

**2018- 2019 School Year**

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**Registration Forms and Parent Handbook  
Jump Start Preschool Program**



**Fayetteville Athletic Club  
Kids Fit Fun FACTory  
2920 East Zion Road  
Fayetteville, Arkansas 72703  
(479) 587-0500  
[www.fayac.com](http://www.fayac.com)**

## Kids Fit Fun FACtory Parent Handbook

### Mission Statement

On behalf of the Fayetteville Athletic Club (FAC), we would like to welcome you to the Kid's Fit Fun FACtory. Our goal is to nurture the development and growth of healthy children and families. We seek to offer young children a developmentally appropriate curriculum that focuses on each child's unique development while considering the needs and dynamics of the entire group. Experiences and activities will contribute to each child's age appropriate development. We strive to enrich children's lives through fitness concepts, positive social engagement, community service and educational concepts all while preparing them for a happy, healthy future. The following policies and procedures are designed to help your family become more familiar with our program. Please read these guidelines and return the attached form.

### Admission Policies

Kid's Fit Fun FACtory admits children of any race, religion or national origin. To ensure the most supportive setting possible, children with special needs and children with physical handicaps will be considered on an individual basis. Prior to enrollment, parents should meet with the Director and provide the staff with the results of any developmental or educational assessments.

#### *Arrival & Pick-up:*

- Unless otherwise specified, all students must arrive on time. Each student will be signed in by a parent or legal guardian, and then checked-in by FAC teacher/counselor.
- All children must be signed out by a designated parent or guardian each day. Please notify the Director in writing if someone other than a previously authorized adult will be picking up your child. We ask that every adult authorized to pick up a child bring a photo I.D. Also, if your child is to be absent, please call and notify the Director.
- Our goal is to maintain a positive relationship with the staff at each school. In order to pick your child up in a timely manner, we ask that you PLEASE contact us in advance, if you child is absent from school or will be absent from our FAC afterschool program. If we are waiting at the school, we will call the office to determine whether or not your child was absent. If your child is on a route where our van has multiple stops, calling and checking on your child will unfortunately make us late picking up at other schools. For this reason, failure to notify us in advance will be subject to an additional \$10 charge. This fee will be added to your next week's tuition.
- If your child remains at FAC longer than 10 min past their scheduled pick up without prior arrangements a \$5.00 charge followed by a \$25/15min charge will be applied and payment is expected at pick up. If a child remains at FAC for over 1 hour past their scheduled time without notifying the Director, or we are unable to contact the parent or other authorized adult, we are required to notify Social Services. Remember that your child as well as our staff worries about you when you are late!

#### *Meals & Snacks:*

- Snacks will be provided by FAC in accordance with USDA and DHS guidelines.
- If you child has allergies to specific foods, we will work with you to provide appropriate snacks
- You are required to provide a nutritious lunch that includes all food groups. Preschool students are required to have a liquid milk or milk substitute available every day.
- FAC is a PEANUT FREE FACILITY. Please double check pre-packaged lunches (Lunchables) for peanut products. Peanut items will be thrown away, and if a replacement item is necessary you will be charged for any item provided by FAC.
- For sanitary purposes, please pack all lunches in an insulated lunch box and a refillable drink container labeled with child's name.

#### *Medications:*

- If your child has prescribed medication that must be administered during the hours of their program, please arrange with the Program Director prior to the beginning of school. Only non-temporary medications will be administered.
- Medication must be kept in lock box at facility and taken home at end of each day. Medications will only be accepted if accompanied by doctor detailed instructions, and medication release form signed by parent/guardian.

### *Accidents & Incidents:*

- We use two forms in the Kids Fit Fun FACtory to notify parents of injuries. Accident Forms are used for unintentional events requiring first aid. Incident Forms are used when one child hurts another child, or for other behavioral incidents. We will NOT give out the name of any other child(ren) involved in an accident or incident.
- If the injury is serious in nature requiring more than basic first aid, we will call emergency medical services.

### *Behavior Guidance Policy:*

- Discipline shall be individualized and consistent for each child. It shall be appropriate to the child's level of understanding and directed toward teaching the child acceptable behavior and self-control.
- Physical Punishment SHALL NOT be administered to children, by staff or parents.
- The length of time a child is placed in Time-Out shall not exceed one minute per year of child's age.
- The following methods of behavior guidance are practiced:
  - Praise
  - Clear Guidance
  - Redirection
  - Time-Out
- For the well-being and safety of ALL children there will be NO tolerance for physical violence or bullying (verbal or physical).
- If a child does not respond to redirection or clear guidance, the child will be written up using an Incident Form. Physical Incidents will immediately be written up.
- If the behavior does not improve the parent will be contacted. Then the following procedure will be followed.
  - 1<sup>st</sup>—Written Warning (Incident Form)
  - 2<sup>nd</sup>—Parent/Guardian Conference, Loss of Special Event Privilege
  - 3<sup>rd</sup>—Suspension to be determined by Director
  - 4<sup>th</sup>—Expulsion from Program

Please review this policy with your child. Thank you in advance for supporting our program in ensuring we put the safety and welfare of the children first and foremost.

### *Electronics Policy:*

- All FACtory programs are electronics free! Children are not permitted to have cell phones, Ipods (MP3 Players), gaming devices, etc. while they are participating. We ask that you leave ALL valuables at home; FAC is not responsible for lost, damaged, or stolen items. There is a "Lost & Found" located in the Kids FACtory, in the main club and near the pool for your convenience in retrieving lost items. These items will be donated/discarded in a timely manner.

### *Arkansas Department of Human Services (DHS):*

- FAC's Kids Fit Fun FACtory Summer Camps, After School, & Jump Start Programs are licensed by DHS, and adhere strictly to all licensing requirements.
- Mandated Reporter—It is a requirement of DHS that any signs of suspected child abuse be reported to the Division of Children and Family Services (DCFS). If an employee suspects any child abuse or neglect he/she is required to file a report and call the Crimes Against Children Hotline at 1-800-482-5964. The proper authorities will then intervene and conduct an investigation. Our licensing also stipulates that any staff member or child enrolled in the licensed program may be subject to an interview by DHS officials.
- All children who enter the program are subject to backpack searches per DHS regulations. Backpacks are not allowed in our preschool age programs.
- FAC hires only qualified staff over the age of 18, drivers are required to be 25 or older. We perform background checks on all employees working in licensed programs. Staff members will be certified in CPR and First Aid and must complete 15 hours of professional development annually.
- DHS will no longer be print or distribute resources including the Kindergarten Readiness Skill Calendar and Checklist. In order to meet Minimum Licensing Requirements: Section 200 we must provide a copy of the links to all of the parents in our 3 and 4 year old program. Following are the links:
- CALENDAR: [http://humanservices.arkansas.gov/dccece/classroom\\_docs/DHS\\_RICalendar.pdf](http://humanservices.arkansas.gov/dccece/classroom_docs/DHS_RICalendar.pdf)
- CHECKLIST: <http://arbetterbeginnings.com/parents-families/resource-library/kindergarten-readiness-checklist>
- ADDITIONAL RESOURCES AVAILABLE AT OUR LOCAL CHILD CARE AWARE RESOURCE & REFERRAL AGENCY: [http://humanservices.arkansas.gov/dccece/dccece\\_documents/ccrrbrochure.pdf](http://humanservices.arkansas.gov/dccece/dccece_documents/ccrrbrochure.pdf)



Date of enrollment: \_\_\_\_\_  
Date of discharge: \_\_\_\_\_

**Child's Personal Data Sheet – School Year 2017-2018**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Secondary Caregiver: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Emergency Contact Information**

Name of person to call if parents cannot be reached: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is this person authorized to take the child from the center? Yes \_\_\_\_ No \_\_\_\_

List all other adults who are authorized to take the child from the center:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Immunizations:** I have provided a copy of my child's Immunization Record: Yes \_\_\_\_\_ No \_\_\_\_\_

**Days Attending (circle applicable days)**

Monday Tuesday Wednesday Thursday Friday Times: \_\_\_\_\_

<b>ALLERGIES:</b>	<b>EPI-PEN? (circle one)</b>	<b>ON-GOING MEDICATIONS:</b>
	YES NO	
	<b>INHALER (circle one)</b>	
	YES NO	

**SPECIAL FOOD NEEDS:**

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**PHYSICAL OR EMOTIONAL CONCERNS THAT OUR STAFF NEEDS TO BE AWARE OF:**

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SIBLINGS? (circle one) YES NO Sibling names:

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<i>Medical History:</i>	YES	NO		YES	NO		YES	NO
Measles			Mumps			German Measels		
Chicken Pox			Whooping Cough			Positive TB Test		
Defective Heart			Sun Sensitivity			Feinting spells		
Frequent Ear Infections			Frequent Throat Infections			Frequent colds		
Temper Tantrums			Biting			Diabetes		
Seizures			Migraine Headaches			ADD/ADHD		

**Consents:**

Child's Physician OR preferred emergency treatment facility

Phone Number

Address

City, State, Zip

I, \_\_\_\_\_, mother/father/guardian (circle one) of \_\_\_\_\_, do hereby give my consent to the Director of the Child Care Facility, or his/her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature of caregiver

Date

I hereby give \_\_\_\_/do not give \_\_\_\_ the Director of the Child Care Facility or his appointed representative permission to give my child, \_\_\_\_\_, Acetaminophen. I understand I will be notified if that medication has been administered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give \_\_\_\_/do not give \_\_\_\_ written permission for the use of suntan lotions/sunscreen for my child in permit able weather. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1100.1101.17

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give \_\_\_\_/ do not give \_\_\_\_ written permission for the use of suntan lotions/ sunscreen for my child in permit able weather. School age children may apply sunscreen to themselves with supervision. In accordance with Minimum Licensing Requirements: DCCECE/ Child Care Licensing Unit: 1100.1101.27

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgments**

This is a statement of verification that I have been informed that child care licensing/ child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. This is in accordance with Minimum Licensing Requirements: DCCEDE/Child Care Licensing Unit: 200.201.4

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is to acknowledge that I have received a copy of the website links list of Kindergarten Readiness Skills Calendar and Checklist for my child (3 and 4 year old children only) This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit 200.201.5

The links are as follows:

CALENDAR:

[http://humanservices.arkansas.gov/dccece/classroom\\_docs/DHS\\_RICalendar.pdf](http://humanservices.arkansas.gov/dccece/classroom_docs/DHS_RICalendar.pdf)

CHECKLIST:

<http://arbetterbeginnings.com/parents-families/resource-library/kindergarten-readiness-checklist>

ADDITIONAL RESOURCES AVAILABLE AT OUR LOCAL CHILD CARE AWARE RESOURCE & REFERRAL AGENCY:

[http://humanservices.arkansas.gov/dccece/dccece\\_documents/crrbrochure.pdf](http://humanservices.arkansas.gov/dccece/dccece_documents/crrbrochure.pdf)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is to acknowledge that I have received and will comply with the rules as stated in the Kids Fit Fun FACtory Parent Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is a statement of verification that I have been informed of the behavior guidance policy practiced.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, verify that this form is complete in its entirety and that the parent handbook was given.

FAC Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Fayetteville Athletic Club Kid's Fit Fun FACtory Waiver Release Statement**

No child will be admitted into any FAC program if this form is not signed by a parent/legal guardian. By signing this form, you are releasing all claims for injury you or the participant might sustain through any of our programs. I agree to assume full risk and to waive, relinquish, and release all claims I and or the participant may have against, indemnify, hold harmless, and defend the Fayetteville Athletic Club. This release includes as well FAC officers, agents, servants, and employees from such claims resulting from injury, damages, or loss sustained while participating in this FAC program or event. I understand that I am responsible for all personal insurance and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital if I or the emergency contact listed cannot be reached.

The hospital emergency room of choice is: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Discipline Policy**

The discipline policy of the Fayetteville Athletic Club Kids Fit Fun FACtory will be that anytime a child's behavior jeopardizes the safety of him/herself, others, or is acting in a disruptive manner the child will be removed from the class or program.

The FACtory uses a timeout situation to encourage good behavior. A child who has to take a time out will be taken out of class participation and must sit alone quietly under staff supervision for 1 minute for each year of age. After the second offense another time out will be given. Following a third offense the child is sent home for the remainder of the day. Also, the parents and the child will have to schedule a conference with the director to discuss the problem. Continuous or more serious behavioral problems may result in termination from the Kids Fit Fun FACtory program.

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_, have read, understand, and agree with the Fayetteville Athletic Club Kids Fit Fun FACtory Discipline Policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Billing Policy**

Kids Fit Fun FACTory programs will not admit a participant without Payment Agreement & Registration forms completed by bill payer and registration fees are paid. Each program may have separate and different fees and policies. Program costs are not affected when children cancel or miss days for which they are registered. No substitutions can be made for missed days. Drop in days are not available and children can only attend camp on days which they are registered and paid for. Payment must be made before child can attend camp. Non-payment by due dates will result in forfeiture of student's space in the program. Memberships, private lessons, personal training, and special programs are not included in fees but discounts may apply. FAC member discounts are only applicable if the child holds a "Junior Membership". Any other discounts must be arranged with Director in writing prior to start of camp. FAC member discounts are void and additional charges will occur if membership is canceled during the time of camp attendance. The non-member rate will be charged to your account retroactively. Changes or cancellations in any registration must be made in writing to the director. This does not guarantee refund or credit of payments that have been made or cancellation any outstanding balances. A \$25 fee is charged to any returned payments. Any payments made after a returned payment must be in cash or money order form. Failure to comply with payment will result in suspension of the participant. Non-payment after 60 days of billing date may be subject to collection agencies. Fayetteville Athletic Club accepts cash, money order, checks, Visa, Master Card, Discover, American Express. FAC will not accept any temporary checks. Monthly auto draft and FAC club account charge is not available for weekly programs such as camp, preschool or afterschool. For your convenience, a weekly draft may be set up on credit/debit card only.

I agree to abide by the Billing Policy that has been presented to me by the Fayetteville Athletic Club. I hereby acknowledge that all information provided by the undersigned is accurate and that I have read and understand the preceding prior to the signing and agree to all terms outlines above. I understand that the policy may change under the discretion of the billing office and/or director of the program.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**PHOTOGRAPHY DISCLAIMER AND RELEASE FORM (MINOR CHILD)**

We will be taking pictures throughout the year to catch the overall action and adventure of our Kids FACtory programs. Whenever possible, we will make these images available to the parents/guardians. Please read and sign the following release form for your child(ren)

1. For good and valuable consideration received to my satisfaction, including but not limited to the ability of my minor child to appear in one or more videos or pictures to be displayed on the [www.fayac.com](http://www.fayac.com) website (the "Website") or FAC sponsored social media sites in furtherance of one or more projects in which he or she is participating (each a "Project"), I hereby grant, on behalf of myself and my minor child, to **Fayetteville Athletic Club**, 2920 East Zion Road, Fayetteville, AR 72703 (the "FAC"), and their respective officers, directors, agents, employees, licensees, successors and assigns the following: (a) The right to use my minor child's picture, likeness, images and other visual or audio reproductions by film, photograph or otherwise (collectively referred to as the "Images and Reproductions") in connection with any videos or photographs to be posted on the Website in connection with any Project. (b) All rights of every nature whatsoever in connection with use of the Images and Reproductions in the Project including without limitation all copyrights therein, and the exclusive right to reproduce, exhibit, distribute, and otherwise exploit the Images and Reproductions in whole or in part, in perpetuity throughout the world in any and all media, whether now known or hereafter devised, in connection with, the marketing, publicity and promotion of FAC, the Website or any of the Projects. In this respect, I agree that FAC may edit, alter, reproduce or otherwise change the Images and Reproductions for any such purpose. I acknowledge that my minor child and I shall have no ownership, authorship or moral rights in the Images and Reproductions or any part thereof. I hereby waive any and all rights to inspect or approve the use of the Images and Reproductions for any reason.

2. On behalf of myself and my minor child, I hereby release FAC and their respective officers, directors, agents, employees, licensees, successors and assigns from any and all claims, losses, damages or liabilities of any kind, which my minor child and I, or any of our heirs, representatives, successors and assigns, may now, or at any time in the future, have or claim to have arising out of or relating to the filming, recording, broadcasting, distribution, exhibition, advertising, or other exploitation of the Images and Reproductions, including but not including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. In this respect, I hereby waive any privacy rights, publicity rights or rights to compensation that I or my minor child may have in connection with the Images and Reproductions.

3. I understand that the consideration received by me pursuant to this disclaimer and release constitutes the full and final consideration for all uses and re-uses of the Images and Reproductions in accordance with its terms.

4. I represent that I am eighteen years of age or older and have read and fully understood the terms hereof.

5. This disclaimer and release shall bind me and my minor child's respective heirs and personal representatives. FAC shall not be obligated to utilize any of the rights granted hereunder. FAC will have the complete artistic and creative freedom, discretion and control of the Images and Reproductions on its Website. This disclaimer and release constitutes the entire understanding with respect to the subject matter hereof and it cannot be amended except by a written instrument signed by the undersigned and FAC.

**Parent or Guardian Signature**

I represent that I am the parent or legal guardian of the minor child who's images and reproductions are the subject of this release and disclaimer. I hereby consent to the use of the Images and reproductions pursuant to the terms herein:

Minor Child Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Date: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent Guardian Name (please print) :** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Jump Start Preschool and Mother's Day Out Registration Form



School Year 2018 - 2019

<b>Child's Name:</b>	<b>Date of birth:</b>	<b>Age:</b>
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<b>Mother/ Legal Guardian Name:</b>
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<b>Father/ Legal Guardian Name:</b>
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<b>Street Address</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>MOTHER'S INFORMATION</b>	<b>Email:</b>	<b>Work phone:</b>	<b>Cell phone:</b>
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<b>FATHER'S INFORMATION</b>	<b>Email:</b>	<b>Work phone:</b>	<b>Cell phone:</b>
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<b>EMERGENCY CONTACT NAME:</b>	<b>Relationship:</b>	<b>Email</b>	<b>Cell phone:</b>
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**SCHOOL YEAR REGISTRATION FEE: \$50**

<input type="checkbox"/> \$50 REGISTRATION FEE PAYMENT ATTACHED	FAC Child's Jr. Member # _____ Non-member ? (circle one) YES NO
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Start date:	Time:	Days included:	Member Rate per week	Non- Member rate per week
5 Days MON-FRI - FULL DAY	7:30 AM - 6:00 PM	Monday - Friday	\$139.00	\$149.00
3 Days per week - FULL DAY	7:30 AM - 6:00 PM	(circle 3) M T W Th F	\$99.00	\$119.00
3 Days per week - 1/2 DAY	7:30 AM - 2:30 PM	(circle 3) M T W Th F	\$79.00	\$89.00

**School Holidays/ Teacher work days**

	Member	Non-Member
School Day Out 7:30 AM - 6:00 PM School day out schedule listed on the back of this form	\$29.95 per day	\$39.95 per day

Notes for our staff regarding your child:

Sibling discount for 2nd, 3rd, 4th family members @ \$5 off per week (not available for 3 day per week option) Please list any siblings here:

Registration fee and first week of Preschool tuition must paid at the time of registration. If a balance remains unpaid on Tuesday, your child may not be dropped off until payment is current.

**LATE PICK UP FEES:** If you know that you will be late picking up your child, please contact the Kids FACtory staff immediately. Late pick up penalty is \$5.00 for the first 10 minutes and \$25 for each 15 minute period thereafter until the child is picked up.

**METHOD OF PAYMENT:**

Credit card type: (circle one)	Credit card #	Name as it appears on the card
VISA MC AMEX DISCOVER	Expiration date:	3/ 4 digit code:

In order to participate in our FAC Jumpstart Preschool and Mother's Day Out program , I understand that I must post a form of payment to be drafted each Friday for the upcoming week of Preschool. I understand that this is a school year program beginning August 14, 2017 with the final week ending June 1, 2017. I also understand that I am required to give a full 30 day written notice if my child will be withdrawing from the program. Payments for tuition will be required during the 30 day notice period. All cancellation notices must be submitting in writing and turned into the Kids FACtory front desk team. On the cancellation, please, list the child's name, age, program that he/she is attending and the reason for the cancellation. Please note that all registration fees are non-refundable.

**I agree to assume full risk and release all claims I and / or the participants may have against the Fayetteville Athletic Club (FAC), The Kids Club Fit Fun FACtory including it's agents, servants and employees, from such claims resulting from injury, damages or loss sustained during participation in any FAC off site parent program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any cost incurred. I also understand that every precaution is taken to protect the safety of all participants. I agree to any emergency treatment by a physician or hospital in the event that the parents, guardians or emergency contact listed above can not be reached.**

<b>Signature of Parent or Guardian:</b>	<b>Date:</b>
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<b>Parent/Guardian Printed Name:</b>
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FAC PRESCHOOL AND AFTER SCHOOL SCHEDULE



2018 -2019 SCHOOL YEAR

DATE	NOTES	SPRINGDALE OPEN?	FAYETTEVILLE OPEN?	Preschool open? YES/ NO	SPRINGDALE	FAYETTEVILLE	
					After School pick up? YES/ NO	After School pick up? YES/ NO	School Day Out Camp YES/ NO
Monday, August 13, 2018	First day of school year	YES	YES	YES	YES	YES	NO
Monday, September 03, 2018	Labor Day	NO	NO	NO	NO	NO	NO
Friday, September 14, 2018	Teacher inservice day - Springdale	NO	YES	YES	NO	YES	NO
Friday, September 28, 2018	Teacher inservice day - Fayetteville	YES	NO	YES	NO	YES	NO
Friday, October 19, 2018	Teacher inservice day - Springdale	NO	YES	YES	NO	YES	NO
Monday, October 22, 2018	Teacher inservice day - Springdale	NO	YES	YES	NO	YES	NO
Monday, November 19, 2018	Thanksgiving Holidays	NO	NO	YES	NO	NO	YES
Tuesday, November 20, 2018	Thanksgiving Holidays	NO	NO	YES	NO	NO	YES
Wednesday, November 21, 2018	Thanksgiving Holidays	NO	NO	YES	NO	NO	NO
Thursday, November 22, 2018	Thanksgiving Day	NO	NO	NO	NO	NO	NO
Friday, November 23, 2018	Black Friday	NO	NO	NO	NO	NO	NO
Thursday, December 20, 2018	Springdale Holidays	NO	YES	YES	NO	YES	NO
Friday, December 21, 2018	Springdale Holidays	NO	YES	YES	NO	YES	NO
Monday, December 24, 2018	Christmas Eve	NO	NO	NO	NO	NO	NO
Tuesday, December 25, 2018	Christmas Day	NO	NO	NO	NO	NO	NO
Wednesday, December 26, 2018	HOLIDAYS	NO	NO	YES	NO	NO	YES
Thursday, December 27, 2018	HOLIDAYS	NO	NO	YES	NO	NO	NO
Friday, December 28, 2018	HOLIDAYS	NO	NO	YES	NO	NO	YES
Monday, December 31, 2018	NEW YEAR'S EVE	NO	NO	NO	NO	NO	NO
Tuesday, January 01, 2019	NEW YEAR'S DAY	NO	NO	NO	NO	NO	NO
Wednesday, January 02, 2019	HOLIDAY	NO	NO	YES	NO	NO	YES
Thursday, January 03, 2019	HOLIDAY	NO	NO	YES	NO	NO	YES
Friday, January 04, 2019	HOLIDAY	NO	NO	YES	NO	NO	YES
Monday, January 07, 2019	INSERVICE DAY	NO	YES	YES	NO	YES	NO
Monday, January 21, 2019	MARTIN LUTHER KING HOLIDAY	NO	NO	NO	NO	NO	NO
Monday, February 18, 2019	PRESIDENT'S DAY	YES	NO	YES	YES	NO	NO
Monday, March 18, 2019	SPRING BREAK	NO	NO	YES	NO	NO	YES
Tuesday, March 19, 2019	SPRING BREAK	NO	NO	YES	NO	NO	YES
Wednesday, March 20, 2019	SPRING BREAK	NO	NO	YES	NO	NO	YES
Thursday, March 21, 2019	SPRING BREAK	NO	NO	YES	NO	NO	YES
Friday, March 22, 2019	SPRING BREAK	NO	NO	YES	NO	NO	YES
Thursday, May 23, 2019	LAST DAY OF SCHOOL	YES	YES	YES	YES	YES	NO
Friday, May 24, 2019	CAMP READINESS	NO	NO	YES	NO	NO	NO
Monday, May 27, 2019	MEMORIAL DAY	NO	NO	NO	NO	NO	NO
Tuesday, May 28, 2019	FIRST DAY OF SUMMER CAMP	NO	NO	YES	NO	NO	SUMMER CAMP BEGINS TODAY