



Legacy Traditional School is proud to offer Legacy KidsCare (LKC), a non-licensed* program for before and after school childcare. LKC is open to any currently enrolled student. All services will be provided for a reduced (not-for-profit), non-refundable fee. Space is limited and will be offered on a first-come, first-serve basis.

Program Description and Student Eligibility

Legacy KidsCare is open to any currently enrolled Legacy Traditional Schools (LTS) student, Kindergarten through eighth grade (typically ages 5-14). Exceptions may be made for 4 year olds to participate if they have been accepted into our Kindergarten program and are developmentally able to care for themselves. Part time and full time care is provided before and/or after school. Half days are included for families who are registered for the after school program only. However, students that are enrolled in LKC for before school or drop-in only may register for half day care 2 days in advance as needed.

*The Legacy KidsCare program is not a licensed child care facility as defined by Arizona Revised Statutes section 36-882. As such, your child is free to check out and leave from the program site at any time. Staff cannot physically restrain a participant who is not authorized to walk home but is trying to walk home. If your child leaves, staff will begin calling the numbers listed on the Registration form.

It is very important for you to ensure that your contact information is listed correctly on the registration form.

*****Before and after school programs fees do not include non-school days, holidays and camps.*****

We recommend that you read the entire parent handbook. If you have any questions, please contact Community Education at 480-270-5438 Ext 1240 or call the campus directly.



Legacy KidsCare (LKC) General Information

Registration Procedures

LKC is available to enrolled Legacy Traditional Schools students and parents are required to complete the online registration through the Community Education application SchoolCare Works (SW) which is located on the Parent Portal. The LKC program at each campus is usually able to accept new students. However, occasionally there may be a need to briefly close a program and open a temporary waiting list.

The LKC online registration has two important components. The first is to complete the account registration which lets parents set up a username and password. The second is to verify basic student and parent data, select LKC program options and set up payment which is explained below. Once parents identify which program is best for your student(s), please follow the step-by-step registration listed in this document.

Daily Schedule

Before School

- 6:00am – 7:30am: Recreational activities in the gym (Breakfast is not provided though students may bring their own or purchase food from the cafeteria which opens at 7:30 am)

After School

- 3:00-3:30 Snack
- 3:30-4:00 Homework help
- 4:00- 5:00 Outside time
- 5:00-6:00 Educational Games

Program Options & Fees

LKC provides many different program options for families to meet their care and budget needs. Please know that LKC staff and food orders are based upon expected attendance and therefore, **credits or refunds are not**

issued for unused days. Further, LKC before and after programs are based on student enrollment (full time or part time) over 180 school days divided over ten months between September and May to provide families with a consistent payment. **Before and after school programs are a separate fee from holidays and break camps.** Parent that need both before and after school care and camps with school months that have breaks will make two separate payments. For example, the months of October, December and March typically have 1 to 2 weeks of school breaks and if you enroll your student in camp, that is a separate fee than the monthly averaged before and after school care fee.

Annual Registration

There is a \$70.00 per family, per school calendar year. If a family withdraws for a period of time to exceed two weeks, a registration fee must be paid again. LKC summer sessions are considered part of the prior school year. **The annual registration fee is non-refundable.**

Part Time Before School and/or After School

Parents that select this option will schedule up to a maximum of three days per week their child(ren) will attend LKC.

PT before school only \$71.00 per student, per month

PT after school only \$159.00 per student, per month

Full Time Before and/or After School

Parents that select this option have before and/or after school coverage on each school day.

FT before school only \$81.00 per student, per month

FT after school only \$198.00 per student, per month

Before and After School Care Family Maximum \$400 monthly

Parents that select this option will cap their before and/or after school care on every school day at a discounted flat rate fee of \$400. Families would want to select this option if the amount of LKC before and after school care fees would exceed \$400 per month. This for families who would exceed more than that amount per month using LKC before and after school services (note this does not include holiday or camp costs). Parents are required to pay the full fee on the first business day of the month, payments may not be split. The family maximum benefit is removed if payment is not received on the first business day and could recalculate far greater than \$400 in a given month.

Day Camps and Break

LKC will be open most holidays but are closed on the days listed below. **Day camps over holidays and breaks are a separate fee from before and after school care.** Day camps provide 12 hours of coverage from 6:00 a.m. to 6:00 p.m., 2 snacks, breakfast and lunch as well as a full day schedule of activities. Most campuses host holiday and break camps but occasionally, some schools do not. However, parents can chose a different campus camp through SchoolCare Works for their student as an alternative option.

LKC will be **closed** on these holidays or the official day recognized by LTS:

- New Year's Day (or the day that LTS recognizes as the holiday)
- Memorial Day
- Independence Day (or the day that LTS recognizes as the holiday)
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day (or the day that LTS recognizes as the holiday)

The typical daily camp cost per student is \$35 or discounted to \$120 if the camp week is 4 days long or \$150 if the camp is 5 days long. Parents are required to pay camp fees prior to cut-off date in order for their student to attend.

Additional Fees

Payment-Not-Received Fee

A late payment fee of \$30.00 will be automatically generated within SchoolCare Works and applied to family accounts if payment in full is not received by the the 17th of each month.

Families who utilize the Family Maximum discounted rate have a late payment fee automated applied on the 3rd of each month.

Late Pickup Fee

\$1 per minute after 6:00 p.m. per child. LKC hours are 6:00 am-6:00 pm on scheduled school days. If a student is still at LKC past 6:00 pm, the program administrator and/or possibly the school principal will use the program cell phone time to notate the arrival time of the parent and a fee entered in SchoolCare Works and is required to be paid within 3 days or the student may not continue to attend LKC.

Parents should be clear that excessive incidents of late pick-up will not be permitted. If there are patterns of irregular pick up times, , it will be brought to the Community Education Administrators and Principal's attention, who will schedule a meeting with the family to discuss options. If a child is not picked up by 7:00 pm, and neither parents nor emergency contacts can be reached, protocol will be followed.

Attendance

Children are expected to attend each of the days for which they are scheduled. Parents are responsible for letting LKC know if your child is absent from our program either by email or phone by the required times listed below.

Absent from the before school program, please notify by 6:30 a.m.

Absent from the after school program, please notify by 1:00 p.m.

If we not notified your child will be absent and they are not present, we will initiate child locator procedures immediately. We will attempt to verify the absence using information obtained by the school office. Next, we will attempt to contact you and your emergency contacts using the information provided on the Registration form. LKC contact information by campus:

Avondale	480-622-6038	av-legacykids@legacytraditional.org
Casa Grande	520-483-4779	cg-legacykids@legacytraditional.org
Chandler	480-622-6091	ch-legacykids@legacytraditional.org
Gilbert	480-622-6686	gil-legacykids@legacytraditional.org
Glendale	480-318-1954	gle-legacykids@legacytraditional.org
Laveen	480-622-6709	lav-legacykids@legacytraditional.org
Maricopa	520-483-4790	mc-legacykids@legacytraditional.org
N. Chandler	480-318-5574	nch-legacykids@legacytraditional.org
NW Tucson	520-345-2024	tu-legacykids@legacytraditional.org
Peoria	480-318-6074	pe-legacykids@legacytraditional.org
Queen Creek	480-622-6718	qc-legacykids@legacytraditional.org
Surprise	480-364-3796	sur-legacykids@legacytraditional.org

****Please inform the LKC staff if you pick your child up from school unexpectedly.**

SchoolCare Works Registration Steps

Create an Account

Go to the Parent Portal (where the PowerSchool tab is located) on your main LTS website and select SchoolCare Works.

1. Click on **Create an Account** to set up a username and password to access the new application. Follow the prompts and you will need at least one student ID and their birthdate to set up an account. **Important** - *Families with two or more driveline numbers; a SchoolCare Works account must be set up for each drive line number to stay in synch with PowerSchool.*

To look up a Student ID, log into PowerSchool, go to Alert Solutions and the Student ID is on the Contact pages

2. Once you have a SchoolCare Works username and password, click Log-In to complete the rest of the registration.
3. From the homepage, click on the Registration tab, click the school site drop down to confirm it is the correct LTS campus your student(s) attend then follow these steps:
 - a. Click the category drop down box for KEEP or LKC
 - b. Find the program you currently have your child(ren) enrolled in, and click the green ENROLL button
 - c. Enter the start date field of the pop-up screen
 - d. Select ADD MORE if you have additional students to enroll or CHECKOUT if completed
 - e. Confirm the enrollment options selected are accurate
 - f. Read and check off the program agreements, click CHECKOUT
 - g. Enter your digital initials
4. Go to the Personal Information tab and verify the parent information is correct. Parents can add more contacts which could be additional parents, grandparents, etc.

Confirm the existing parent information is accurate, errors or updates must be made in PowerSchool which will update SchoolCare Works

Select Add New Contact to add additional emergency contacts that can pick up your children from the LKC or KEEP programs and/or to permit them to make payments to the family account (see more below)

5. To establish the new contact as authorized to make payments on the family account (optional), their email is required and select YES in the PAYOR field.
 - a. After you save the record, the contact will get an automatic email to set up their own User ID to log into Daycare Works through Daycare Works Connect. This also generates their own monthly and year-end statements based on what they paid.
 - b. When a contact logs in for the first time, their password will be their username. They will be immediately prompted to update their password for Daycare Works before continuing.

6. Go to the Auto-Pay tab (optional) to set up a credit card for online payment. Auto-pay is a **SUM TOTAL** payment, the full amount owed on the family statement on the first of the month will be charged to the card on file; auto-pay cannot be opted for by program

7. Parents that prefer to enter each payment for the total owed or need to pay for an item such as a camp before the first of the month, should use the **Make a Payment** tab on or before the required due date.

Staff/child ratio

The LKC staff is comprised of a Program Administrator (PA) who is currently a LTS teacher with at least one year's experience at the campus. The PA provides overall supervision for the LKC program during and after school hours. Before and After school care groups are managed by staff members also include current teachers that are program assistants and program instructors. In addition, school aides and other staff work under the direction of the PA, program assistants and/or program instructors.

LKC strives to maintain a 30:1 staff-to-child ratio in either the before or after school sessions and is based on enrollment expectations.

Signing In and Out

Before School: Parents will be required to escort their child(ren) to the before school LKC location and encouraged to sign their child in each morning.

After School: Parents will be required to pick up their child at the LKC designated area and encouraged to sign their child out.

Please bring the family pick-up sign to show the staff when you are picking your child up.

Illnesses

Parents must inform the LKC staff when an absence is due to illness in addition to contacting the school's attendance office. Students are not permitted to attend LKC with any of the following symptoms:

- Fever within the past 24 hours
- Vomiting, diarrhea
- Undiagnosed rash
- Inflamed or matter-filled eyes
- Head lice

A child who did not attend school due to illness will not be accepted into LKC on that day.

If your child becomes ill while attending LKC with a temperature of 100.4 or higher, vomiting, diarrhea, or the onset of a rash, a parent/guardian/emergency contact must pick up the child within the hour. Students may not return to school until they are fever free without the use of fever reducing medications for 24 hours, free of vomiting for 24 hours, and free of diarrhea for 24 hours. The school health assistant is not part of LKC staff and will not be called for illnesses for injuries.

Children who are ill with a contagious disease or fever may not attend LKC. Parents must inform the LKC staff if their child has been diagnosed with any potential infectious illness so the school health assistant may be informed the following day to follow notification procedures. Neither credit nor refunds are not given for sick days.

Injuries

Your child will receive proper attention and quality care for minor injuries. Staff will notify you either by phone, in person and with a written injury report. If your child experiences a major medical emergency, 911 will be called if necessary to ensure that your child receives the best medical attention.

Emergency Contacts

It is the parent's responsibility to make sure that the emergency contact information is always updated in SchoolCare Works. It is extremely important that we have home and cell phone numbers for parents/guardians plus at least 2 local emergency contacts.

Medication Administration

Only physician prescribed medication in the original prescription container may be requested to be given to students in LKC by the Program Administrator. The container must have the pharmacy label which includes the student's name, dosage, date and name of medication. Specific regulations state that medication that is kept at the school, during the day, is not permitted for Legacy KidsCare. This would include items like an EpiPen. Parents are responsible for providing both the school and before or after school care centers, such as LKC, with their own without exception.. In order for medication to be kept at LKC, an "Administering Medication to Students at Legacy KidsCare" form must be filled for each medication needed.

The LKC medication policy is that any unused or expired medication will be returned to the parent or guardian. In addition, medications will be disposed of two weeks after the expiration date or a child's withdrawal from the program.

Emergency Procedures

In case of a student emergency, as determined by the appropriate LKC staff or Principal, 911 will be called and a parent will be notified immediately. Though 911 services are a no-cost service, parents are responsible for all costs incurred in such emergencies such as ambulance transportation and any other costs.

LKC fire and Lockdown procedures will be an extension of the campus policies and procedures.

Food

A light snacks will be provided each day in after school care at no extra charge. Students may bring their own snack too.

Lunch is provided on half days, day camps, intersession breaks and during the summer academy at no extra charge.

All Legacy Traditional Schools have water drinking fountains available to students and can refill reusable bottles as they wish.

Please note, that Legacy KidsCare is NOT part of an allergy-free school or nut-free district.

Enrollment/Payment Options

Parents can select from a wide variety of enrollment options and tuition is based from enrollment type. upon how much care is provided. LKC has leveled out tuition costs over 180 school days which means payment months are September to May in a calendar year.

Parents may go online and change a student's enrollment status on the within five business days before the 1st of the month only. All billing is based upon student enrollment and payment options and changes after the first business day of the month are not permitted.

Before and/or after school care can be part-time (max of 3 days) or full time. Students enrolled in this option are expected to attend on half days at no additional charge.

All students that would like to attend camp days or break camps during school intersession must sign up for each event and pay the related charge, there is no automated enrollment based upon before and after school care status. Students that attend all days of an intersession camp received a discount. For example, during a 5 day camp, the cost is \$35 per day or \$150 per week.

SchoolWorks, the LKC application provides easy access to statements, including year-end tax information. In addition, below are the tax id **claiming childcare expenses**:

Avondale: 32-0339504
Casa Grande: 27-0637575
Chandler: 30-0681275
Gilbert: 46-1849277
Glendale: 47-5382849
Laveen: 61-1678903

Maricopa: 27-0637575
N. Chandler: 47-2240777
NW Tucson: 35-2408563
Queen Creek: 27-0637575
Surprise: 47-2207406
Peoria: 81-2350661

Payment Dates

All accounts will be automatically billed in SchoolCare Works on the 1st of each month. If you enrolled in auto-pay for before and after school care, it will automatically be charged to the credit card on file. All other non auto-pay items need be paid by going to the Make-a-Payment tab and paid by the due date. A late fee of \$30.00 is automatically assessed if payment is has not been made.

Refund Policy

Annual registration fees once paid are non-refundable. In addition, because LKC bases staff on expected attendance, scheduled days may not be traded for unscheduled days nor will unused days be refunded or credited.

For questions about your account, please email communityeducation@legacytraditional.org and specify the concern.

Exceptional Students

Legacy KidsCare fully complies with the requirements of Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, applicable to DHS regulations, and applicable federal, state, and local laws.

Reasonable accommodations will be provided to afford a youth with a disability meaningful access to Legacy KidsCare, in addition, Legacy KidsCare may agree to reasonable modifications of its programming to accommodate a youth with a disability. Accommodations will be determined on an individual basis. Any youth, including youth with disabilities, may be removed from the program if his/her behaviors, even with reasonable modifications, are so disruptive that it puts other youth in danger or negatively impacts the quality of services to other participants.

If you believe your child is in need of reasonable accommodations or modifications at Legacy KidsCare, please complete the ***“Student Record Request Release”*** form to allow us to have copies of your child’s special education, Section 504, and/or health records.

Positive Discipline Program

Legacy KidsCare follows the same positive discipline approach as Legacy Traditional Schools. Positive discipline helps to create a conducive environment for learning and fun. In LKC, positive behavior is rewarded with positive reinforcement. Consequences for inappropriate behavior are clearly defined and enforced.

Step 1 – Warning

Step 2 – Removal from the group for 5 minutes

Step 3 – Removal from the group for 10 minutes

Step 4 – Program Administrator will be consulted/removal from group

Step 5 – Documentation will be sent home/signature required

Important note: The Assistant Principal will be consulted if there is an ongoing pattern of inappropriate behavior.

Withdrawal

You may withdraw your child from LKC at any time. Staff may withdraw your child from LKC at any time due to safety concerns, difficult behavior, fees owed, etc. Payments are not refundable. We will make prorated refunds on payments made in advance of more than 30 days. Please complete the Program Withdrawal Form to withdraw from LKC at least 5 days before the 1st of the month (found under the Communication tab in SchoolCare Works). This will discontinue future billing. All accounts must be have a zero balance and expect to pay a registration fee again if you need to return to LKC in the same school year.



CERTIFICATE OF GOOD HEALTH

Child's Name: _____ **Date of Birth** _____

Is your child having any of the problems listed below? *	Y	N
1. Allergies or reactions (for example, food, medication, or other) 2. If yes: please list:		
2. Hay Fever		
3. Asthma		
4. Eczema or frequent skin rashes		
5. Convulsions/Seizures		
6. Heart Trouble		
7. Diabetes		
8. Frequent colds, sore throats, earaches (4 or more per year)		
9. Trouble passing urine or bowel movements		
10. Shortness of breath		
11. Speech problems		
12. Other		
Please explain any problem identified above: * Additional paperwork may be required including a medical action plan signed by child's physician before care can begin.		
Does your child take any medications regularly? If yes, what medication?		
Reason for Medication:		

I hereby certify that my child is in good health and that his/her immunizations are current. I will assume responsibility for my child's health while at Summer Academy.

Signature of Parent Guardian: _____ Date: _____

Child's Name: _____ Age: _____



STUDENT RECORD REQUEST RELEASE

INFORMATION TO BE RELEASED FROM:	INFORMATION TO BE RELEASED TO:
Name: Legacy Traditional Schools	Name: Legacy Kids Care (LKC) – <i>Please list campus name</i>
School:	Title: Admin and Staff
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Phone Number: Fax:	Phone Number:

Parent/Guardian would like the following records and/or information released to Legacy Kids Care (LKC):

- | | |
|---|---|
| <input type="checkbox"/> Health & Immunization Records | <input type="checkbox"/> Section 504 Plan Records |
| <input type="checkbox"/> Psychological Evaluation Records | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Written Communication |
| | <input type="checkbox"/> Other: _____ |

Student Name	Date of Birth	Grade

I hereby authorize the school named above to release information, both verbally and in writing, to Legacy Kids Care (LKC).

Signature of Parent/Guardian

Date

Signature of LKC Official

Date



Administering Medication to Students at Legacy KidsCare

Name _____ Date _____

Teacher _____ School _____ Grade _____

Medication _____ Dosage _____

Diagnosis/Reason for Giving _____

Time to be given _____ AM _____ PM

Dates: _____ To _____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient's name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

Parent/Guardian Signature

Date

*A new form is required for any change in medication name or dosage and at the beginning of each summer.

***Staff members in charge of the Legacy KidsCare will assist students, as trained by the parent, following a physician's order. Parent initials _____.**

*****Over the counter medication is not given.**

Revised 10-13-16



Permit for Self-Administration of Emergency Epinephrine for _____ Legacy KidsCare

Student _____ School _____ DOB _____ Grade _____

Legal Reference: ARS 15-341 (2005) allows students who have been diagnosed with anaphylaxis by a healthcare provider to carry and self-administer emergency medications including auto-injectable epinephrine while at school and at school sponsored activities. The student's name on the prescription label on the medication container or on the medication device is sufficient proof that the pupil is entitled to the possession and self-administration of the medication. The statute also provides immunity from civil liability for a school district and its employees with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of this paragraph, except in cases of wanton or willful neglect.

Name of medication _____

Dosage _____ Expiration Date _____

I hereby give permission for my child to carry the above listed medication as ordered by his/her licensed healthcare provider. I understand that my child, not the school, is responsible for the storage, possession, and use of the self-administered medication. I understand that misusing medication or sharing medication with other students will result in disciplinary action. I agree to deliver the medication to the school health office with an appropriate pharmacy prescription label and to provide the health office with a back-up medication. I understand that it is the responsibility of my child to report to the Health Office or other staff member if symptoms do not improve after taking this medication.

“Self-Administration” means that my child has the discretion to use his/her medication appropriately. Therefore as parent/guardian, I acknowledge that my child is capable of identifying the medication, is knowledgeable of the purpose of the medication, is able to identify/associate specific occurrence and need for the administration of the medication, is knowledgeable/capable of medication dosage, is knowledgeable/capable of administrative method, is able to state side effects/adverse reactions to the medication, and is knowledgeable of how to access assistance for self if needed in an emergency.

I acknowledge that Athlos Traditional Academy/Legacy Traditional Schools and its employees will be immune from civil liability for all decisions made and actions taken in good faith to implement these provisions per ARS 15-341 and ARS 15-344. I also acknowledge that Athlos Traditional Academy/Legacy Traditional Schools and its employees will be exempt from civil liability as a result of any injury arising from my child’s self-administration and/or misuse of the medication.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Prescribing Physician Name _____ Ph. Number _____

I have read the above and understand my responsibility to carry and self-administer my medication and will notify the Health Office or other staff member if my symptoms do not improve after taking this medication.

Student Signature _____ Date _____

(Office Use) Check if Emergency Action Plan is complete and on file



Permit for Self-Administration of Inhaler Medication for _____ Legacy KidsCare

Student _____ School _____ DOB _____ Grade _____

Legal Reference: ARS 15-341 (2005) allows the possession and self-administration of prescription medication for breathing disorders in handheld inhaler devices by students who have been prescribed the medication by a licensed health care professional. The student's name on the prescription label on the medication container or on the medication device is sufficient proof that the pupil is entitled to the possession and self-administration of the medication. The statute also provides immunity from civil liability for a school district and its employees with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of this paragraph, except in cases of wanton or willful neglect.

Name of medication _____

Dosage _____ Expiration Date _____

I hereby give permission for my child to carry the above listed inhaler as ordered by his/her licensed health care provider. I understand that my child, not the school, is responsible for the storage, possession, and use of the self-administered inhaler. I understand that misusing medication or sharing medication with other students will result in disciplinary action. I agree to deliver the medication to the school health office with an appropriate pharmacy prescription label and to provide the health office with a back-up medication. I understand that it is the responsibility of my child to report to the Health Office or other staff member if symptoms do not improve after taking this medication.

“Self-Administration” means that my child has the discretion to use his/her medication appropriately. Therefore as parent/guardian, I acknowledge that my child is capable of identifying the medication, is knowledgeable of the purpose of the medication, is able to identify/associate specific occurrence and need for the administration of the medication, is knowledgeable/capable of medication dosage, is knowledgeable/capable of administrative method, is able to state side effects/adverse reactions to the medication, and is knowledgeable of how to access assistance for self if needed in an emergency.

I acknowledge that Athlos Traditional Academy/Legacy Traditional Schools and its employees will be immune from civil liability for all decisions made and actions taken in good faith to implement these provisions per ARS 15-341 and ARS 15-344. I also acknowledge that Athlos Traditional Academy/Legacy Traditional Schools and its employees will be exempt from civil liability as a result of any injury arising from my child's self-administration and/or misuse of the medication.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Prescribing Physician Name _____ Ph. Number _____

I have read the above and understand my responsibility to carry and self-administer my inhaler and will notify the Health Office or other staff member if my symptoms do not improve after taking this medication. Student

Signature _____ Date _____

(Office Use) Check if Asthma Action Plan is complete and on file