



Dear Hancock Park Families,

We are excited to announce that **CHAMPIONS** has again been chosen to partner with Hancock Park Elementary School to run the after school Academic Enrichment Academy (AEA) for the upcoming school year! The program is available to all students enrolled at Hancock Park for students in grades of K- 5<sup>th</sup> during the 2011-2012 academic year. We are eager to share our enthusiasm and experience in after-school academic programming and truly appreciate your support and patronage.

This year Champions will be working collaboratively with the teachers at Hancock Park in conjunction with our teacher liaison Aaron Martini. He will ensure that the Champions works closely with the teachers to better support your student academically. This program is perfect for families looking for a strictly academic program for their child. **All kindergarten students will follow AEA schedule and will join our Above and Beyond (AnB) program at 5pm for activities and pick up.** After homework is completed each day, your student will take part in additional academic activities that help in areas a child may need additional development. Below is a sample schedule of what a typical day looks like in the AEA:

**Regular Schedule**

	Monday	Wednesday	Thursday	Friday
2:30	Sign In	Sign In	Sign In	Sign In
2:30-3:00	Supervised Physical Activity	Supervised Physical Activity	Supervised Physical Activity	Supervised Physical Activity
3:00-4:00	Tutoring	Tutoring	Tutoring	Enrichment
4:00-4:30	Break/Snack	Break/Snack	Break/Snack	Break/Snack
4:30-5:30	Tutoring	Tutoring	Tutoring	Disguised Learning
5:30-6:00	Debrief/Clean Up	Debrief/Clean Up	Debrief/Clean Up	Debrief/Clean Up

**Early Release Day(s)**

	Tuesday
1:30	Sign In
1:30-3:00	Supervised Physical Activity
3:00-4:00	Tutoring
4:00-4:30	Break/Snack
4:30-5:30	Tutoring
5:30-6:00	Debrief/Clean Up

Please note that our program ends at 6:00 pm. **Parents who arrive after 6:00 pm will be charged \$1 for every minute past 6:00 pm. The late fee payment is due when the child is picked up.** Additionally, **student absences must be called in to the Site Coordinator at Hancock Park prior to the beginning of program time on days your child will not be in attendance.** **CHAMPIONS** strives to create experiences in which students feel safe to explore new ideas about self and community, programs in which parents feel confident that their child is learning in a positive environment and manner.

Our goal is to build and deliver safe, organized, and educational programs. With this in mind we have added additional forms to our enrollment packet to be more informed about your child and to provide the best care possible. To ensure your child’s enrollment in the after school program at Hancock Park, please ensure that the **ENTIRE** enrollment packet is returned accurately and completely. We cannot accept your student without the required paperwork. **Please note that there is a one-time \$15 application fee at the start of each school year that must be paid before the application can be processed.** We require that a separate enrollment packet be completed for each child. If you have any questions or comments, please do not hesitate to contact us at [grisell@championsusa.com](mailto:grisell@championsusa.com) or 310-384-3679. We look forward to working with your children again in 2011/2012!

Thank you from the **CHAMPIONS** Team:

Adriana Robles, Regional Director of Elementary & Middle School  
 Grisell Torres, After School Site Coordinator at Hancock Park



**CHAMPIONS AFTER SCHOOL ENROLLMENT PACKET  
REQUIRED FORMS CHECKLIST**

*Please return this checklist along with the entire enrollment packet.*

- After School Release (Page 4)
- After School Program Enrollment Application (Page 5)
- Special Needs Intake Form (If applicable, for student with IEP or 504 Plan) (Page 6-7)
- Fees Schedule (Page 8-9)
- Release Of Liability And Assumption Of Risk (Page 10-11)
- Emergency Card Information (Page 12)
- Medical Consent Form (Page 13)
- First Aid and Emergency Medical Consent Form (Page 14)
- Transportation Plan and Authorization (Page 15)
- Confidentiality Process (Page 16)
- Admission Agreement (Please keep a signed copy for your records) (Page 17)
- State of California Immunization Requirements For School and Child Care (Attached)
- Pre-Admission Health History Form (Attached)
- Personal Rights Form (Attached)
- Parents Rights Form (Attached)

**Please remember to include the one-time enrollment packet fee of \$15 per child being enrolled.**

**THANK YOU!**



## AFTER SCHOOL RELEASE

*Please check each box after reviewing*

- I understand that with any program such as this, some risks are involved, even though appropriate precautions are taken to prevent accidents. Therefore, I my heirs and the child being registered hereby waive and release **CHAMPIONS** and Hancock Park Elementary School from all claims for damages and injuries in connection with this program.
  
- My child and I understand that tobacco, alcohol, or drugs of any kind are strictly forbidden during this program. I understand that if my child is found with any of these items, or is suspected of possessing them, they will forfeit their right to be in the program and I will be required to remove them from the school on that occasion. In such cases, if the child is expelled, no refund will be made.
  
- I understand that **CHAMPIONS** reserves the right to cancel or change programs or activities as listed in the itinerary when necessary.
  
- I understand that **CHAMPIONS** is not responsible for the loss or damage to my child's personal belongings.
  
- I grant permission for my child to be taken off site from time to time with **CHAMPIONS** to visit the park, playgrounds, and other educationally focused field trips. At times, I agree that I will be asked to sign a permission slip for the event or program.
  
- I agree to accept full responsibility, financial or otherwise, for the conduct of my child. In order to make each student's participation a fun, safe and rewarding experience, we hold high expectations for student attitude and behavior. I understand that there is no refund should my child be dismissed from the program for behavior or conduct deemed unsatisfactory or if, in the sole opinion of the director, a student's presence is not in the best interests of the program.
  
- All pictures taken in connection with the **CHAMPIONS** program are the sole and exclusive property of **CHAMPIONS** and may be used in any promotional materials.
  
- I understand that there will be a \$30 charge for all returned checks and a \$15 fee per month for each past due enrollment fee. If a check is returned, a credit card or money order will be the only acceptable form of re-payment.
  
- I understand that my credit card will be charged by the 15<sup>th</sup> of the month if payment is not received by the 7<sup>th</sup> of each month.
  
- I acknowledge that I have received the **CHAMPIONS** After School Parent Handbook, have read the handbook and understand the information contained in the handbook. (Handbook is online at the **CHAMPIONS** website: <http://www.championsusa.com>)
  
- If we need to consider any special information about your child (i.e. diet, homework, health concerns, behavioral issues, 2<sup>nd</sup> parent responsible for billing), please check the box and attach a brief note of explanation.
  - Yes, I am attaching a special note.
  - No, I am not attaching a special note.

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Parent / Legal Guardian Name

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Parent / Legal Guardian Signature

---

Date



Program Use Only

Date Received: \_\_\_\_\_

Accepted:  Wait List:

Start Date: \_\_\_\_\_

## ACADEMIC ENRICHMENT ACADEMY ENROLLMENT APPLICATION

Students Enrollment Status						
<input type="checkbox"/> Full Time (\$325/every 4 weeks)		<input checked="" type="checkbox"/> Kindergarten (\$300/every 4 weeks)				
Student's <b>LEGAL</b> Name: Last Name		First Name	Middle Name	Grade 2011-12	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth						
School		District		Teacher		Identifying Marks:
Parent's /Legal Guardian's Last Name		First Name		Relationship		Can we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Home Phone <input type="checkbox"/> Check if Primary	Work Phone <input type="checkbox"/> Check if Primary	Cell Phone <input type="checkbox"/> Check if Primary		
		( )	( )	( )		
Parent's/Legal Guardian's Last Name		First Name		Relationship		Can we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Home Phone <input type="checkbox"/> Check if Primary	Work Phone <input type="checkbox"/> Check if Primary	Cell Phone <input type="checkbox"/> Check if Primary		
		( )	( )	( )		
Address Where Student Resides		City		State	Zip	
<b>STUDENT RELEASE AUTHORIZATION (Other than parents)</b>						
I understand that my child must be signed out of the program every day by an authorized adult ( <b>18 years or older with picture ID</b> ). I authorize the following additional person/s (other than parent) to pickup my child from the site including in the case of an emergency (attach additional page if more space required):						
First and Last Name		Relationship		Home Phone	Work Phone	Cell Phone
				( )	( )	( )
				( )	( )	( )
				( )	( )	( )
Any person to whom student may NOT BE LEGALLY RELEASED? Court-issued (custody/restraining) order must be on file, if applicable.						
Name			Relationship			
STUDENT DEMOGRAPHIC INFORMATION						
1. Is your child designated as a Special Education student with an Individualized Education Program (IEP)? Please provide copy if yes.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Does your child have any medical condition, allergies, or other special needs or problems of which we should be aware?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to questions 3, 4 or 5 above, please provide detailed information (attach additional page if more space required):						
I am the legal guardian or a parent with legal custody of the above named child, and the information on this enrollment application is accurate and complete to the best of my knowledge.						
_____ PARENT/LEGAL GUARDIAN SIGNATURE				_____ DATE		



## Champions Special Needs Intake Form (IEP & 504 Plans Only)

This form should be:

1. Discussed with parent(s)/legal guardian(s) and all involved staff
2. Completed by CHAMPIONS Staff (Site Coordinator and/or Regional Manager)
3. Reviewed by program director
4. Signed by parent/guardian
5. Used by all involved program staff

Childs Name: \_\_\_\_\_

Childs Age: \_\_\_\_\_

Site: \_\_\_\_\_

Start Date: \_\_\_\_\_

Child Likes and Dislikes:

Our programs generally have staffing ratios of 1 staff per 12-15 children. Do you feel this will be adequate for your child's physical or behavioral needs?  Yes  No

If no, please describe what you feel your child's needs may be:

Are there any behaviors for which your child may need special assistance from staff, such as reminders to use the restroom, using appropriate language, using appropriate problem solving skills, etc?  Yes  No

If yes, please describe what your child's need may be:

Does your child need any special equipment for our program (e.g. special table; wheelchair ramp)?  Yes  No

If yes, please describe what your child's need may be:

May we contact those who have worked successfully with your child in the past (i.e. teachers, counselors, doctors, etc.)? If so please provide contact information below.  Yes  No

Name	Phone Number	Relationship	Duration
_____	(    )	_____	_____
_____	(    )	_____	_____
_____	(    )	_____	_____

Is there anything else that you would like us to know that will assist us in evaluating your child's needs?



**A Note to Parent(s)/ Legal Guardian(s):**

The rest of the intake process may consist of:

1. Review school records
2. Speaking with teacher's and/ or observing the child in the classroom
3. Speaking with references listed above
4. A trial enrollment period (if appropriate)

The purpose of these activities is to:

1. Collect information that will help us determine if we can meet the child's needs
2. Provide useful information for program staff to work with the child while in the program

**Permission for Release of Information**

I  Parent/Legal Guardian of  grant permission to school personnel to discuss and to review school records pertaining to my child with the CHAMPIONS after school program and it's representatives. I understand that this is an internal document to be kept in a confidential file.

<i>Parent / Legal Guardian Name</i>	<i>Parent / Legal Guardian Signature</i>	<i>Date</i>
<i>Site Coordinator Name</i>	<i>Site Coordinator Signature</i>	<i>Date</i>

**FOR OFFICE USE ONLY**

Intake Form Completed	Review of School Records	Interviews	Observation	Trial Enrollment
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Notes**

**Action Taken**

Admitted:     Yes     No      Referral:     Yes     No      Other: \_\_\_\_\_



## Fee Schedule

### Program Fees

CHAMPIONS Program fees are established to offset the costs of operation for the program within the following framework:

- Fees are established on a year-round, monthly basis, and do not vary during school holidays or vacations.
- All children in the program share equally in the cost of providing for the fixed costs for the program, regardless of time usage. Fixed costs include facilities and insurance, directing staff, and administrative costs.
- Direct costs such as snacks, program supplies, and program leadership are considered when establishing fees.
- All new or returning participants to childcare must pay a **non-refundable registration fee** of \$15 any time there is a break in service as well as completing an enrollment packet.

The cost for the full-time program is \$325 every 4 weeks (please see attached payment calendar). This payment is due on the Friday before new cycle starts. **Parents that do not pick their child up by 6 PM will also be charged \$1 for every minute past 6 PM** and payment is due upon arrival.

### Fee Credits/Refunds for Absences

There are no adjustments in the monthly program fees for absence or nonparticipation. Your fee covers our direct operating expenses (i.e., staffing, snacks, materials, activity fees, etc.). When you enroll your child, you are reserving space, time, staffing, and provisions whether or not she/he attends. There is a one month minimum participation with no refunds or credits issued for the registration or participation fees. As the enrolling parent, you are responsible for all fees related to your child's participation (co pays and registration fees).

### Withdrawing from the Program/Changes to Program Enrollment

Participants leaving the CHAMPIONS Program are required to notify the CHAMPIONS main office in writing. This written notification must be received 15 days prior to the month the child will be leaving the program regardless of the time of year. If 15 day written notice is not given there will be no credits or refunds given. After 30 days, unpaid accounts may be submitted to a 3rd party collection agency. Registration fees and increased participation fees will apply to any re-enrollment. Changes in schedule, days of attendance or payment methods need to be given in writing 30 days prior to date of change.

### Refund Policy

If you withdraw from the program CHAMPIONS will pro-rate any fees not incurred and a refund will be issued within 30 days of withdrawal. For part-time participants there will not be any refunds as these participants are charged only after services are rendered.



**Removal from Program for Non-Payment of Fees**

In order to be fair to all CHAMPIONS Program participants, those who do not pay program fees in a timely manner may be suspended or terminated from the program. Fees become past due if payment is not received within 5 days after payment is due and will include a late payment fee of \$15. Any balance due still unpaid by the 2<sup>nd</sup> week of the month will result in the child being removed from the program roster effective the following day. No further participation in the CHAMPIONS program is allowed until the balance is paid in full. If the account balance has not been paid in full and arrangements have not been made for payment, your account may be turned over to a collection agency.

**Payment Options**

Although families have the option of paying by check, CHAMPIONS requires that an active credit card be on file at the CHAMPIONS main office for child enrolled in the program. The credit card on file will only be used if your family has an outstanding balance on the 7<sup>th</sup> of the following month. If you desire to switch your payment method please provide a written notice **15 days in advance** to the either the site coordinator or to the CHAMPIONS main office. Checks should be made payable to CHAMPIONS. Additionally, a \$15 late fee will be assessed for each month a payment is 15 days past due. Returned checks will be charged a \$30 handling fee.

(Please detach and return with registration packet)

**PART-TIME/FULL-TIME PAYMENT & CREDIT CARD INFORMATION**

<b>Student Enrollment Status</b>		
<input type="checkbox"/> Full Time (\$325/every 4 weeks)		<input checked="" type="checkbox"/> Kindergarten (\$300/every 4 weeks)
<b>Payment Method</b> (Please note that all full-time families must have a credit card on file even if opting to pay via credit card or cash)		
<input type="checkbox"/> Credit Card		<input type="checkbox"/> Check
<input type="checkbox"/> Cash		
<b>Credit Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	<b>Number:</b>	<b>CV Code:</b>
<b>Credit Card Billing Address:</b>	<b>City</b>	<b>State</b> <b>Zip</b>
<b>Authorization Statement:</b> I hereby authorize CHAMPIONS: After school Adventure and Sports Program to initiate debits from the credit card account indicated below, to debit the monthly program fees on the 1 <sup>st</sup> of each month for the following month's fees. I further understand and agree to pay the non-refundable registration fee (\$15/ enrollment application) upon enrollment/ re-enrollment. Applicable program fees are also due upon enrollment. Program fees will not be refunded without <b>15-days written notice</b> .		
<b>Cardholder Name (Please Print):</b>	<b>Cardholder Signature:</b>	<b>Date:</b>



## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

**PLEASE PRINT CLEARLY**

Student's <b>LEGAL</b> Name: Last Name	First Name	Middle Name	Grade 2011-12	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth					
Parent's/Legal Guardian's Last Name					First Name		Relationship (Legal Guardian Only)		Can we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address			Home Phone <input type="checkbox"/> Check if Primary #	Work Phone <input type="checkbox"/> Check if Primary #	Cell Phone <input type="checkbox"/> Check if Primary #						
			( )	( )	( )						
Parent's/Legal Guardian's Last Name					First Name		Relationship (Legal Guardian Only)		Can we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address			Home Phone <input type="checkbox"/> Check if Primary #	Work Phone <input type="checkbox"/> Check if Primary #	Cell Phone <input type="checkbox"/> Check if Primary #						
			( )	( )	( )						
Address Where Student Resides							City		State		Zip

**DUTY OF PARTICIPANTS:** Some recreational activities conducted by Good Sports Plus Ltd., a California corporation doing business as CHAMPIONS ("CHAMPIONS") may be hazardous to and create risks for participants. All participants have an obligation and duty to act as a reasonably prudent person when participating and engaging in the recreational activities offered by Champions. If a participant cannot abide by the foregoing, the participant should not join in the activities and should advise the on-site representative of Champions at once. The on-site representative of Champions will determine in their sole judgment how to proceed.

I/We, the undersigned, hereby promise, covenant and agree:

- a) to immediately, fully and diligently follow the directions and instructions of the on-site representative of Champions.
- b) not to act in any way which shall interfere with the running or operation of rock climbing, kayaking, mountain biking or any other activity (the "Activities") when such activities are conducted by Champions.
- c) not to act in any way which shall interfere with Champions or the on-site representative of Champions and their administration, the supervision or the conduct of the Activities or Champions' business.
- d) not to use any of Champions' equipment or facilities or services if I do not have the ability to use such facilities, equipment, or services safely without instructions and until I have requested and received sufficient instruction to permit safe usage as determined by Champions.
- e) not to use any of Champions' equipment or facilities or services without the permission of the on-site representative of Champion or after any prior permission has been revoked.
- f) not to engage in any dangerous, unsupervised or harmful conduct or willfully or negligently engage in any type of conduct which threatens or contributes to or causes injury to any person including myself during, before or after the Activities have commenced.
- g) not to embark in any self-initiated activity without first informing the on-site representative of Champions of my intentions and receiving permission from Champions to engage in such self-initiated activity.
- h) not to violate the foregoing and/or any other rules of Champions and shall allow the on-site representative of Champions, at their sole discretion, to terminate my participation in the Activities. There will be no refund or pro ration of any fee in the case of termination.

*Continued on Page 11*



**ACKNOWLEDGMENT AND ACCEPTANCE OF RISK:** The undersigned fully understands and acknowledges that the activity which the Participant is about to voluntarily engage in as a participant and/or volunteer bears certain known/unknown risks and unanticipated risks or chances for accidents which could result in injury, disability, death, illness or disease, physical or mental, or damage to the Participant, to the Participant's property, or to spectators or other third-parties. The undersigned fully and completely accepts and assumes all responsibility and risk for injury, disability, death, illness, or disease, or damage to the Participant and the Participant's property. Participation in the Activities is purely voluntary; no one is requiring or forcing the Participant to participate, and the undersigned elects to freely and knowingly participate in spite of all known and unknown risks and possibilities of adverse consequences. The undersigned further acknowledges that without the foregoing statement, Champions would not have agreed to allow Participant to participate in the Activities.

**PICTURES AND PUBLICITY:** All likenesses, pictures, videos and recordings of any type or nature no matter the format, taken or produced in connection with the Champions' programs are the sole and exclusive property of Champions and may be used in any promotional materials or in any publicity endeavors. The undersigned grants permission for the foregoing use without the need for any further consent, payment or signed release.

**RELEASE:** In consideration of the services and/or property provided, the undersigned for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives, or assigns, do hereby fully release and hold harmless Champions, its principals, directors, shareholders, officers, agents, employees, and volunteers from any and all liability, expense (including attorney's fees), loss or charge associated with the Activities, and further waive any cause of action (whether in tort, contract or strict liability) or complaint for any damage whatsoever arising from or related to any cause whatsoever (except that which is gross negligence or intentional misconduct solely by Champions). I further agree to indemnify, defend and/or reimburse Champions for any and all attorney's fees and costs Champions or its principles, directors, shareholders, officers, agents, employees, and volunteers may incur should I bring legal action against Champions and lose. Champions shall not have had to incur any costs to claim the benefits of this indemnity. The release, waiver, indemnity, right of defense and reimbursement shall survive the termination of the Activity and have no limit in scope or duration. The undersigned specifically and knowingly releases all rights under California Civil Code Section 1542 which provides:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.**

**ENTIRE AGREEMENT:** I understand that this is the entire agreement between myself and Champions, its agents or employees, and that it cannot be modified or changed in any way by the representatives or statements of any employees of Champions or by me unless in a writing signed by the president of Champions.

My (Our) signature(s) below indicates that I/We have read this entire document and understand it completely and agree to be bound by its terms.

\_\_\_\_\_ Parent/ Legal Guardian Name                      \_\_\_\_\_ Parent/ Legal Guardian Signature                      \_\_\_\_\_ Date

\_\_\_\_\_ Parent/ Legal Guardian Name                      \_\_\_\_\_ Parent/ Legal Guardian Signature                      \_\_\_\_\_ Date



## EMERGENCY CARD INFORMATION

CHILD INFORMATION						
Student's <b>LEGAL</b> Name: Last Name	First Name	Middle Name	Grade 2011-12	Age	Gender	Date of Birth
					<input type="checkbox"/> M <input type="checkbox"/> F	
School		District		Teacher		
Address Where the Child Resides			City	State	Zip Code	
PARENT / LEGAL GUARDIAN INFORMATION						
Parent's / Legal Guardian's Last Name		First Name		Relationship		Can we contact you via text message?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Home Phone	Work Phone	Cell Phone		
		( )	( )	( )		
Parent's / Legal Guardian's Last Name		First Name		Relationship		Can we contact you via text message?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Home Phone	Work Phone	Cell Phone		
		( )	( )	( )		
MEDICAL INFORMATION (CHILD)						
Pediatrician or Health Care Provider		Address			Contact Number	
Medical Insurance Information		Carrier	Policy #	Participating Hospital		
Chronic Health Conditions (including food allergies):				Limitations or Concerns:		
EMERGENCY CONTACT(S)						
First and Last Name		Relationship to Child	Home Phone	Work Phone	Cell Phone	
			( )	( )	( )	
			( )	( )	( )	
			( )	( )	( )	
MEDICAL EMERGENCY TREATMENT						
<p>I hereby give <b>CHAMPIONS: Adventure, After School &amp; Sports Programs</b> permission to administer first aid and/or CPR to my child and/or take my child, to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.</p>						
_____		_____		_____		
Parent/Legal Guardian Name (Please Print)		Parent/Legal Guardian Signature		Date		
<p>I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school (see page 12 for immunization requirements).</p>						
_____		_____		_____		
Parent/Legal Guardian Name (Please Print)		Parent/Legal Guardian Signature		Date		



**MEDICATION CONSENT FORM (IF APPLICABLE)**  
**102 CMR 7.05(2)(C)**

Student's <b>LEGAL</b> Name: Last Name		First Name	Middle Name	Grade 2011-12	Age	Gender	Date of Birth
						<input type="checkbox"/> M <input type="checkbox"/> F	
Name of Medication				Dosage	Date(s) Med to be Given	Time(s) Med. to be Given	
				<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription			
Reasons for Medication							
Name of Prescribing Physician					Telephone Number		
Possible Side Effects							
Directions for Storage							
<b>AUTHORIZATION</b>							
<p>I _____, I am the legal guardian or a parent with legal custody of the above named child, and the information on this medication consent form is accurate and complete to the best of my knowledge. I also consent to allow authorized staff member(s) to administer medication to my child as indicated above.</p>							
_____			_____			_____	
Parent/Legal Guardian Name (Please Print)			Parent/Legal Guardian Signature			Date	
_____			_____			_____	
Doctor Name (for non-prescription medication only)			Doctor Signature			Date	



**FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM**  
**102 CMR 7.09(3)**

**CHILD INFORMATION**

Student's <b>LEGAL</b> Name: Last Name	First Name	Middle Name	Grade 2011-12	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth

**PARENT/LEGAL GUARDIAN INFORMATION**

Parent's /Legal Guardian's Last Name	First Name	Relationship	Can we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Home Phone (    )	Work Phone (    )	Cell Phone (    )
Parent's /Legal Guardian's Last Name	First Name	Relationship	Can we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Home Phone (    )	Work Phone (    )	Cell Phone (    )

**MEDICAL INFORMATION (CHILD)**

Pediatrician or Health Care Provider	Address	Contact Number	
Dental Provider	Address	Contact Number	
Medical Insurance Information	Carrier	Policy #	Participating Hospital
Chronic Health Conditions (including food allergies):	Limitations or Concerns:		

**EMERGENCY CONTACT(S)**

I authorize the following additional person/s to pickup my child from the site in the case of an emergency (attach additional page if more space required)

First and Last Name	Relationship to Child	Home Phone	Work Phone	Cell Phone
		(    )	(    )	(    )
		(    )	(    )	(    )
		(    )	(    )	(    )

**MEDICAL EMERGENCY TREATMENT**

I authorize staff of the **CHAMPIONS** After School Program who is trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child; however, if I cannot be reached, I hereby authorize the program staff/representatives to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



**TRANSPORTATION PLAN AND AUTHORIZATION**  
**7.09(3) and 7.12(1)**

Student's <b>LEGAL</b> Name: Last Name	First Name	Middle Name	Grade 2011-12	Age	Gender	Date of Birth
					<input type="checkbox"/> M <input type="checkbox"/> F	

**My child will ARRIVE at the program by (check all that apply):**

- Unsupervised walk from classroom (grades 2 -8 only)
- Supervised walk with CHAMPIONS or school staff from K or 1 classroom
- Parent Drop Off (Full-day programs only (i.e. non-school day, winter, spring & summer break)
- Other (please describe):

**My child will DEPART from the program by (check those that apply):**

- Parent pick up
- Unsupervised walk from classroom to parent waiting at front desk
- Other (please describe):

**STUDENT RELEASE AUTHORIZATION (other than parent/legal guardian)**

First and Last Name	Relationship to Child	Home Phone	Work Phone	Cell Phone
		( )	( )	( )
		( )	( )	( )
		( )	( )	( )

I also authorize Champions staff to release my child to the aforementioned person(s) above at the end of the day as indicated above. If no other authorizations are granted please indicate by writing "No Other Person(s)" in the first space above.

\_\_\_\_\_

Parent/Legal Guardian Name (Please Print)                      Parent/Legal Guardian Signature                      Date

**CHANGES OR MODIFICATIONS TO TRANSPORTATION PLAN**

**Any changes to the transportation plan above must be made in writing to the Site Coordinator. This plan will remain in place and maintained in the child's file until such changes are made and approved. This permission is valid for one school year only.**

\_\_\_\_\_

Parent/Legal Guardian Name (Please Print)                      Parent/Legal Guardian Signature                      Date



**CONFIDENTIALITY PROCESS**

At CHAMPIONS we are committed to keeping student and family information confidential. In order to meet this goal, we will only release student/family information to parents/legal guardians. If parents/legal guardians wish to share any information with anyone other than the parent or legal guardian of the child, they must authorize **CHAMPIONS** to do so writing. The letter must be drafted by the parent as well as signed and dated.

Additionally, parents will be notified if/when a regulating agency (the Department of Early Education and Care or the Department of Children and Families) requests to see any information kept in the child’s file. By signing the release below you grant these regulatory and governmental agencies permission to access this information. This form will be kept in your child’s file and in an area only accessible to **CHAMPIONS** staff and their representatives.

Child’s Legal Name (Last, First, Middle): \_\_\_\_\_

I \_\_\_\_\_ grant permission for the regulating agencies of **CHAMPIONS** After School Program to access my child’s file when necessary for regulatory purposes and understand that only **CHAMPIONS** staff and their representatives, Hancock Park Elementary School personnel, the Department of Early Education & Care and the Department of Children and Families will have access to my child’s files. I also understand that I may at any time request access to my child’s file. If the student file is to be shared with an agency not listed, a request must be made in writing.

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## CHAMPIONS Admissions Agreement

**Acknowledgement & Agreement** - As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

- A. I acknowledge that I have received a copy of the **CHAMPIONS** School-Age Child Care Parent Handbook and will comply with the policies set forth. I further acknowledge that I have received copies of the following documents required by the State of California, Community Care Licensing: **“Parent’s Rights”, “Personal Rights”, “Parent Handbook”, “Fees Page” and “Acknowledgement of Receipt of Licensing Reports”**
- B. Authorization for **CHAMPIONS** to take photographs, videos, motion pictures and /or sound recordings of the Child Care participant or members of the participant’s family. I further grant **CHAMPIONS** permission to use the photographs, video, motion pictures and/or sound recordings in its general publicity materials. See waiver in enrollment packet.
- C. That **CHAMPIONS** staff and volunteers are not allowed to baby-sit or transport children at any time outside of the **CHAMPIONS** program. (**CHAMPIONS** will take immediate staff and volunteer disciplinary action if a violation occurs.)
- D. That I am not to leave my child at the **CHAMPIONS** Program site unless a **CHAMPIONS** staff or volunteer is there to receive and supervise my child.
- E. That should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)
- F. That **CHAMPIONS** staff are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- G. That per Department of Social Services (DSS), Community Care Licensing, Title 22 Regulations, my child’s file is available for review by DSS and representatives from these agencies may interview my child without prior parental/guardian permission. In addition Law Enforcement personnel may request the information listed in your file and may interview your child if necessary.
- H. That **CHAMPIONS** may terminate my child’s enrollment for any of the following reasons:
  - Emergency names and phone numbers are incorrect
  - Parent is late picking up child after program is over or the site closes
  - Non/late/NSF payment of fees
  - Failure to adhere to the sign-in/sign-out policies
  - Failure to notify the **CHAMPIONS** Program that the child will be absent
  - Child leaving the program site without authorized written permission
  - Behavior that is continually disruptive or dangerous to others and/or self
  - Behavior that is destructive to property and/or refusal to replace said property
  - Any single incident that is deemed by the Site Coordinator and/or Regional Director to be dangerous, harmful or disruptive
  - Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- I. That program participation requires a payment of monthly fees and that non-payment of program fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand there is an administrative processing fee for any payment returned by my bank or credit account.
- J. **CHAMPIONS** and the staff employed by **CHAMPIONS** will not become involved in any custodial disputes between parent/guardian. If **CHAMPIONS** documents are requested, the court must request them. The staff’s responsibility is to provide a safe environment for children.
- K. I understand that I am required to give **15 days** written notice when withdrawing from the **CHAMPIONS** Program in order to receive a refund or not be billed. Registration fees are non-refundable.

Parent/Legal Guardian Name:	Parent Signature:	Date:
CHAMPIONS Representative Name:	CHAMPIONS Representative Signature:	Date: