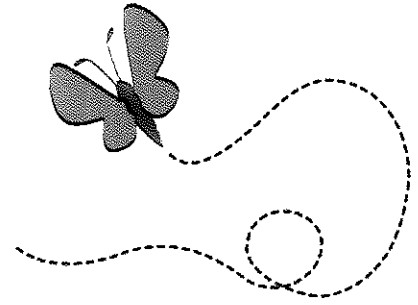


Flowing Wells Extension Programs, Inc.
1444 W. Prince Road
Tucson, Arizona 85705
(520) 887-2600
FAX: (520) 888-7962

VISIT OUR WEBSITE:
WWW.FWEPINC.COM



SUMMER

Y.E.S. 2019

YOUTH ENRICHMENT SERVICES

**All information is subject to change.*

May 28 - August 7, 2019

School starts August 8, 2019

Summer Y.E.S. Program Will Be CLOSED Thursday, July 4, 2019 and Friday, July 5, 2019.



SUMMER Y.E.S. ENROLLMENT INFORMATION

SUMMER Y.E.S. PROGRAM

The Summer Y.E.S. Program operates from Tuesday, May 28 to Wednesday, August 7, 2019, Monday to Friday from 6:00 a.m. to 6:00 p.m. at the **Richardson Y.E.S. site**, which is located at 6901 N. Camino De La Tierra. The phone number to Richardson Y.E.S. is (520) 742-0438. The program provides services to children, kindergarten through 6th grade, ages 5-12 years old.

Summer Y.E.S. Program Will Be CLOSED Thursday, July 4, 2019 and Friday, July 5, 2019.

Youth Enrichment Services (Y.E.S.) is a licensed child care service operated by Flowing Wells Extension Programs, Inc., working in cooperation with the Flowing Wells School District. Funding for the operation of Y.E.S. is derived solely from the tuition of the students who attend the program and is not a unit or part of the Flowing Wells School District. The Summer Y.E.S. 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 Care Center regulations), and other mandates applicable to a licensed child care program. Department of Health Services is located at 400 W. Congress, Suite 100, and their phone number is (520) 628-6540.

OPEN ENROLLMENT

The Summer Y.E.S. Program has OPEN enrollment providing services to the Flowing Wells School District, Tucson communities and the surrounding areas. Enrollment packets can be obtained from the Flowing Wells Extension Programs, Inc. administrative office, which is located at 1444 W. Prince Road, Tucson, AZ 85705 or from any of the Y.E.S. Programs at Centennial, Homer Davis, Richardson, or Hendricks elementary schools.

REGISTRATION DATES

Registration for Summer Y.E.S. will remain open until all spots are filled. You can register your child for the summer program at any of the four Y.E.S. locations from 6:30 a.m. to 7:30 a.m. and from 2:00 p.m. to 6:00 p.m., Monday through Friday. Homer Davis Y.E.S. Program is only available for registration in the afternoon from 2:00 p.m. to 6:00 p.m., Monday through Friday. Also for your convenience, you can register at our administrative office at 1444 W. Prince Road, Monday through Friday from 8:00 a.m. to 1:00 p.m. If you have any questions, please call (520) 887-2600.

DOCUMENTS NEEDED FOR REGISTRATION

It is no longer required for all students enrolling in the Summer Y.E.S. Program to complete a Department of Health Services Blue Card, submit a new copy of your child's immunization records or submit an exemption of immunization. It is, however, required that a parent or guardian checks their Blue Card on file to make sure that the information is correct and updated. Any new students enrolling in the Summer Y.E.S. Program must have verifiable immunization record or exemption of immunization filed and a completed Department of Health Services Blue Card. Information needed for the Blue Card: ***Two names, addresses, and phone numbers of individuals who can pick up your child in case of an emergency. Please make sure individuals live or work only 10 to 15 minutes away from the Richardson Y.E.S. site. The two names must have different phone numbers. The form requires the name and phone number of your child's doctor.***

****All information is subject to change***

SUMMER HOURS OF OPERATION - PHONE NUMBERS

Flowing Wells Extension Programs, Inc.
Monday-Thursday (*Summer Hours*)

(520) 887-2600
7:00 a.m. - 1:30 p.m.

Richardson Y.E.S. Program
Monday-Friday

(520) 742-0438
6:00 a.m. - 6:00 p.m.

FEES AND ADMISSION

The material fee for Summer Y.E.S. is \$20.00 per student. Enrollment will remain open. Children are admitted on a space available basis. For children with special needs, Y.E.S. will determine eligibility and assess costs on a case-by-case basis. As Y.E.S. receives all of its funding through student tuition, Y.E.S. has no monies available to subsidize tuition.

Y.E.S. RATES AND PAYMENT TERMS

The hourly charge for the Y.E.S. Program is \$4.00 per child/ per hour, minimum 1 hour charge. *Statements will be delivered by Wednesday of each week and payment is due in full by Friday.* The Y.E.S. program receives all its financial support from tuition, Y.E.S. must insist on parental cooperation in payment matters. Payments should be made promptly to avoid late fees and/or collection fees. Accounts turned over to our collection agency will not be reinstated into the Y.E.S. Program.

Payments can be made by check or money order at the Summer Y.E.S. Site. ***Please make check or money orders payable to F.W.E.P.*** There is a \$30.00 fee for returned checks. If FWEP receives two returned checks (along with fees), we will no longer accept personal checks for payment.

Cash payments can be made at the main office on Prince road. **CASH WILL NOT BE ACCEPTED** at the Summer Y.E.S. Program.

Credit/Debit card payments can be made over the phone during our regular business hours by calling (520) 887-2600. The credit/debit card minimum payment amount is \$25.00.

Billing inquiries may be answered by calling (520) 887-2600 between 7:30 a.m. and 1:00 p.m., Monday through Thursday during the summer program.

EARLY DROP OFF/LATE PICK UP

The Summer Y.E.S. Program will open at 6:00 a.m. Any child that is signed in or sent into the building before 6:00 a.m. will be charged an early drop off per minute fee until 6:00 a.m. ***All children must be picked up by 6:00 p.m.*** A late pick up charge will be assessed for children not picked up by 6:00 p.m. In the case that a child is dropped off early or picked up late, your charges will be \$3.00 per minute per child for the first occurrence and \$4.00 per minute for the second occurrence, and removal from the program after the third occurrence. If there is an emergency and the child cannot be picked up by 6:00 p.m., please call the Y.E.S. Program and inform the staff so that your child's mind can be put at ease. Your child will not be left unattended. ***All late charges are to be paid the following day to continue services.***

PROGRAM WITHDRAWAL

If your child will no longer be attending the Summer Y.E.S. Program, please make sure to contact Kerrie Hankinson at the Flowing Wells Extension Programs, Inc. administration office at (520) 887-2600 or Kerrie@fwepinc.com.

****All information is subject to change***

SIGN IN/SIGN OUT PROCEDURE

It is the policy of F.W.E.P, D.E.S. and D.H.S. that all parents and guardians are required to use their **legal signature** (no initials) in blue or black ink 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. Sign in/sign out records are legal documents. If an error is made, please notify one of our staff members. Please do not scribble on the sheets.

PARENT VISITATION AND PARTICIPATION

The Y.E.S. staff invites parents to visit the site any time. Special projects and activities will be posted and parents are encouraged to participate. All visitors must report to the Y.E.S. room first and will be supervised by the Y.E.S. staff during their stay.

SUMMER Y.E.S. RULES & REGULATIONS

PROVISIONS FOR SPECIAL NEEDS CHILDREN

Program eligibility for disabled students is determined on a case-by-case basis. If your child has a special need, you will need to discuss this with the program administrator prior to registration.

CELL PHONES/ELECTRONIC DEVICES/GAMES/TOYS

Students are not allowed to bring **any** toys or electronic devices. These electronic devices include and are not limited to the following:

Cell Phones

Personal CD or MP3 players

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 Y.E.S. Program.*** If it is crucial for your child to be contacted, please feel free to call the Summer Y.E.S. Program at (520) 742-0438. **Flowing Wells Extension Programs, Inc. is not responsible for lost or damaged items that are brought to the Y.E.S. Program.**

DISCIPLINARY PHILOSOPHY

The Y.E.S. staff uses a philosophy of positive reinforcement to manage the children's behavior. The Y.E.S. staff encourages children to engage in activities in a happy and positive manner. Children who exhibit inappropriate behavior may be removed from an activity for a short period until they are ready to participate in a more appropriate fashion. The consequences of behavior are pointed out to the children with the ultimate goal of helping them assimilate into a group setting, accept responsibility for their actions, and yet retain a sense of enjoyment. Children are required to engage in responsible behavior. **Serious or repeated misbehavior may result in expulsion from Y.E.S.** A parent who believes that his or her child has been inappropriately or unfairly excluded due to misbehavior may appeal to the director who shall meet with the parents, teacher, and child, if appropriate, and shall determine whether or not to readmit the child.

MEALS

The FREE breakfast and lunch program is from Tuesday, May 28 to Wednesday, August 7!

**State funded breakfast and lunch program subject to change. For questions please contact Southwest Foodservice Excellence, LLC. at 520-696-8623.*

You must have your child signed in to the site by 7:25 a.m. in order to have Y.E.S. staff escort your child to breakfast. Children will not be allowed to walk by themselves to the cafeteria. If you arrive after 7:25 a.m., you must sign in your child, escort them to the cafeteria, and check them in with the Y.E.S. staff.

****All information is subject to change***

The Summer Y.E.S. 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 on site 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 Y.E.S. Program is no longer able to store lunches in any of the on site refrigerators or use the site microwave to heat any lunches.***

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.

EMERGENCY PROCEDURES

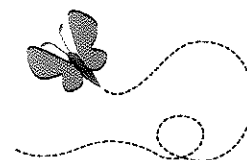
The Y.E.S. staff has a member on duty at all times who has been trained in C.P.R. and First Aid to handle minor injury or accidents. A parent or guardian will be notified of any accident involving his or her child. Should emergency treatment be needed, Y.E.S. will attempt to contact the parent first. If Y.E.S. is unable to reach the parent, an attempt will be made to contact one of the persons designated as emergency contacts on the child's blue card. In case of serious injury or accident, 911 and/or the party listed as emergency contact will be called. If deemed necessary by paramedics or other medical personnel, the child will be taken to the nearest emergency center.

MEDICATION

The Y.E.S. staff is permitted to dispense prescription medication only with parent or guardian authorization. If a child needs medication the parent or guardian needs to complete the REQUEST FOR GIVING PRESCRIPTION MEDICATION form. The Y.E.S. staff will administer prescription medication during the Summer Y.E.S. Program. The assigned agent will administer prescribed medication from 11:30 a.m. – 12:30 p.m. and 3:00 p.m. – 4:00 p.m. only. The medication is to be furnished by the parent or legal guardian and is to be labeled in the original prescription bottle with a current date, the student's name, name of medication, amount to be given, time of day to be given, and duration of treatment.

We look forward to seeing you this summer!

****All information is subject to change***



Flowing Wells Extension Programs, Inc.

Summer Y.E.S. 2019

Welcome to FWEP Summer Y.E.S. 2019! The Summer Y.E.S. Program operates from Tuesday, May 28 to Wednesday, August 7, 2019, Monday to Friday from 6:00 a.m. to 6:00 p.m. at the Richardson Y.E.S. site, which is located at 6901 N. Camino De La Tierra. To register, complete the form and return it with payment to Flowing Wells Extension Programs, Inc. 1444 W. Prince Rd., Tucson AZ, 85705 or any of the Y.E.S. sites. For more information please contact Flowing Wells Extension Programs, Inc. at 520-887-2600. Our office hours are Monday to Friday, 8:00 am – 1:30 pm. Effective May 28, our summer hours are Monday to Thursday, 7:00 am – 1:30 pm. *SUMMER Y.E.S. will be closed Thursday - July 4, 2019 and Friday - July 5, 2019.

Material Fee per student: \$20.00

Hourly Fee: \$4.00 per child/per hour minimum 1 hour charge (No Non-attendance Fees)

FREE Breakfast and Lunch Program * Restrictions apply

Name _____ Gender: _____ DOB: _____ Grade Entering _____

Name _____ Gender: _____ DOB: _____ Grade Entering _____

Name _____ Gender: _____ DOB: _____ Grade Entering _____

Name _____ Gender: _____ DOB: _____ Grade Entering _____

Responsible Guardian(s): Birth Parents _____ Foster Parents _____ Other (explain) _____

Name: _____ Day Phone _____ Name: _____ Day Phone _____

Email: _____

Is any child listed above the subject of a custody order or agreement? Yes _____ No _____ If so, a copy of the order or agreement must be provided.

Home Address: _____ Zip Code _____ Home Phone _____

Emergency Contact: _____ Phone: _____

Please list any health/dietary restrictions _____

My child is enrolled at _____ Elementary School.

My child will be attending the Summer Skills for Success Program: No _____ Yes _____ Site: _____

Permission Authorization Form

SUNSCREEN PERMISSION: I give permission to Flowing Wells Extension Programs' Youth Enrichment Services to allow my child to administer sunscreen. I have agreed to send one container of sunscreen to the Y.E.S. Summer Program. I will clearly mark the sunscreen with my child's first and last name. I do understand, that if my child does not have sunscreen, they will not be allowed to swim. I understand that the sunscreen will be kept in a locked box for the duration of the summer. Sunscreen cannot be shared by others, this includes siblings. The sunscreen will be returned at the end of the summer program or when the child dis-enrolls. (Please Initial) _____

MEDIA RELEASE: I hereby consent that any photograph, videotape, films and/or audio recording of my child by Flowing Wells Extension Programs, Inc. are the property of said organization and may be used for publicity, training, publication, grant applications and/or any other deemed appropriate use by F.W.E. P. (Please Initial) _____

ELECTRONIC DEVICES/GAMES/TOYS/CELL PHONES: Students are not allowed to bring any toys or electronic devices. These electronic devices include and are not limited to the following:

- *Personal CD or MP3 players *Personal DVD/TV players *Cell Phones *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 Y.E.S. Program. If it is crucial for your child to be contacted, please feel free to call the Summer Y.E.S. Program at (520) 742-0438.

Flowing Wells Extension Programs, Inc. is not responsible for lost or damaged items that are brought to the Y.E.S. Program.

(Please Initial) _____

EMERGENCY CARD: I have reviewed the current Emergency Information Card located at my students Y.E.S. site. All the information is current and up to date. I understand that if my student is not currently attending Y.E.S. I will need to provide Immunization Records and an Emergency Card per child. (Please Initial) _____

I have read and understand the registration packet information.

Parent/Guardian Signature _____

Date _____

FEES ARE NON-REFUNDABLE (Please fill out the appropriate choices.)

Non-refundable Material Fee: \$20.00 per student \$ _____

Payment to Y.E.S. Account: \$4.00 per hour \$ _____

Total Amount Paid: \$ _____

Money Order/Check: _____ Cash: _____ Credit Approval: _____

Registration Taken By: Name: _____ Date: _____



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:
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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.

In case of injury or sudden illness, I request that this individual be called first:	
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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? No Yes
 If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes
 If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? No Yes
 If yes, specify procedure:

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No Yes
 If yes, list precautions:

Additional comments:

Other special instructions:

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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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:
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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.

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