

The Ark Early Childhood Learning Center
3600 N. Fourth St. Flagstaff, Az, 86004
928.714.0667
Ark@thumc.com

Hello Ark Families,

Thank you so much for trusting us with your precious bundles of joy! It is an honor and pleasure for us to help your children grow socially, cognitively, physically, and spiritually. We are so excited to take these next steps with you in helping your children to succeed in their early years and those to follow!

Here is some quick information for you regarding our program. Our operating hours are Monday through Friday from 7:00am until 5:30pm. We allow students to be dropped off between 7:00am to 12:00pm. **We do not allow students to be dropped off after 12:00pm**, as this will interfere with nap time and the learning environment. We work with children 6 weeks to 5 years of age. There are a few different scheduling options depending on the classroom, age group, and availability. Our part time schedules are limited and are given out on a first come, first served basis.

We have several different policies in place to help us with the health and safety of all our children and staff. Our current Health and Safety protocol for children is as follows. **Students with a temperature of 100.4 or higher will not be allowed in the school until they are fever free for 24 hours without medication.** If a student has thrown up twice in one hour or three times in two hours, parents/guardians will be contacted and asked to pick up their students. If a child is ill, or not ready to participate and learn throughout the day, parents/guardians will be called and a discussion about potential pick up will be had.

Upon student pick up, **ALL PERSONS ATTEMPTING TO PICK UP A CHILD WILL HAVE TO HAVE THEIR ID CHECKED.** If the person picking up is not on our approved to pick up list, the child WILL NOT BE RELEASED. Parents/Guardians will be contacted. We do not take approval for pick up over the phone, we only accept written approval given to us in person by the parent/guardian. Please let us know if you have any questions!

Thank you,

Susan Decker,
Ark ECLC Director
928.714.0667

Ark@thumc.com

Application of Enrollment for the 2023 School Year

Registration Date _____ Start Date _____

Child's Name _____ Sex _____ DOB _____

Address _____

Zip _____ Bill to _____

Parent/Guardians Name _____

Occupation _____

Cell Phone _____ Work Phone _____

E-Mail _____

Parent/Guardians Name _____

Occupation _____

Cell Phone _____ Work Phone _____

E-Mail _____

PLEASE CHECK ONE OF THE FOLLOWING:

<u>ROOM</u>	<u>Days</u>
<input type="checkbox"/> Infants 6 Weeks – 12 Months	<input type="checkbox"/> Monday – Friday <input type="checkbox"/> MWF <input type="checkbox"/> TTH
<input type="checkbox"/> Ones 12 Months – 24 Months	<input type="checkbox"/> Monday – Friday <input type="checkbox"/> MWF <input type="checkbox"/> TTH
<input type="checkbox"/> Twos <input type="checkbox"/> Potty training 24 Months -36 months	<input type="checkbox"/> Monday – Friday <input type="checkbox"/> MWF <input type="checkbox"/> TTH
<input type="checkbox"/> Preschool/Pre-K (3 to 5 years old)	<input type="checkbox"/> Monday – Friday <input type="checkbox"/> MWF <input type="checkbox"/> TTH <input type="checkbox"/> 1/2 Day Program M-F (7:00am-12:30pm)

Registration Fee: \$100.00 per child; Families with more than one child \$165.00 (up to 3)

This fee must be paid before a place can be reserved for your child.

Amount Paid _____ Cash Check # _____ ACH/CC/PayPal Date _____

Printed Parent Name _____

Parent Signature _____



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:
------------------------------	--------------	----------------------------------

*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:	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

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

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS/COVID-19 (SCHOOL)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the gathering of groups of people.

The Ark Early Childhood Learning Center (The “School”) has put in place preventative measures to reduce the spread of COVID-19; however, **The School cannot guarantee** that your child or your family will not become infected with COVID-19. Further, **attending The School could increase your risk**, your child’s risk, and your family’s risk of contracting COVID-19.

* * *

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child, my family, and I may be exposed to or infected by COVID-19 by my child attending The School and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of my child becoming exposed to or infected by COVID-19 at The School may result from the actions, omissions, or negligence of my child and others, including, but not limited to, School employees, volunteers, and other school participants and their families.

I understand that my child must be free from COVID-19 symptoms to attend The School. I also understand that while The School is taking precautionary measures, no number of precautionary measures will completely protect against transmission of COVID-19. Additionally, I understand asymptomatic people may still be able to transmit COVID-19. Finally, I understand that even with precautionary measures, some people, including but not limited to, other school participants and their families, may not follow the measures and increase the risk of transmission.

I will immediately notify School Management in writing (e.g., a doctor note) if I become aware of any person with whom my child or I have had contact exhibits any symptoms of COVID-19, is advised to self-isolate or quarantine, or has tested positive for COVID-19.

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS/COVID-19 (SCHOOL)

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD, MY FAMILY, OR ME (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY FAMILY MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD'S ATTENDANCE AT THE SCHOOL OR PARTICIPATION IN SCHOOL PROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILD, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS 2 THE SCHOOL, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, AND COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF SCHOOL OF THE SCHOOL, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY SCHOOL PROGRAM.

Name of Child(ren): _____

Signature of Parent/Guardian: _____

Print Name: _____

Tuition Rates and Programs for 2023

Recurring Annual Registration Fee of \$100.00 dollars required for all students. Not to exceed \$165.00 dollars for a family with up to 3 children enrolled at The Ark.

All spaces in classrooms are filled on a first come first served basis. If a classroom is full, we will place you on a waitlist and contact you when a spot opens.

Half day options are only available for our Preschool and Pre-K programs

The Ark charges monthly, with options to pay in full on the first or half on the first and half on the 15th of each month. A late fee of \$25.00 dollars a day will be applied to your account for each business day the payment is late. Speak with the director if there are extenuating circumstances.

Infant

6 weeks – 12 months

Our infant program consists of 14 full time spots, two 3-day spots and two 2-day spots split between two different classrooms.

(Not crawling & Crawling)

Full Time: Monday-Friday 7:00am-5:30pm

\$1,075.00/Month

3-Days: M/W/F 7:00am-5:30pm

\$765.00/Month

2-Days: T/TH 7:00am-5:30pm

\$588.00/Month

Ones

12-24 months

Our one's program consists of 10 full time spots, one 3-day spot & one 2-day spot.

(Almost walking and walking)

Full Time: Monday-Friday 7:00am-5:30pm

\$1,075.00/Month

3-Days: M/W/F 7:00am-5:30pm

\$765.00/Month

2-Days: T/TH 7:00am-5:30pm

\$588.00/Month

Twos

24-36 Months

Our twos program has 16 full times spots, two 3-day spots, and two 2-day spots split between two different classrooms.

(Non potty training and potty training)

Full Time: Monday-Friday 7:00am-5:30pm

\$1,034.00/Month

3-Days: M/W/F 7:00am-5:30pm

\$740.00/Month

2-Days: T/TH 7:00am-5:30pm

\$565.00/Month

Pre-School and Pre-K

3-5 years

Our Pre-School/Pre-K programs consist of 18 full time spots, four 3-day spots, four 2-day spots and six ½ day spots split between two classrooms.

(Must be potty trained)

Full Time: Monday-Friday 7:00am-5:30pm

\$1,034.00/Month

3-Days: M/W/F 7:00am-5:30pm

\$740.00/Month

2-Days: T/TH 7:00am-5:30pm

\$565.00/Month

2023 School Calendar

-Highlighted days are the days we are closed-

Monday, January 2nd - First day of Spring semester

Monday, January 16th – Martian Luther King Day

Tuesday, February 14th - Valentine's Day

Monday, February 20th – Presidents Day

Friday, March 10th – Teacher workday (School closes @12pm)

Friday, March 17th – St. Patrick's Day

Friday, April 7th – Good Friday

Sunday, April 9th – Easter

Sunday, May 7th through 13th – Teacher appreciation week

Sunday, May 14th – Mother's Day

Friday, May 26th – Teacher workday (School closes @12pm)

Monday, May 29th – Memorial Day

Tuesday, May 30th – Summer Semester Starts

Sunday, June 18th – Father's Day

Monday June 19th – Juneteenth

Tuesday, July 4th – Independence Day

Friday, July 28th – PreK Graduation

Wednesday, August 9th – Fall Semester Starts

Monday, September 4th – Labor Day

Sunday, September 10th – Grandparents Day

Saturday, September 16th – Stepfamily Day

Friday, October 13th – Teacher Workday (School closes @12pm) *

Tuesday, October 31st – Halloween

Friday, November 10th – Veterans Day

Thursday and Friday, November 23rd and 24th – Thanksgiving

Friday – Tuesday, December 22- 26th – Christmas Break

Monday, January 1st – New Years.

This date may change due to FUSD's parent-teacher conferences

The ark mat be closed 2 Fridays during the summer for a church event. Due to COVID19, we are unsure of the dates currently. We will communicate with you as soon as we can regarding this event