation R9-5-509 General Food Service and Handling Standards, we must prohibit the usage of the onsite refrigerator to be used to keep student’s snacks or lunches. If your child brings a lunch from home and it must be kept at a cool temperature, a cooler or an ice pack must be provided by the parent. ***Due to Department of Health Services regulations, the FWCS YES Program is no longer able to store lunches in any of the onsite refrigerators.*** We apologize for any inconvenience that the new regulations may cause; however, we must abide by the standards set by the Department of Health Services. Department of Health is located at 400 W. Congress, Suite 100, and their phone number is (520) 628-6540.

## **The Empower Program**

Flowing Wells Community Schools is proud to introduce and be a part of The Empower Program sponsored by Arizona Department of Health Services. The goal of the program is to provide clear and consistent messages that explain and reinforce healthy habits in child care facilities; help children learn to make healthy lifestyle choices; reinforce providers role-modeling health behaviors; support and engage families in promoting healthy habits. To meet these goals, we are committed to following the 10 standards of the Empower Pack Program.

### **Standard 1: Physical Activity**

We at Flowing Wells Community Schools are committed to our children’s health. We encourage all children to participate in a variety of physical activity opportunities that are appropriate for their age, that are fun, and that offer variety. If children are inactive for long periods of time, they can be at risk for problems associated with overweight. In keeping with this philosophy, our facility will follow the guidelines below:

- All children are provided at least 60 minutes of physical activity every day, including both teacher-led and free-play activities in accordance with the Empower guidelines.
- Staff will encourage moderate and vigorous levels of physical activity.
- Every child will have the opportunity to participate in outdoor physical activity.
- We encourage children to be active throughout the day exploring their environment by limiting sedentary activities to less than 60 minutes at a time.
- Screen time is limited to less than three hours per week for children ages two and older.
- No screen time during meal or snack time.

Physical activity is never used nor withheld as punishment. Information on screen time (in English and Spanish) will be made available to the families at least once per year.

### **Standard 2: Sun Safety**

We at Flowing Wells Community Schools are committed to our children’s health and protecting children from the sun’s rays during outdoor activities. In keeping with this philosophy, our facility will:

- Ask the child’s family to apply sunscreen prior to arriving at child care facility.
- Ask the child’s family to provide a hat, sunglasses, and/or long sleeve clothing for their child that staff will put on the child when outdoors.
- Check with the child’s family before applying sunscreen.
- Provide shade during outdoor activities.
- Limit outdoor activities between the hours of 10 a.m. and 4 p.m., when the UV rays are at the highest level.
- Regularly check the UV Index for the intensity of the sun’s rays and plan for outdoor activities accordingly.
- Be a role model for sun-safe practices.

Information on sun safety (in English and Spanish) will be available to the families at least once per year.

### **Standard 3: Breastfeeding**

We at Flowing Wells Community Schools are committed to providing ongoing support to breastfeeding mothers and will respect a mother’s decision to continue to breastfeed her child. In keeping with this philosophy, our facility will:

- Provide a welcoming atmosphere that encourages mothers to initiate and continue to breastfeed, even after returning to school or work.
- Provide a designated place for mothers to breastfeed their child on site (such as the teacher’s lounge).
- A refrigerator will be made available for storage of expressed breast milk.

#### **Standard 4: Child and Adult Care Food Program (CACFP)**

We at Flowing Wells Community Schools are committed to the health of all of our children. The CACFP supports child care facilities by making child care more affordable for many low-income families while promoting good eating habits. Eligibility for CACFP is determined by federal standards based on family income within established geographic boundaries. Our facility will check and document eligibility for CACFP. At this time, the *FWCS* does not participate in the CACFP.

If you would like additional information regarding eligible family enrollment, please contact CACFP at (800)-352-4558.

#### **Standard 5: Fruit Juice**

We at Flowing Wells Community Schools are committed to supporting your child in establishing lifelong healthy eating and drinking habits. Too much juice may be linked to weight problems and is associated with tooth decay and decreased appetite for other nutritious foods. Too much juice may also take the place of more nutritious beverages such as fat-free or low-fat (1%) milk or water. In keeping with this philosophy, our facility will:

Limit 100% fruit juice with no added sugar to not more than two times per week for all children one year and older.

Only 4-6 ounces shall be served at one time.

Fruit juice shall only be served with meals and snacks and not continuously throughout the day.

Water shall be used as the first choice for thirst and will be offered throughout the day.

Information on fruit juice (in English and Spanish) will be available to the families at least once per year.

#### **Standard 6: Family Style Meals**

We at Flowing Wells Community Schools are committed to supporting your child in establishing lifelong habits of healthy eating patterns. In keeping with this philosophy, our facility will:

Serve meals family-style whenever possible to support children in learning to serve themselves and develop healthy relationships with food. Our role as caregivers is to provide nourishing food. The child's role is to decide whether and how much to eat.

We will never force a child to eat.

#### **Standard 7: Oral Health**

We at Flowing Wells Community Schools are committed to protecting the health and safety of our students and staff in regards to tooth decay which is an infectious disease and a serious problem among young children in Arizona. Our facility recognizes that we play an important role in preventing tooth decay and in educating children, their families, and staff on tooth decay prevention. In keeping with this philosophy, our facility will:

Provide oral health education once a month OR Implement a tooth brushing program.

Guide our staff on steps they can take to prevent tooth decay according to the age appropriate guidelines in the Empower guidebook.

Information on tooth decay prevention (in English and Spanish) will be made available to the families at least once per year.

#### **Standard 8: Staff Training**

We at Flowing Wells Community Schools are committed to furthering staff knowledge on the Empower program and Empower topic areas including: physical activity, nutrition, oral health and tobacco. In keeping with this philosophy, our facility will make sure that staff receive or attend three hours of training annually, on age-appropriate topics pertaining to: physical activity, nutrition, oral health and tobacco education. All trainings shall be documented and records will be readily available.

#### **Standard 9: ASHLine**

We at Flowing Wells Community Schools are committed to supporting the efforts of the Arizona Smokers' Helpline (ASHLine) to help staff and parents quit tobacco. In keeping with this philosophy and to protect the health of our children, their families and our staff, our facility will promote the ASHLine information on the dangers of second- and third-hand smoke by placing them in a visible spot at least once per year so parents and staff can see them. We will also refer parents, when possible, to ASHLine.

#### **Standard 10: Smoke Free Campus**

We at Flowing Wells Community Schools are committed to providing a smoke-free environment for children and staff due to acknowledged hazards arising from exposure to second-hand smoke. In keeping with this philosophy, our facility will notify all employees, families, and visitors of the smoke-free policy. Appropriate signage will be posted.

Information on the dangers of second- and third-hand smoke (in English and Spanish) will be made available to the children's families and staff at least once per year.



# Flowing Wells Community Schools

## Important Dates

### 2023-2024 School Year FWCS Calendar

*\*FWCS YES Program Holiday location - Hendricks & Davis YES*

August 3	First Day of FWCS	ALL SITES OPEN
August 31	Early Release – ½ Day	ALL SITES OPEN
<b>September 4</b>	<b>Labor Day</b>	<b>FWCS YES CLOSED</b>
October 6	Student Records – ½ Day	ALL SITES OPEN
October 11-13	Parent/Teacher Conf. – ½ Day	ALL SITES OPEN
October 16-19	Fall Break ( <b>Closed Fri. 10/20</b> )	*HENDRICKS & DAVIS YES OPEN
<b>November 10</b>	<b>Veteran’s Day</b>	<b>FWCS YES CLOSED</b>
November 22	Early Release – ½ Day	ALL SITES OPEN
<b>November 23-24</b>	<b>Thanksgiving</b>	<b>FWCS YES CLOSED</b>
December 22	Student Records – No School	<b>FWCS YES CLOSED</b>
December 27-29	Winter Break (Closed Monday- 12/25 & Tuesday-12/26)	*HENDRICKS & DAVIS YES OPEN
January 3-5	Winter Break (Closed Monday & Tuesday, 1/1 & 1/2)	*HENDRICKS & DAVIS YES OPEN
January 8	Second Semester Begins	ALL SITES OPEN
<b>January 15</b>	<b>Civil Rights Day</b>	<b>FWCS YES CLOSED</b>
February 8	Early Release – ½ Day	ALL SITES OPEN
February 22	Rodeo Break ( <b>Closed Friday, 2/23</b> )	*HENDRICKS & DAVIS YES OPEN
<b>March 1</b>	<b>Student Records – No School</b>	<b>FWCS YES CLOSED</b>
March 7-8	Parent/Teacher Conf. – ½ Day	ALL SITES OPEN
March 11-14	Spring Break ( <b>Closed Friday, March 15</b> )	*HENDRICKS & DAVIS YES OPEN
<b>March 29</b>	<b>No School</b>	<b>FWCS YES CLOSED</b>
<b>April 1</b>	<b>No School</b>	<b>FWCS YES CLOSED</b>
May 23	Last Day of School and Y.E.S.- ½ Day	ALL SITES OPEN
May 28	First Day of Summer FWCS	SUMMER YES OPEN

**Registration for the new school year will be available in July after the holiday.**

**\*All Information Subject to Change**



**To register into the FWCS YES Program, please provide the following information -**

\_\_\_\_\_ **REGISTRATION FORM**

1 per FAMILY (Attached)

\_\_\_\_\_ **IEP or 504 Plan**

Please provide a copy if your child has one.

\_\_\_\_\_ **EMERGENCY CARD**

1 per CHILD - ALL Areas Must Be Completed, Front and Back. Two forms are attached. Extra forms can be picked up at any FWCS YES Site or in the FWCS Office.

\_\_\_\_\_ **IMMUNIZATION RECORDS**

***\*\*\*Enrollment packet must be returned to any YES Site or FWCS office ONLY. School office staff and teacher's are not able to accept YES enrollment paperwork. \*\*\****

**Thank you for Registering in the FWCS - YES Program.**



Flowing Wells Community Schools
YES STUDENT ENROLLMENT FORM

Table with 2 columns and 3 rows for office use only, including fields for Annual Material Fee, Accepted By, and Wait List.

School Attending: \_\_\_\_\_ Date: \_\_\_\_\_

Material Fees: \$30.00 for the first child / \$25.00 for each additional child

Please list all children that will be attending FWCS this school year (must be 5 to 12 years old):

- 1. \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_
2. \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_
3. \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_
4. \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Does any child have an IEP / 504 Plan (must provide a copy)? Please List \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt./Space #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

RESPONSIBLE GUARDIAN(S): [ ] Birth Parents [ ] Foster Parents [ ] Other (explain) \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is any child listed above the subject of a custody order or agreement? [ ] No [ ] YES, a copy of the order or agreement must be provided.

FWCS STAFF AUTHORIZATION TO SIGN IN/ OUT YOUR CHILD:

I authorize the YES Supervisor or YES Staff on site to sign my child out after the morning program and sign my child in for the afternoon program. Parent Signature: \_\_\_\_\_

YOUR CHILD MAY BE PICKED UP BY (please list):

- \_\_\_\_\_  
Relation: \_\_\_\_\_
\_\_\_\_\_  
Relation: \_\_\_\_\_
\_\_\_\_\_  
Relation: \_\_\_\_\_

NOTICE: FWCS will only allow those listed above or listed on the Emergency Card to sign out your child unless presented with written permission from signer of this document or court order showing custodial entitlement.

Media Release: I hereby consent that any photograph, videotape, films and/or audio recording of my child by Flowing Wells Community Schools are the property of said organization and may be used for publicity, training, publication, grant applications and/or any other deemed appropriate use by FWCS. YES (Please Initial) \_\_\_\_\_ NO (Please Initial) \_\_\_\_\_

Please list health dietary restrictions: \_\_\_\_\_

Payments must be made promptly. Party responsible for payment of fees: [ ] Self [ ] Other (Explain: \_\_\_\_\_)

Terms: There will be a charge of \$4.20 per hour per child per week. There is an automatic 1 hour minimum charge for each day a child attends. Minimum \$25.00 returned check fee. The undersigned understands that they are responsible for any and all outstanding charges for services rendered and any finance charges incurred from balances past due. \*ALL INFORMATION SUBJECT TO CHANGE.

I have read and understood the policies and procedures of the Flowing Wells Community Schools (FWCS) Program.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Flowing Wells Community Schools  
YES**

**2023/2024 Parent Agreement**

By signing this agreement, I understand and agree to the following:

- I have received and read the parent handbook.
- I understand that if my child is disruptive he/she may first get a time-out, then a parent, child and staff meeting, followed by a short suspension, and finally expulsion from the FWCS YES Program.
- I understand that a non-refundable material fee of \$30.00 for the first child and \$25.00 for each additional child for the school year YES Program will be billed to my students PowerSchool account. Payment will be due once billed. The rate is \$4.20 per hour per child, with a minimum billing time of one hour. **If my balance becomes delinquent, my child will be withdrawn from the program.**
- I understand that by returning the Fall registration paperwork, it does not register my student/students into the Summer FWCS Program. The FWCS Summer Program will have a separate registration and material fee.
- **I understand that my balance must be paid in full by Friday of each week or my account will be suspended until payment has been made in full. After two weeks of non-payment, my student/students will be withdrawn from the program.**
- I understand that my invoices are emailed to me by Wednesday of each week. It is my responsibility to ensure the correct email address is on file. I also understand that if **I have not received my weekly invoice, it is my responsibility to contact Kerrie at (520) 696-8397 or by email, Kerrie.Hankinson@fwusd.org.**
- I understand that if my child will no longer be attending the FWCS YES Program, it is my responsibility to withdraw them by notifying Kerrie Hankinson at (520) 696-8397 or by email, Kerrie.Hankinson@fwusd.org. **AFTER 2 WEEKS OF NON-ATTENDANCE, MY CHILD WILL BE WITHDRAWN FROM THE PROGRAM.**
- I understand that I must be at the FWCS YES Program no later than closing time, or I will be charged \$3.00 for every minute past closing time on the first occurrence, \$4.00 per minute on the second occurrence, and my child will be removed from the program after the third occurrence. **I know that all late fees must be paid within 24 hours for my child to continue services.** \*Closing time for Davis and Centennial is 6:00 p.m. Closing Time at Richardson and Hendricks is 6:30 p.m.
- I am to inform the FWCS staff of any telephone, address, or other changes.
- I understand that I must sign my child in and out, unless I give written permission to the FWCS staff.
- I understand that my child may not attend FWCS if he/she does not attend school during the regularly scheduled school day.
- I understand that it is my responsibility to notify the FWCS YES center when my child will not be attending. **AFTER 2 WEEKS OF NON-ATTENDANCE, MY CHILD WILL BE WITHDRAWN FROM THE PROGRAM.**
- I understand that my student is not permitted to use their cell phone at the FWCS program.

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1st Child's Name

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2nd Child's Name

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3rd Child's Name

---

4th Child's Name

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Parent and/or Guardian's Signature

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Date

**\*\* ONE PER STUDENT \*\***



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>	<b>Updated:</b>
<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>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<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>Physician, Physician Assistant or a Registered Nurse Practitioners Name:</b>	<b>Contact Telephone Number:</b>
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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.

<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**

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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**\*\* ONE PER STUDENT \*\***



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>	<b>Updated:</b>
<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>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

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

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<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>Physician, Physician Assistant or a Registered Nurse Practitioners Name:</b>	<b>Contact Telephone Number:</b>
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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.

<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>
-----------------

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_



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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

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<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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