



AFTER SCHOOL CONTRACT 2012-2013

STAR, Inc. is a charitable 501(c)(3) non-profit education organization serving kids, families, schools and communities

CHILD'S NAME: _____ Permit: _____ Grade: _____

Age: _____ Date of Birth: ___/___/___ Sex: M ___ F ___ Home Language: _____

Home Address: _____ City: _____ Zip: _____

Home Phone#: _____ Home E-Mail Address: _____

Parent/Guardian1 Name: _____ Cell#: _____

Guardian 1 Employment: _____ Position: _____

Address: _____ City: _____ Zip: _____

Work Phone#: _____ Work E-Mail Address: _____

Parent/Guardian2 Name: _____ Cell#: _____

Guardian 2 Employment: _____ Position: _____

Address: _____ City: _____ Zip: _____

Work Phone#: _____ Work E-Mail Address: _____

ABSENCES

STAR is a non-profit charitable program with fixed expenses; therefore, we cannot give credit or make-up days for the absence of your child. We pay staff, custodial services, accountant, etc., whether your child is present or not. When a school holiday occurs or a Natural Disaster, Civil Unrest, Catastrophes, etc., you are responsible for paying that day.

TARDINESS AND PICK UP

Late pick up policy: STAR closes promptly at 6:00 p.m. Repeated tardiness may result in cancellation of your child's enrollment in the program. Excessive late pick up is considered to be more than 3 times in the school year. Late Fee is \$1.00 per minute after 6:00 p.m. STAR allows a ten-minute grace period. At 6:11 the late fee is \$11.00, 6:12 the fee is \$12.00 etc. You must pay the late fee upon arrival. Please pay the staff member(s) in cash only. If you do not pay the late fee, your child may not attend the program until that balance has been paid in full. When late, our staff member will make every effort to contact you or persons listed as your emergency contacts. If we are unable to make contact by 7:00 p.m. the school police will be contacted and your child will be taken to the local school police station. Staff is not allowed to take children home.

STAR PHOTOGRAPHY & VIDEO CONSENT

Occasionally STAR will use a student's photograph and/or film/video for promotional purposes of the organization.

If you do not want STAR to use your student's photograph and/or film/video for promotional purposes of the organization, please check this box.

CONFIDENTIALITY

STAR is committed to keeping personal family information confidential. We will only release information to parents/guardians. If parents/guardians wish any information shared, they must give STAR permission in writing.

RELEASE OF LIABILITY

I hereby agree to hold harmless STAR, Inc, STAR Staff, Directors, Administrators and Members of the Board of Directors from any liability related to any and all STAR activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.

I HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED, AND, THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30-DAY NOTICE. I HAVE RECEIVED A COPY OF THIS CONTRACT.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Please Indicate Ethnicity (optional)

- American Indian/Alaskan Native Asian Hispanic Black (not of Hispanic origin)
 White (not of Hispanic origin) Filipino Pacific Islander Other _____

EMERGENCY CONTACTS

The law requires guardians to sign their child in or to sign them out. Failure to comply with this law may result in suspension or termination of this contract. Your child/children will not be released to any person that is not listed on the emergency contact list. If you need to have your child/children picked up by someone not included in this list, we require both a telephone call from you and a written authorization. **Appropriate identification will be required.**

By law children must be released to either parent even if one parent is not included on this form. STAR must have a copy of any court document that mandates special custody arrangements. Besides guardians previously listed, we will release children only to the following individuals:

Name: _____ Relation: _____

Address: _____ Phone#: _____

Name: _____ Relation: _____

Address: _____ Phone#: _____

Name: _____ Relation: _____

Address: _____ Phone#: _____

EARTHQUAKE OUT OF STATE CONTACT: _____ **PHONE#** _____

DENTIST'S NAME: _____ **Phone#** _____

Address: _____ City _____

PHYSICIAN'S NAME: _____ **Phone#** _____

Address: _____ City _____

List any specific health concerns your child may have (i.e. Diabetes, Illness, allergies, sensitivities, etc):

Prescription medications may be administered ONLY when authorization forms are on file with STAR. See Director for details.

Does your child have any physical/mental limitations we should know about? _____

Does your child have a current Individualized Education Program (IEP), Section 504 Plan, or any other special needs?

STAR will provide services in the manner necessary to provide equal opportunity and access to their programs. If the STAR director becomes aware that a child with a disability needs accommodation(s) to participate in the program, the STAR director will contact the District's Beyond the Bell Branch, which, in consultation with the Division of Special Education, will identify the reasonable accommodation(s), if any, that may be necessary.

EMERGENCIES

In case of an emergency, STAR will make every effort to contact the guardians of the child involved before any treatment is begun. However, in the event we are unable to make contact with the parents or guardians, we require this medical release to be signed by all the participants in the program.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY THE STAR PROGRAM TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD.

Name of Insurance: _____ **Policy #:** _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ **Date:** _____