



Dear Parents,

We are so excited that you have chosen to enroll your child at Apple Ridge Academy!

Our teachers and staff take pride in being able to give your child the love and guidance that he/she needs to grow and excel in their earliest years and we cannot wait to have your child and family join our program!

Please follow the enrollment steps outlined below and do not hesitate to ask if you have any questions...

Step 1: Submit Initial Enrollment Paperwork & Fees to Secure Enrollment

- Apple Ridge Academy Enrollment Contract
- \$50 Enrollment Fee
- Tuition Deposit

Step 2: Complete e-Registration Packet / Final Enrollment Paperwork

- Childcare Enrollment Form
- Health History and Emergency Care Form
- Intake Form (Children Under 2 Years Old)
- Child Health Report
- Immunization Record
- Photo Permission Form
- Parent Preferences Questionnaire
- **Note: The attached paperwork is *due at least two weeks prior to your child's first day of attendance* at Apple Ridge Academy. This allows us ample time to prepare for your child to join us and have things ready for your child's first day. We appreciate if you are able to e-mail this paperwork back to us as soon as possible, but you are welcome to bring it with you when you visit as well (see below.)**

Step 3: Visit Day

- Prior to your child's first day of attendance, please set up a time to stop in with your child and visit the classroom and teachers and ensure we have received all of your final enrollment paperwork.
- You may also bring in your child's supplies to ease the transition of your child's first day.

We look forward to your family joining us on... **"A Journey to Excellence!"**

Ashley Imme

Center Director
ashley@appleridgeacademy.com

Cristlyn Krieger

Assistant Director
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Traci Peters

Administrative Assistant
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Apple Ridge Academy

Enrollment Contract



Half-Day Preschool & 4K Program from 8:30am to 12:30pm

Child Information

Child's Name:

Date of Birth:

Child's Name:

Date of Birth:

Family Information

Billing Street Address:

City:

Zip Code:

Parent / Guardian #1 Name:

Relationship to Child:

Preferred Contact Phone Number:

Please Circle One: Cell / Work / Home

E-Mail Address:

Parent / Guardian #2 Name:

Relationship to Child:

Preferred Contact Phone Number:

Please Circle One: Cell / Work / Home

E-Mail Address:

Enrollment Information

School Year:

First Date of Attendance:

Select Days of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Do You Need Wrap-Around Care?

☐ Yes (please complete below)

☐ No

Wrap-Around Care	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-Off Time					
Pick-Up Time					

I acknowledge receipt of Apple Ridge Academy Policies in the Form of a Parent Manual. I have read and agree to abide by the terms indicated in the Apple Ridge Academy "Payment Policies and Procedures." I understand that I will be billed according to the schedule listed above and that I am responsible for making payments on my account as agreed upon and the requirement to submit a two-week written notice of withdrawal when applicable.

Parent Signature:

Date:

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child

Email Address Where Reachable While Child is in Care	
Home Address (Street, City, State, Zip)	Home / Cell Phone No.

Does child reside at this location?

☐ Yes ☐ No

b. Name and Relationship to Child

Email Address Where Reachable While Child is in Care	
Home Address (Street, City, State, Zip)	Home / Cell Phone No.

Does child reside at this location?

☐ Yes ☐ No

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child

Home / Cell Phone No.	
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Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.	Home / Cell Phone No.
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b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.
--

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

☐ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.
--

PHYSICIAN OR MEDICAL FACILITY

Name

Address (Street, City, State, Zip Code)

Telephone No.

AUTHORIZATIONS

☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

☐ Yes ☐ No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

☐ Yes ☐ No I give permission for my child to participate in ☐ Transported ☐ Walking field trips and other activities during operating hours.

☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian

Date Signed

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)		
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.			
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- ☐ No specific medical condition
- ☐ Asthma
- ☐ Cerebral palsy / motor disorder
- ☐ Other condition(s) requiring special care – Specify.
- ☐ Diabetes
- ☐ Epilepsy / seizure disorder

☐ Gastrointestinal or feeding concerns including special diet and supplements☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates:

CHILD HEALTH REPORT – CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant or HealthCheck provider to be completed, signed and dated. The licensee shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian were to include a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

☐ Yes ☐ No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: _____ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA or HealthCheck Provider

Date of Examination

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2	List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.					
	TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
	Polio					
	Hib (Haemophilus <i>Influenzae</i> Type B)					
	Pneumococcal Conjugate Vaccine (PCV)					
	Hepatitis B					
	Measles-Mumps-Rubella (MMR)					
	Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					
	Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. <input type="checkbox"/> Yes year _____ (Vaccine is not required) <input type="checkbox"/> No or Unsure (Vaccine is required)					

REQUIREMENTS

STEP 3	The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.							
	AGE LEVELS	NUMBER OF DOSES						
	5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
	16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³	
	2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³	1 Varicella
	At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³	2 Varicella
¹ If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable). ² If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required. ³ MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1 st birthday is also acceptable). ⁴ Children entering kindergarten must have received one dose after the 4 th birthday (either the 3 rd , 4 th or 5 th) to be compliant (Note: a dose 4 days or less before the 4 th birthday is also acceptable).								

COMPLIANCE DATA AND WAIVERS

STEP 4	IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR	
	IF THE CHILD <u>DOES NOT</u> MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).	
	<input type="checkbox"/> Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the day care center in writing as each dose is received.	
	NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.	
	<input type="checkbox"/> For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)	
<div style="text-align: center;">_____ Physician's Signature Required</div>		
<input type="checkbox"/> For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)		
<input type="checkbox"/> For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):		

SIGNATURE

STEP 5	To the best of my knowledge this form is complete and accurate.	
	SIGNATURE - Parent, Guardian or Legal Custodian _____	Date Signed _____

Apple Ridge Academy

Photo Permission Form



At Apple Ridge Academy we LOVE using pictures and videos to capture all of the special moments and experiences that happen here in our classrooms! The children are busy every day, all day and there are so many memories being created. These photos and videos allow Apple Ridge to share the joy, smiles and laughter that happen here inside our walls with our parents and the community. Social Media is one of our most valuable tools in sharing this happiness and delight, however we will not share your child's photo without your permission.

These photographs and video content will not be for sale or profit, and no additional information about your child will be released without prior written consent.

Please complete the below fields to authorize Apple Ridge Academy to share your child's photo, only as much as you are comfortable with.

Authorization:

I, _____ (print parent/ guardian name), give permission to Apple Ridge Academy to

use photographs of my child, _____ (Print Child's Name), as indicated below...

Occasional publication in printed or online press releases or news stories.....	YES	NO
Other displays promoting events at the facility.....	YES	NO
Displayed internally in the classrooms and/or at the center.....	YES	NO
On Apple Ridge Academy's website, Instagram and Facebook Page.....	YES	NO

Parent's Signature: _____ Date: _____

Parent Preferences Questionnaire



Welcome to Apple Ridge Academy! We want to help your family ease the transition into our program, but we need your help. Please answer the following questions about your family and your preferences so that we know what is best for your family's needs. This will also help us to get to know your family as you begin your journey with us! We will do our best to meet your requests in accordance with our philosophy and core values. Thank you!

Name of Child: _____ Date: _____

Household Information

Who does your child primarily reside with (mom, dad, both parents, siblings, other family/friends, etc)?

Other than yourself, is there anyone else who has regularly cared for your child? _____

Additional Household Information: _____

Parent Information & Communication Preferences

Parent 1 Name/Relationship: _____ Occupation: _____

Parent 2 Name/Relationship: _____ Occupation: _____

In general, what is your preferred method of communication? (Parent 1)

EMAIL

PHONE

IN PERSON

Notes: _____

In general, what is your preferred method of communication? (Parent 2)

EMAIL

PHONE

IN PERSON

Notes: _____

Is there a third parent in your child's family? If so... name, relationship, occupation, communication preference:

If we need to call because your child is ill or injured what is the order that you would like us to contact each parent and emergency contacts for information and/or pick-up?

1) Name/Relationship to Child: _____ Phone: _____

2) Name/Relationship to Child: _____ Phone: _____

3) Name/Relationship to Child: _____ Phone: _____

4) Name/Relationship to Child: _____ Phone: _____

5) Name/Relationship to Child: _____ Phone: _____

It is our policy to call parents when there is an injury to the head or face of your child. If your child receives a less severe injury, what is your communication preference?

☐ A standard accident report at pick-up time is ok with me.

☐ Please call me if: _____

Family & Child Preferences

Does your child have any allergies or medical history we should be aware of? Please specify. _____

Do you have any food restrictions for your child? (children over 1-year-old)

☐ I do not have any food preferences. My child may have all Apple Ridge Academy meals.

☐ I do not allow my child to have: _____

☐ My child may only have food that I provide.

Notes/Special Instructions: _____

Please tell us about your family traditions and celebrations: _____

What languages are spoken in your home? _____

What are some things your family enjoys doing together? _____

What are your child's favorite things to do? _____

What are your top three goals you have for your child while they are in our care?

1. _____

2. _____

3. _____

What are your expectations of Apple Ridge Academy?

- _____
- _____
- _____
- _____
- _____

How do you wish to participate in your child's classroom?

☐ I do not wish to participate.

☐ I am interested in volunteering for field trips, special projects, or a party.

☐ I am interested in providing projects supplies or materials when needed.

☐ I would be interested in teaching my child's class a new skill.

Please tell us more about what you would like to share! _____

☐ Please contact me for any volunteer opportunities: _____

☐ The following family members would like to be contacted about volunteer opportunities: _____

Please share with us any additional information about your child, your family, your preferences for your child's care, your child's personal preferences, etc.

Thank you for sharing! We look forward to getting to know your family better on... "A Journey to Excellence!"

2020-2021 Tuition Rates



Half-Day Preschool & 4K Programs from 8:30am to 12:30pm

Tuition Rates

September 8th, 2020 - May 28th, 2021

Monthly Tuition Rates	
2 days/week	\$250
3 days/week	\$325
4 days/week	\$400
5 days/week	\$475

Full Year Tuition Rate	
<small>*Pay in Full by September 8th and Receive 1 Month FREE</small>	
2 days/week	\$2,000
3 days/week	\$2,600
4 days/week	\$3,200
5 days/week	\$3,800

\$50 Enrollment Fee + 1st Month Tuition Deposit Due at Registration

Wrap-Around Care Available: \$12/hr

Drop-In Care on "No School Days" Available: \$30/day

Early Bird Registration Special

FREE ENROLLMENT (\$50 VALUE) WHEN YOU ENROLL BEFORE 3/31/20

Please Refer to Apple Ridge Academy Payment Policies & Procedures for Additional Information

Payment Policies & Procedures



Effective September 7, 2020 **Revised August 17, 2020**

ENROLLMENT FEE: A non-refundable Enrollment Fee of \$50 will be charged to each family upon initial enrollment.

TUITION DEPOSIT: A deposit equal to one-month's tuition is required to confirm enrollment and hold a space. This tuition deposit will be used towards the child's first month of school at Apple Ridge. The tuition deposit is non-refundable.

FAMILY DISCOUNT: A 10% Family Discount will apply to the second and third child in the same family. The discount will be applied to the tuition for the oldest child(ren) or the lesser tuition cost.

KANGAROOTIME: All payments will be processed using our Childcare Management Software called Kangarootime. All families are required to create a Kangarootime account upon enrollment. Parents can make online payments and set-up automatic recurring payments as well as have access to their family's financial documents and account statements at any time using their Kangarootime account.

AUTOMATIC PAYMENTS: Families are strongly encouraged to enroll in automatic tuition payments through your Kangarootime account to avoid late fees. Withdrawals will be processed on the first day of each month.

ACH PAYMENTS: There will be no additional fee for families that choose to pay using the ACH option. We highly encourage families to use the ACH option for tuition payments. If an ACH payment is returned / does not go through, a \$10 late fee will be applied to your family's account unless payment is received in another form by the payment due date.

CREDIT/DEBIT CARD PAYMENTS: Payments made by debit or credit card will be accepted through Kangarootime. Payments made by debit or credit card will be subject to a 3% convenience fee. To avoid extra fees, we recommend using the ACH option rather than the debit or credit card option. A \$10 late fee will be applied to an account if a debit or credit card transaction is declined for any reason unless payment is received in another form by the payment due date.

INVOICES: Tuition invoices will be sent on the 25th of each month. Families making manual payments should make their tuition payment from the invoice. Families enrolled in automatic payments can refer to their invoice to confirm the amount that will be automatically withdrawn on the first of the month.

PAYMENTS DUE / LATE FEES: Tuition payments are due on the first of each month for the current month (pre-pay) for families making manual monthly payments. Tuition payments not received by the first of the month will be charged a late fee of \$10. Accounts not paid in full after being overdue for one week will result in immediate discontinuation of services.

FULL-YEAR TUITION PAYMENTS: If choosing to pay for the full year upfront, payment must be received by the end of the day on the first day of school to claim the discount. If not paid in full by 12:30pm on the first day of school, no discount will be given and families will incur a \$10 late fee and may then choose to pay monthly or pay for the full year and a non-discounted rate. **No refunds will be given for full-year payments for any reason.**

SCHOOL YEAR CALENDAR: The New Berlin Location will follow the New Berlin School District Calendar for "No School Days" and Holiday Breaks and the Brookfield Location will follow the Elmbrook School District Calendar for "No School Days" and Holiday Breaks. Both locations will begin school on the Tuesday after Labor Day and end on the last Friday in May.

NO SCHOOL DAYS: If you would like your child to attend Apple Ridge on a day listed as a "No School Day," you may request to add your child for that day. Each "No School Day" that your child attends will be billed at the "No School Day" rate listed on the tuition fee schedule and attendance is subject to the availability in the classroom.

SICK / VACATION DAYS: There is no credit given for sick days, vacation days, holidays, days off of school, etc. These things have all been accounted for in the calculation of our annual tuition rates listed on the tuition rate sheet.

SUBSTITUTE/ ADDITIONAL DAYS: Please make every effort to have your child attend only on the days that they are enrolled and scheduled for. Substitute days and additional days cannot be guaranteed. Approval of substitute and/or additional days of attendance will be subject to the availability in the classroom and must be confirmed by the Director in advance of care. **Substitute days may only be used during the same week of care.** If a substitute day is not available during the same week of care, families are still responsible for their regular tuition payment. If adding an additional day, the fees associated with each extra day will be equal to the "No School Day" rate listed on tuition fee schedule.

ADDITIONAL FEES: If a child is picked up late, beyond the 4-hour program, a Wrap-Around Fee of \$12/hour will be charged to your account. Additional fees may apply for field trips/ special activities in which advance notice will be given.

LUNCH PROGRAM: Breakfast is included in the tuition cost for all children over one-year-old. Lunch is available to children over one-year-old for an additional **\$3/day**. Families may enroll in the lunch program by contacting Administration and/or using the "Hot Lunch Sign Up" Form available to families. Families enrolled in the lunch program on an automatic, recurring basis may request credit for any lunches that their child does not have at Apple Ridge. It is the families' responsibility to request this credit by contacting the Administrative Assistant. If a parent does not provide a lunch for their child, Apple Ridge lunch will be given, and the family's account will be charged accordingly.

REFUNDS: Overpayments will be credited back to the family's account and applied to the family's next payment. Overpayments will be held as a credit on a family's account for one year. After one year, credit will be forfeited. **No monetary refunds will be issued.**

WITHDRAWAL NOTICE: A minimum two-week advance written notice of withdrawal must be received for withdrawals. Notice must also be received prior to the 25th day of the month prior to withdrawal if families wish to have their final month's tuition adjusted accordingly. Adjustments are to be determined by Apple Ridge Academy. If appropriate notice as mentioned above is not given, accounts will be charged for the full tuition amount of the next month. No refunds will be issued after payment has been made.

SCHOOL DISTRICT SEVERE WEATHER CLOSURES: In the event that the corresponding school district closes due to severe weather, Apple Ridge morning-only classes will also be cancelled. Tuition will be due as contracted.

EMERGENCY CLOSURE POLICY (Severe Weather and/or Building Emergencies): In the event that the center closes due to severe weather or an issue with plumbing/heating/cooling/etc, tuition will be due as contracted. After **two closings during a calendar year**, credit will be given to all children regularly enrolled on the day(s) of emergency closure(s). Closings will be announced via Kangarootime messaging prior to 6:00 AM. Text messaging will also be utilized; families should ensure that their cell phone numbers are correct in their Kangarootime profile.

PANDEMIC PAYMENT POLICIES & PROCEDURES

QUARENTINE FOR EXPOSURES AT APPLE RIDGE: In the event that there is an exposure to COVID-19 at the center, the Waukesha County Health Department will be contacted. Apple Ridge will follow required quarantine protocol as instructed by the Health Department. Children that are **required** to quarantine due to a direct exposure at Apple Ridge will not be charged tuition for the duration of the required quarantine period. After that, tuition will be due as normal. Families of children that are **not required** to quarantine, but that choose to do so at their own preference will still be responsible for their full tuition amounts to maintain their current enrollment.

Current Definition of "Direct" Exposure: A child who has been within 6 feet of the individual that has tested positive for COVID-19 for 15 minutes or more.

PANDEMIC CLOSURE POLICY: In the event that there is an exposure to COVID-19 at the center, the Waukesha County Health Department will be contacted. Apple Ridge will follow required closure protocol as instructed by the Health Department. Should Apple Ridge be mandated to close and thus not be able to provide services for families, no tuition will be due for the duration of the closure. Tuition will be due as normal upon the re-opening of the center. Tuition paid prior to the closure will be credited to families' account for future tuition payments, monetary refunds will not be issued.

QUARENTINE FOR EXPOSURES NOT AT APPLE RIDGE: If a child has been a first relation contact with someone who has tested positive for COVID-19, the child must be quarantined and may not attend child care for a minimum of 14 days from the last contact with the infected individual, even if no symptoms develop. If COVID-19 testing is sought, please notify the Director of the results. Tuition will be due as contracted during the quarantine period.

QUARENTINE FOR OUT OF STATE TRAVEL: If a child has traveled out of the country or to a US state defined as high risk for current spread of COVID-19, the child must be quarantined and may not attend child care for a minimum of 14 days from the date of their arrival back to Wisconsin, even if no symptoms develop. If COVID-19 testing is sought, please notify the Director of the results. Tuition will be due as contracted during the quarantine period.

SICK CHILD POLICY: Tuition will be due as contracted if a child is absent as a result of symptoms defined in our "Sick Child Policy Amendment: COVID-19 Pandemic."

***Any disputes on policy interpretation will be at the final discretion of the owner, Tammy Imme.**

Parent Policy FAQ's



for Half-Day Preschool & 4K

Below is a list of questions that are frequently asked by Apple Ridge Academy parents. These FAQ are a summary of several of our most applied policies and will help guide you in the right direction when referring to the complete policy in the Parent Manual. Please take a moment to read through all of the questions and answers to familiarize yourself with Apple Ridge Academy policies and procedures. If you have further questions on a specific policy, please do not hesitate to come talk with us!

It's my child's first day, what do I need to do each morning when dropping off?

Welcome to Apple Ridge Academy! We are so happy that your family will be joining us. You should have visited Apple Ridge a few times already and dropped off your child's paperwork and personal items. When you pull into the parking lot and find a space to park, please be sure to "check-in" your child on your Kangarootime Parent App before heading inside. You may enter through the main locked entrance using the family code you were provided. **Please refer to "Entering and Exiting the Building" (page 27).** Then be sure take a look at the Parent Information Center for any important notices or information. You may then bring your child to their classroom, say "good morning" to the teachers and let the teachers know if you have any important information for your child's day to share. Give your child a BIG hug and wave as you head off... they are going to have a wonderful morning with their new friends and teachers!

My child is having a hard time adjusting to a new classroom, what can I do?

Every child adjusts to a new environment differently, and the way we manage this transition may look a bit different according to your child's needs. Open communication with your child's teachers will be the most important aspect of finding what works best for your child. Please be sure to share your child's interests, habits and comfort strategies with the teachers, so they can use the same techniques at Apple Ridge as you do at home. We understand that a strong home and school connection will help your child feel secure faster!

How do I know when my child is too ill to attend?

If your child has a fever of 101 or above, an unidentified rash, unidentified inflammation and drainage of the eyes, vomiting, diarrhea, lice or other symptoms or conditions having the potential to negatively affect the health of others- your child is too ill to attend Apple Ridge. If your child does not currently exhibit these symptoms but has shown any of these symptoms within 24 hours, your child may not attend Apple Ridge. It is expected that parents are honest in this regard to ensure that we are protecting the health and safety of all children- and that we prevent others from being exposed to illness. **Please refer to "Exclusions for Illness/ Sick Child Policy" (page 19).**

My child was sent home sick, when may my child return to Apple Ridge?

Your child may return to Apple Ridge 24 hours after the last symptoms of illness were shown. Your child may return with a doctor note stating that your child is not contagious only if in adherence with all ARA policies regarding illness (i.e. your child was sent home with suspected pink eye, you went to the doctor, and the doctor confirmed it was NOT pink eye). If your child is diagnosed with a communicable disease, please notify administration right away. Your child may then return 24 hours after the first dosage of prescribed antibiotics has been administered. **Please refer to "Exclusions for Illness/ Sick Child Policy" (page 19).**

My child is going to be absent today, who should I tell?

Please call the center as soon as possible in the morning and also send a message through Kangarootime to let us know that your child will not be in today. **Please refer to "Attendance Procedures" (page 6).**

Our family is going on vacation, how far in advance do you need to know?

As soon as you know! Please send an e-mail to administration as soon as possible to notify us of a planned family vacation in which your child will not be in attendance for any number of days. Even if your child will only be gone one day, please still let us know as soon as possible. **Please be sure to share this information with an administrator** via e-mail (not only your child's teacher). The Director is the best point of contact for this notification.

What are "No School Days" for my child's class?

The half-day program follows the New Berlin School District Calendar (New Berlin Location) and the Elmbrook School District Calendar (Brookfield Location) and we will not have school on the days that the district is off of school. Please refer to the school calendar. Teachers will also send out reminders about "No School Days." If you would like your child to attend Apple Ridge on a "No School Day" you may reach out to the Director and request that they attend. This day will be charged to your family's account at the "No School Day" rate listed on the tuition fee schedule. Apple Ridge is CLOSED on all major Holidays- New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the Friday after Thanksgiving, and Christmas Day. If the holiday falls on a Saturday, we will be closed on the Friday before. If the holiday falls on a Sunday, the center will be closed on the Monday after. [Please refer to "School Year Calendar" in the "Payment Policies and Procedures" \(page 25\).](#)

Do I have to pay for a day my child does not attend?

The half-day program does not have Days Off Credits and all "No School Days" are accounted for in the calculation of the weekly and monthly tuition rates. These rates have been calculated based on the entirety of the school year and are designed so that your tuition amount will be consistent each week / month regardless of whether or not your child is in attendance. You will be responsible for the full tuition amount each week / month. With pre-approval from the Director, you may substitute a different day in the same week if your child is absent on one of their regularly scheduled days- if availability in the classroom permits. Please reach out to the Director to inquire about substituting days. [Please refer to "Substitute/Additional Days" in the "Payment Policies and Procedures" \(page 25\).](#)

Can my child attend an extra day if something comes up?

Your child may attend an extra day in a given week if needed and space in the classroom permits. Extra days must be approved by the Director, so the easiest way to inquire would be through an e-mail. Extra days cannot be guaranteed. If your child attends an extra day, the cost of this day is equal to the "No School Day" rate listed. [Please refer to "Substitute/Additional Days" in the "Payment Policies and Procedures" \(page 25\).](#)

I see cameras in places throughout the building and in the classrooms, what are these used for?

The cameras in the building are used for security, observation and training purposes regularly by Apple Ridge Academy administration only. These are an internal monitoring system and not available for viewing by staff, parents or customers. If needed, footage will be shared with WI State Licensing or other governing bodies for legal purposes. Footage is not used for any type of advertising or external displays, and will be kept confidential. [Please refer to the "Security Policy" \(page 27\).](#)

What happens if I need to have someone else pick-up my child?

If you are unable to pick-up your child, an authorized person may pick your child up for you. This person may be listed on your initial enrollment paperwork. If you need a person who is not listed on the enrollment paperwork to pick-up your child, please fill out the PICK-UP AUTHORIZATION form found at the check-in desk and give it to your child's teacher in the morning. [Please refer to "Pick-Up Policy" \(page 6\).](#)

My child has an upcoming appointment with their pediatrician, do you need anything from me?

If your child is having a physical, well-child check-up, etc. please be sure to bring the CHILD HEALTH REPORT form with you to the appointment and have your child's physician sign this form. Children under 2 years old need to have this form completed once every 6 months. Children over 2 years old need to have this form completed once every 2 years. If your child is receiving a new immunization, please bring back a print-out of the new immunization from your child's doctor or the immunization registry. [Please refer to "Health Exams/ Child Health Reports" and "Immunizations" \(page 17\).](#)

I have paperwork to submit for my child, who do I give it to?

Please only submit paperwork to an administrative staff member (NOT your child's teacher) to ensure confidentiality is maintained. If an administrative staff member is not present, forms may be left in the office or in the locked tuition box. [Please refer to "Confidentiality" \(page 6\).](#)

My child needs medication, what do I need to do to ensure he/she receives it?

We can give your child medication. When you bring the medication in, we will need to have a current AUTHORIZATION TO ADMINISTER MEDICATION form signed and dated with instructions for giving your child the medication. If it is a prescription medication, it must be in the original container. Please be sure to have a discussion with your child's teacher in the morning as well. [Please refer to "Medication" \(page 18\).](#)

I have a concern about my child's care, how should I address my concern?

If you have a concern about your child's care, please talk with your child's teacher face-to-face. If your concern cannot be resolved face-to-face with your child's teacher you may express your concern, written or verbally, to administration at any time. Face-to-face, phone, e-mail, or a handwritten note are all ways that you can reach an administrator. [Please refer to "Parent Information and Communication" \(page 7\).](#)

What should I do if I have a permanent schedule change request?

If your family's care needs are changing and you would like to change your child's scheduled days of attendance permanently, please inquire with the Director. Schedule changes cannot be guaranteed and will be subject to the availability of the classrooms at that time.

Will my child go outside each day?

Children will go outside on a regularly basis unless extreme weather is present. This includes heavy, rain, snow or hail, "feels like" temperature of above 90 degrees, wind chills of 0 degrees or below for children over 2 years old, wind chills of 20 degrees for children under 2 years old and any weather where children may feel threatened (strong wind, thunder, and/or lightning- to be determined by the teachers and/or administration). Please ensure your child has appropriate outerwear each day: including hats, mittens, snow pants, boots, etc. [Please refer to "Outdoor Play Policy" \(page 9\).](#)

I would like to volunteer to help in my child's classroom. What can I do?

If you are interested in helping out in your child's classroom in any way- please talk with the teacher! Throughout the year there may be opportunities where teachers ask for help, but feel free to offer your help at any time. Our teachers have so many great experiences and activities planned for your children and will always be grateful for an extra set of hands, new ideas and visitors, and any type of help you are able to offer ☺

My child's class is going on a field trip, can I opt-out my child?

If your child's class is attending a field trip on a day that your child is regularly scheduled to attend, your child will be going on the field trip. You may not opt-out your child. If you are uncomfortable with your child attending, you may join as a chaperone or you may keep your child home that day and use a Days Off Credit if you wish to and have any available. We will not have additional staff to stay back from the field trip with your child. [Please refer to "Special Event/ Field Trip Policy" \(page 14\).](#)

Where can I find resources about child development and events in the community?

Our Family Resource Center is located in the main entry way and additional postings are posted at the Parent Information Center. Resources are updated regularly and we invite families to share resources, too! If you have any resources or materials you would like to share with other families, please submit them to administration. This may include community events, research articles, your family business flyer and/or business card, etc. [Please refer to "Parent Education and Community Connections" \(page 7\).](#)

Where can I find information about ARA Policies and State Licensing regulations?

You may find copies of ARA Policies and State Licensing Regulations at the Parent Information Center/ check-in area. You can also access ARA Policies online on our website, and state licensing regulations online at the Wisconsin Department of Children and Families website. [Please refer to "Regulations and Policies" \(page 6\).](#)

I need a receipt/ statement of my child care payments, how do I get this?

Your family's Kangarootime account allows families to access, download, and print their account statements at any time. These statements serve as your receipt of payment. For more information on Kangarootime [please refer to "Kangarootime" in the "Payment Policies and Procedures" \(page 23\).](#)

Who should I speak with if I have a question about my account charges?

Please contact administration directly (in person, phone, or e-mail) if you have a question about your account charges. Please do not discuss your account with your child's teachers. If an error in your family's account is found, that amount will be credited back to your family to apply to your next payment. Administration will work with you to assure your account is current and accurate and to answer any questions. Please contact our Administrative Assistant, Traci, at traci@appleridgeacademy.com for all billing and account related questions.

***All Apple Ridge Academy policy interpretation is at the final discretion of the owner, Tammy Imme.**

Apple Ridge Academy COVID-19 Policies and Procedures

Revised August 17th, 2020



Sick Child Policy

- See attached "Sick Child Policy Amendment: COVID-19 Pandemic"

Drop-Off and Pick-Up Procedures

- By entering our building and dropping your child off at Apple Ridge, you are confirming that all of the following are true:
 - You and your child have not had a **fever of 100.4 or higher** in the **last 72 hours**
 - Your child has not been given any **fever reducing medications** in the last **12 hours**
 - You and your child have not been **directly exposed** to anyone who has tested positive for COVID-19 in the last **14 days**
 - Your child has not **traveled out of the country or to a high-risk state** in the past **14 days** (as identified by the CDC using 'cases in the last 7 days'). Identify "high-risk states" here: <https://www.cdc.gov/covid-data-tracker/index.html#cases>
- Parents are required to wear a face covering or mask at drop off and pick up time and at all locations throughout Apple Ridge. Extra masks are available in the main office if needed.
- After entering the building for drop-off, all parents must first bring their child to the main office for a "Daily Health Screening" as noted below.
- Please practice physical distancing of at least 6 feet from other adults in our common spaces.
- We ask that parents do not enter the classrooms when other children are present. Teachers will meet parents at the door of the classroom for drop-off and pick-up.
- Children will wash their hands immediately upon entering the classroom.
- We ask that drop-offs and pick-ups are conducted by only one parent or adult in a family. Please avoid having family members over 60 years of age or those with vulnerable health conditions dropping off and picking up whenever possible.

Daily Health Screening

- Each morning, families will be required to stop in the office with their child for a daily health screening before going to any other areas of the center.
- The daily health screening will consist of a temperature check and visual symptom check. Temperatures will be recorded by a staff member on a master list.
 - Children with a temperature of 100.4 or above will not be permitted to stay.

Travel Considerations

- We ask parents to notify us of any out-of-state travel plans. Children who have traveled out of the country or to a US state identified as high-risk for current spread of COVID-19 are subject to a 14 day self-quarantine and may not attend our program for 14 days after returning to Wisconsin.

Cleaning / Sanitizing / Personal Hygiene

- Children's water bottles must be brought home each night and washed, or disposable paper cup will be used while at the center.
- Classroom doors will remain closed at all times, with the exception of entering/exiting.
- Teachers have additional cleaning and sanitizing requirements that have been put into place in the classrooms in addition to the universal cleaning practices we've always had. Apple Ridge contracts with outside cleaning service professionals that provide additional services in our buildings in the evenings several times per week.
- Kitchen staff will wear mask and gloves during food preparation.
- Parents may provide masks for their child over 2 years old if they prefer, and an attempt will be made to encourage the child to wear the mask as much as possible. Children under 2 years old are not permitted to wear masks for safety concerns.

Confirmed Case of COVID-19 at Apple Ridge Academy

- If you, your child or a family member that has entered our building tests positive for COVID-19, please notify the Director immediately. Apple Ridge Academy will notify the Waukesha County Health Department and follow the requirements given to us.



The safety and wellbeing of all staff, children, and the families at Apple Ridge Academy continues to be of utmost importance to us. Children will be monitored for signs or symptoms of COVID-19 daily. **Children will be asked to stay home or return home if any of the following applies:**

- Have a fever of 100.4 or higher and/or have been given fever-reducing medication in the last 12hrs
- Have had a fever of 100.4 or higher or other potential symptoms of COVID-19, such as shortness of breath or persistent dry cough, within the last 72 hours
- Have come in contact with others who have tested positive for COVID-19

To prevent the spread of COVID-19:

- Children with signs/symptoms of COVID-19 or who have been exposed to others with COVID-19 will be asked to stay home
- Children who develop signs/symptoms of COVID-19 while at the program will be immediately separated from others and the program staff will contact the family member and/or emergency contact to pick the child up
- We encourage families to practice frequent handwashing at home
- Apple Ridge Academy will practice handwashing upon arrival to the program, before meals and snacks, after outdoor play, after using the bathroom, prior to going home, after nose blowing or assisting a child with blowing their nose, coughing, or sneezing
- Cover cough and sneezes with tissues, throw tissues in the trash, and clean hands with soap and water or hand sanitizer (if soap and water is not readily available)
- Clean and disinfect frequently touched surfaces at least daily, including tables, doorknobs, light switches, counter tops, handles, desks, phones, keyboards, toilets, faucets, and sinks

If a child has been a 1st relation contact with someone who has tested positive for COVID-19:

- The child must be quarantined and may not attend child care for a minimum of 14 days from the last contact with the infected individual, even if no symptoms develop. The typical "incubation" period may be from 2-14 days. If COVID-19 testing is sought, please notify the Director of the results.
- Any further guidance determined appropriate by the health department will be followed.
- Tuition will be due as contracted during the quarantine period, unless Days Off Credit allowance is used/submitted.

Returning to a child care facility after suspected COVID-19:

- If a child has symptoms of COVID-19 they can return to care if the following conditions are met:
 - If an individual has a fever, cough or shortness of breath and has not been around anyone who has been diagnosed with COVID-19, they can return to the center no sooner than 72 hours after the fever is gone and symptoms get better.
 - If the person's symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19.

If an enrolled child or employee tests positive for COVID-19:

- The health department and DCF will be contacted. ARA will follow their guidance for next steps.
- The program will post and notify families of any confirmed staff or child cases of COVID-19, and the procedures that will follow.
- If an individual is diagnosed with COVID-19, they must remain out of the program for a minimum of 14 days after the onset of first symptoms. They may return with a negative test result and under the following conditions:
 - If they had a fever: 3 days after the fever ends without the use of fever-reducing medication AND there is improvement in their initial symptoms
 - If they did not have a fever: 3 days after they see an improvement in their initial symptoms