

**2023-2024**

**EDUPRIZE SCHOOLS**  
**Pre-K Program Parent**  
**& Student**  
**Handbook**



***EDUPRIZE MISSION STATEMENT***

Our hands-on program engages students in all age groups. Pre-Kindergarten at EDUPRIZE will introduce your child to all of the fun that can be nested into pre-kinder basic skills through song, games, and literature! Students acquire a love of learning in a nurturing environment that teaches them how to become successful students through collaboration. This program is taught by highly-qualified Arizona Department of Education-certified teachers. Each teacher is certified in Early Childhood Education and has been chosen for this program because of their love and understanding of young children.

**EDUPRIZE SCHOOLS LLC STATEMENT OF SERVICES FOR Pre-K PROGRAM**

**Pre-Kg Services Classification in R9-5-204:** EDUPRIZE Pre-K offers a part-day 4-year-old program

**Hours of Operation:** 7:30 a.m. – 11:00 a.m. and 12:00 p.m. – 3:30 p.m.

Programs: Monday through Friday; Tuesday/Thursday; Monday/Wednesday/Friday.

**Facility Address:** 4567 W. Roberts Rd., Queen Creek, AZ 85142

**Facility Phone:** 480-888-1610

**Child Enrollment & Disenrollment Procedures:** Students are enrolled on a first-come, first-served basis through a written application submitted by the parent/legal guardian. The application shall include the child's name, home address, city, state, zip code, gender, and DOB. A copy of the vaccination records or immunization exemption document is required. Additional information gathered for enrollment: enrollment date, contact information for each parent/guardian of the child; emergency contact persons (2) when parent/guardian cannot be reached; written authorization for emergency medical care for the child; dietary needs; parental concerns for health and emotional well-being that staff should be aware of. This information is all required on the initial application form. Students are disenrolled when the parent/legal guardian submits a written request to withdraw the student from the program. The withdrawal date is entered by staff on the child's student records file and is maintained on the premises for at least 12 months after the disenrollment date. *See Attached Exhibit D*

**Charges, Fees, and Payment Requirements for Pre-K:**

Monday – Friday: \$750.00 per quarter

Tuesday & Thursday: \$350.00 per quarter

Monday, Wednesday, Friday: \$500.00 per quarter

Payments are accepted by the quarter. There are four quarters per school year.

**Child Admission and Release Requirements:** Children are walked in by the parent/legal guardian or authorized person and signed in daily at the playground gate. Children are signed out by the parent/legal guardian daily at the playground gate.

**Transportation:** Transportation to and from school is provided by the parent/legal guardian. EDUPRIZE does not offer transportation for students.

**Field Trip Requirements and Procedures:** N/A Pre-K does not take off-site field trips.

**Responsibilities and Participation of Parents in Facility Activities:**

1. Bring students to school and pick them up timely
2. Maintain vaccinations as required by law
3. Notify the administration of any communicable illnesses as required by law
4. Attend parent/teacher conferences as scheduled
5. Attend student activities

**A General Description of Activities and Programs:** *See Attached Exhibit A*

**Liability Insurance Required by R9-5-308 Description:** EDUPRIZE SCHOOLS has the General Facility Liability Insurance as required. EDUPRIZE Pre-K does not use any school-owned vehicles for Pre-K and therefore does not require motor vehicle insurance coverage. EDUPRIZE Pre-K does not carry individual student accident insurance, and parents are encouraged to purchase very modest and available plans from Bollinger Specialty Group. EDUPRIZE will provide a copy of proof of insurance to the AZ Dept. of Health at any time that the license of coverage expires, is canceled, or changes.

**Medication Administration Procedures:** Giving of medicine to students during school hours shall be restricted to necessary medication that cannot be given on an alternative schedule. Medicine administered by school officials must be accompanied by a label affixed by a pharmacy, physician, or parent(s)/guardian in case of non-prescription medicines. In addition, a Medication Consent Form with written instructions must be signed by the parent and on file with school officials before administering any medication. The Medication Consent Form is available from the Director or Assistant Director. The initial medication intake is through the Director or Assistant Director of the facility. It must include the following information: the first and last name of the child, the name of the medication, the prescription number, the dosage, the method, the start, and end date, the times and frequency, and the reason. Injections are administered under the guidelines of A.R.S. §§ 32-1421 (A) (1) and 32-1631 (2). Unused portions of medications shall be returned to parents if the child no longer requires them or withdraws from the school. (*See attached Exhibit B*)

**Accident and Emergency Procedures:** EDUPRIZE SCHOOLS employs Registered Nurses on campus during all hours of operation. First Aid Kits that meet the minimum requirements are available in the Pre-K area and are accessible to staff but not accessible to the students. Should a student require treatment on campus, based on the evaluation of the on-site nurse, the parent/guardian designated on the emergency card shall be notified within 30 minutes of the incident with a description of the incident. A record of the incident shall include a description, date, time, location, and the method used to notify the parent and the time they were notified. Documentation of incidents shall be kept on file on-site a minimum of 12 months after the date of the child's disenrollment.

**Illness Policy:** See attached Exhibit E

**Inspection Reports:** Reports of all inspections required by law are available on-site.

**Arizona Department of Health:** EDUPRIZE Pre-K School is regulated by the Arizona Department of Health Office located at

Arizona Department of Health Services  
150 N. 18<sup>th</sup> Ave.  
Phoenix, AZ 85007  
602-364-2539

**Pesticide Notification:** EDUPRIZE Pre-K posts notices of pesticide application at the front door of the building a minimum of 48 hours before applying pesticides. The notice includes the date and time of the application. This service is always done on Saturdays. A log of each visit to the business office is kept, and the brand, concentration, rate of application, and any use restrictions are posted in the lobby. The MSDS sheet is maintained in the log book for pesticides. The binder for pesticides also has the name of the company that provides the service, along with a copy of the business license of the licensed applicator. For your convenience, a calendar of pesticide dates is posted in front of the Pre-K classroom door.

**Parental Access:** Parents/legal guardians have access to the areas on the EDUPRIZE campus where their children are taught in Pre-K.

**Age-Appropriate Discipline Guidelines and Methods:** The Pre-K program follows the guidelines and discipline policies for EDUPRIZE SCHOOL. *See Attached Exhibit C*

**Enrollment Termination:** EDUPRIZE Pre-K reserves the right to terminate enrollment for the following reason but not limited to:

- Failure to pay
- Routinely late pick-up
- Failure to complete the required forms
- Lack of parental co-operation
- Not toilet trained
- Failure of the child to adjust after a reasonable amount of time
- Physical or verbal abuse of any person or property
- Our inability to meet the child's needs
- If the child creates a hazardous environment due to behavior or bodily fluid
- Lack of compliance with policy and regulations
- Serious illness of the child



## PRE-KINDERGARTEN CURRICULUM

### Academics and Curriculum

- ◆ Mathematics
  - Number of the week
  - Number identification
  - Sequential counting
  - Calendar Recognition
- ◆ The Robershotte Handwriting Program
  - Letter of the week
  - Identifying and sound
  - Letter formation
  - Prewriting activities
  - Alphabet
  - Sight words
  - Guided writing and illustration
- ◆ Science
  - Theme based
  - Technology based
- ◆ Labs
  - Love of books
  - Puzzles and Cognitive Framers
  - Art with variety of media type
  - Math manipulatives
- ◆ Technology
  - Educational programs to enhance core subjects
- ◆ Music
  - Music is integrated throughout core subjects

### Life Skills

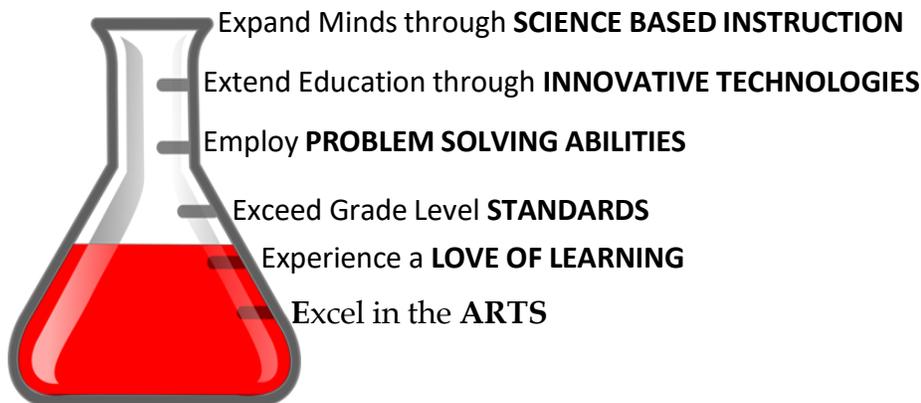
- ◆ Etiquette
- ◆ Sensory Stations
- ◆ Strategies and Problem-solving skills
- ◆ Play-based learning

### Spanish Integrated Curriculum

- ◆ Days of the week and month recognition
- ◆ Sequential Number
- ◆ Number Identification

### Preparation for Kindergarten

We are honored that you chose EDUPRIZE to be a part of your child's first experience in education. We take pride in modeling good character for your child while making it our goal to have them become students of character.



Arizona Department of Health Services  
Bureau of Child Care Licensing

**MEDICATION CONSENT FORM**

First & Last Name of <b>CHILD</b> :			
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:
Start date:	End Date:	Times & frequency:	
REASON:			
<p><b>I give permission for the administration of the medication, according to the instructions listed, to the child listed above.</b></p>			
Date of authorization:		Signature (parent/guardian):	



**POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The school must be notified immediately in writing of any change in medication. \_\_\_\_\_

I understand that I will be given notification regarding medication expiration. If no response is received or the medication is not replaced, this consent may be terminated by EDUPRIZE Health Office Staff and the medication discarded. \_\_\_\_\_

I understand that unless I have made previous arrangements with the EDUPRIZE Health Office Staff, any Medication left in the Health Office after the last day of school, will be discarded. \_\_\_\_\_

**\* Injections: Attach health care provider's written authorization.**

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FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:	YES	NO
Is the medication consent form complete?	D	D
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?	D	D
Is the full name of the child on the container?	D	D
Is the prescription or over-the-counter medication current?	D	D
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?	D	D
<b>Staff initials:</b> _____		

***Please use the second page to document administration of the medication.***





## DISCIPLINE POLICY

We maintain a positive discipline policy, which focuses on prevention, redirection, consistency, and firmness.

Start each day by taking pride in yourself and all that you do. We stress two primary behavior: respect for other people and respect for own and others' property.

**Warning:**     Inappropriate Behavior: Students who have chosen to misbehave will be allowed to identify and change their inappropriate behavior. This will be done by providing positive guidance, redirecting when appropriate, discussing inappropriate behaviors, and encouraging making amends when it involves another person.

**Second Warning:**     Continued Inappropriate Behavior: Withdraw privileges based on the principle of natural consequences. Such as, if misusing a toy, he/she will not be allowed to play with the toy for a period of time.

**Final Warning:**     Further Inappropriate Behavior: Students who continue to disrupt the learning environment and/or do not follow the rules will be referred to the Pre-K Director and earn one of the following appropriate consequences:

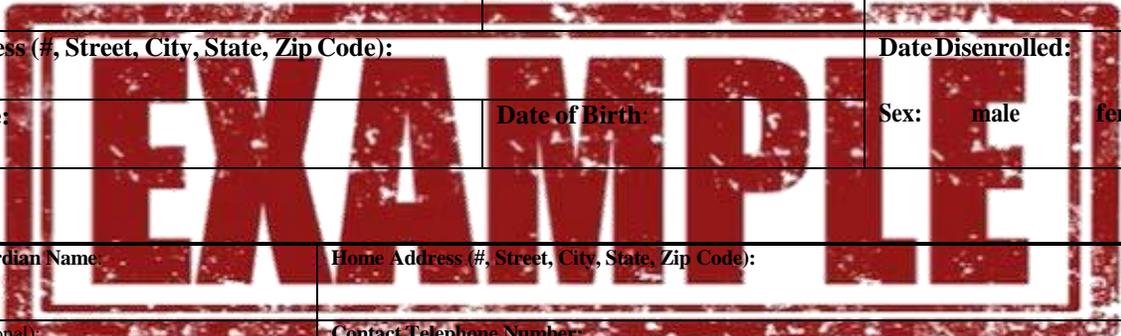
- Loss of a privilege
- Disciplinary memo
- Conference with the parents

A Monthly Behavior Calendar will be stamped at the end of each week to reflect the overall behavior of the student.



**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:    male    female</b>



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

<b>Father 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>

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:



## ILLNESS POLICY

EDUPRIZE Schools Pre-K reserves the right to temporarily deny any child admittance to the school for reasons of apparent illness or to request early departure should symptoms become apparent during the course of the day. We feel it is vital to maintain a strict wellness policy for the health and well-being of the children in our care and our staff. We ask parents to assist by keeping sick children at home.

### When a child may not attend school:

#### Fever:

Fevers are common in young children and are often a signal that something is wrong. If your child has a fever of 100°F or higher, please keep him or her at home. If your child develops a fever of 100°F or higher while at the preschool, you will be called to pick him/her up. Our policy is that your child must remain free of fever for 24 hours without using fever-reducing medication before returning to school. This means that if your child is picked up at 3:00 p.m. but still has a fever at 6:00 p.m. or later, he/she cannot return to the center the next day. The 24 hours begins when your child's fever has broken and remains normal.

#### Rash:

A rash may signify many illnesses, such as measles or chicken pox. Any rash other than a typical diaper rash or skin irritation will require that child to be sent home. They may return to school based on that written doctor's evaluation and clearance that it is not contagious.

#### Conjunctivitis (pink eye):

Children will be sent home if there appears to be unusual discharge from their eye(s). Before returning to school, they will need a written evaluation and diagnosis from their doctor.

If the diagnosis is:

BACTERIAL CONJUNCTIVITIS children must have received at least 24 hours of treatment.

VIRAL CONJUNCTIVITIS your child may return AS LONG AS THERE IS NO DISCHARGE.

*If they do not have "pink eye," we need a doctor's note with a diagnosis and a clearance that it is not contagious.*

#### Lice:

Children will not be readmitted until 24 hours after treatment and must be nit free. The school nurse will evaluate and determine if the child can be readmitted.



## ILLNESS POLICY

### **Diarrhea and Vomiting:**

Diarrhea due to illness is highly contagious. If your child has diarrhea, please keep him/her at home. If your child has three or more diarrhea episodes or any uncontained diarrhea while at EDUPRIZE, you will be called to pick him/her up. Before returning to school, children must be free from diarrhea for 24 hours.

If your child vomits, you will be called immediately to pick him/her up. Please keep your child at home until 24 hours after the vomiting has stopped. When children return too soon, there is a much higher recurrence rate and contagiousness.

### **Cough and Colds:**

Colds are a common occurrence. However, there are some symptoms that warrant keeping a child home. These include, but are not limited to: a bad cold with hacking or persistent cough, green or yellow nasal drainage, and productive cough with green or yellow phlegm being coughed up. These symptoms may be present with or without a fever.

If your child has just a cold, please notify their teacher. We encourage extra fluids and proper hand washing. If there are cold medicines you know will make your child more comfortable, the school nurse will administer them with your written permission. Please do not expect a teacher to keep a child with a cold indoors. If your child cannot participate in the ordinary daily routine, he/she is probably too sick to be at school. Fresh air with proper attire is always healthy.

### **Bringing In Ill Children:**

If your child is not infectious and your doctor has said they may return to school, but your child is still not feeling 100%, please see that we have everything to make him/her comfortable. Items such as extra clothing, medication, etc., are very helpful to your child.