



CHILDHELP COMMUNITY CENTER

1252 S. Avondale Blvd. Building N
Avondale, AZ 85323
(623) 240-6160



Our Mission:

To promote and encourage the educational, spiritual, emotional and well-being of children and families in need.

School Name: _____			
<input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> WEDNESDAYS <input type="checkbox"/> DAY CAMP			
Date Enrolled _____		Date Disenrolled _____	
PLEASE PRINT AND CHECK ALL THAT APPLY			
CHILD'S NAME (LAST, FIRST MI.)	D.O.B / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE
CHILD'S HOME ADDRESS	APT#	CITY	ZIP CODE ()
CHILD'S ETHNICITY <input type="checkbox"/> Cuban or Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Indo-Chinese Refugees <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander/Filipino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other/Undetermined	WHO HAS LEGAL CUSTODY OF THE CHILD <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Primary Language At Home: _____	MARITAL STATUS <input type="checkbox"/> Never <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	FAMILY SIZE _____
MOTHER/GUARDIAN (LAST, FIRST M.I.)	FATHER/GUARDIAN (LAST, FIRST M.I.)		
D.O.B.:	D.O.B.:		
EMPLOYMENT STATUS <input type="checkbox"/> Employed full- time <input type="checkbox"/> Student <input type="checkbox"/> Employed part-time <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	EMPLOYMENT STATUS <input type="checkbox"/> Employed full- time <input type="checkbox"/> Student <input type="checkbox"/> Employed part-time <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		
PLACE OF WORK:	PLACE OF WORK:		
ADDRESS:	ADDRESS:		
EMAIL ADDRESS	EMAIL ADDRESS:		
WORK PHONE:	WORK PHONE:		
CELL PHONE:	CELL PHONE:		
Does your child have an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, a copy of the IEP must be provided PRIOR to enrollment date.			
I hereby certify that all information contained above is true to the best of my knowledge and that deliberate omissions or misstatements may be cause for withdrawal from the program. All information I have provided will be confidential. Completing this application does not guarantee enrollment in any Childhelp Community Center Program.			
Parent/Guardian Signature _____		Date _____	
Program Coordinator Signature _____		Date _____	



CHILDHHELP COMMUNITY CENTER

1252 S. Avondale Blvd. Building N

Avondale, AZ 85323

(623) 240-6160



SCHOOL-BASED PROGRAM CHILD INFORMATION SHEET

Student's Name: _____ Parent/Guardian: _____

School Site: _____ Date: _____

1. What things do you want your child to experience in our Program? _____

2. What chores does your child do at home? _____

3. What is your child's favorite T.V. show? _____

4. Has there been any recent change in your child's life? _____

(Divorce/Separation, Moving, New Baby, Death in Family, etc.)

5. Is there anything that frightens your child? _____ How do you deal with it? _____

7. What is your child's favorite activity? _____

8. What makes your child angry or upset? _____

9. How is your child disciplined? _____

10. How does your child show his/her feelings? _____

11. What is your child with other children?

☐ shy & bashful

☐ makes friends easily

☐ gets along well with others

☐ prefers to be alone

☐ plays inside

☐ enjoys new experiences

☐ prefers vigorous activities

☐ prefers quiet time

☐ finishes what he/she starts

☐ plays outside

12. Is there any additional information that you would like the Childhelp Community Center staff to know about your family, such as religious beliefs and/or food restrictions? _____

13. Is there anything else about your child that you wish to share with us? _____



SCHOOL-BASED PROGRAM AGREEMENT

Student

- *I agree to give my very best each day in the School-Based Program in which I am enrolled.*
- *I agree to listen to the teacher and follow classroom rules all of the time.*
- *I agree to be on time.*
- *I agree not to bring food, toys or candy to the program.*
- *I understand technology is not permitted during program hours (examples: cell phones, ipads, personal gaming systems, etc).*
- *I agree to work together with the group, not put anyone down, call them names, or hurt them in any way.*
- *I understand that I can get a warning during the program if I am not doing what is expected. After the third warning, my parent will be called.*
- *I understand that the most important part of this program is to have fun; learning new & exciting things about myself.*

STUDENT: _____

DATE: _____

Parent

- *I agree to pick up my child on time and to communicate with Childhelp Community Center personnel if my child will be absent.*
- *I agree to support Childhelp Community Center by having my child adhere to all rules and follow the teacher's instructions.*
- *I agree to appropriately communicate with the teacher on a regular basis and if a behavior problem is identified to join in the corrective action plan agreed to with Childhelp Community Center.*

PARENT: _____

DATE: _____

Teacher

- *I agree to be fair and supportive for each student in the class.*
- *I agree to listen to the students and parents openly and honestly.*
- *I agree to adhere to the Childhelp Community Center's lesson plans each day and provide quality care and services consistently.*
- *I agree to ensure the student's safety at all times.*

TEACHER: _____

DATE: _____



PARENT/GUARDIAN'S AGREEMENT FOR CHILD CARE CHARGES

Parent/Guardian Name: _____ Cell: _____

School site: _____

Child(ren) Name: _____

Circle the program the student(s) will be enrolling in.

2015 - 2016 School Year

	Equal Monthly Payment Plan - Payable in 10 Monthly Payments		Auto-Pay Equal Monthly Payment Plan - Payable in 10 Monthly Payments		Weekly Payment Plan	
Programs Available	1 st Child	2 nd + Child	1 st Child	2 nd + Child	1 st Child	2 nd + Child
Before School Program	\$100	\$90	\$90	\$81	\$30	\$27
After School Program	\$250	\$225	\$225	\$203	\$65	\$59
Before and After School	\$325	\$293	\$293	\$263	\$85	\$77
Wednesday Early Release ONLY	\$85	\$77	\$77	\$69	\$25	\$23
After School(PT*)	\$125	\$113	\$113	\$101	\$35	\$32
Before & After School (PT**)	\$175	\$158	\$158	\$142	\$45	\$41

*After School PT = 1 hr./day or 2 days/week

**Before & After School PT = 2 days/week

NOTE: If Wednesday chosen as one of the 2 days/week an extra \$10/week will be charged

I, _____ agree to the aforementioned terms of this contract and to pay the amount of \$ _____
Print Name (First, Last)

every month *every month auto-pay* *every week* for the time my child(ren) is/are enrolled in the program.

(Please circle one)

All monthly fees are due the 15th prior to each month enrolled. All weekly fees are due by Friday prior to the week enrolled.

Signature: _____ Date: _____



CHILDHHELP COMMUNITY CENTER

1252 S. Avondale Blvd. Building N

Avondale, AZ 85323

(623) 240-6160



SCHOOL-BASED PROGRAM

Important Information

The charges are regardless of the hours or days per week your child attends program. The payment reserves your child's place in the program. Childhelp Community Center follows the School District Calendar. Monthly payment plans are broken down into 10 equal payments with 1st payment due by 7/31/15 and last payment for the school year on 4/15/16. Payment will be made by the 15th of the month for the following month (for monthly payment plan) or by Friday for the upcoming week (for weekly payment plan). DES approved clients must notify their case worker prior to the first day of attendance. All payments are to be made to Childhelp Community Center and can be made by credit card via telephone, check mailed or check delivered to the Childhelp Community Center office. No cash is accepted. The Childhelp Community Center teacher at the classroom site **cannot** accept payments.

Initial Here: _____

Additional Fees and Discounts	
\$35 non-refundable annual registration fee	
\$25 NSF/return check/debit fee	
\$10 late payment fee	
\$15 plus \$1 per minute for late pick-up	
\$10 extra early release day fee for full-time students	
If child only attends Wednesdays regularly and additional early release day/s are needed the charge will be at the Wednesday only rate of \$25/day.	
10% discount for Auto-pay	
10% discount for 2 nd + child-The fee schedule for second+ child refers to children who reside within the same household.	

Initial Here: _____

Reserved Space Billing:

Parents/guardians must “reserve space” for their child by enrolling into the program and making payment in advance. If for any reason the child does not attend the program during that week, the parent/guardian is required to pay for the week in full. If the child will be absent from the program for any period of time, the parent can request that the child be removed from the “active” list and placed on hold to be re-entered into the program upon their return, as long as there is space for the child and the absence was pre-arranged and agreed to with Childhelp Community Center. This agreement must be in writing with a signature from the Childhelp Community Center Director, teacher, and parent/guardian. It is the responsibility of the parent/guardian to communicate directly to Childhelp Community Center office if the child will no longer be attending the program before the last week of attendance. Otherwise, the parent/guardian is responsible for paying the weekly fee until the child has been properly withdrawn from the program. A written note outlining the last day of attendance signed by the parent/guardian will suffice as notice.

Initial Here: _____



CHILDHHELP COMMUNITY CENTER

1252 S. Avondale Blvd. Building N

Avondale, AZ 85323

(623) 240-6160



SCHOOL-BASED PROGRAM

Please initial that you understand and agree to the terms listed below

____ I understand that I must provide a one (1) week written notice of withdrawal from the program, or permanent change in status. If this notification is not provided, I agree to pay all tuition and applicable fees for the week, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If there is an outstanding balance (including tuition or fees) when my child is withdrawn, I will be required to bring my account current prior to completing the re-enrollment process. I understand all tuition and fees are non-refundable.

____ I understand that no allowances, credits, refunds or make up days shall be issued for occasional absences (i.e. sickness).

These policies have been reviewed with me. I understand and will comply with these policies. The policies in this contract will supersede all other previous contracts, agreements and documents.

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

Parent/Guardian Name: _____ **Date:** _____

Program Director: _____ **Date:** _____



CHILDHHELP COMMUNITY CENTER
1252 S. Avondale Blvd. Building N
Avondale, AZ 85323
(623) 240-6160



SCHOOL-BASED PROGRAM CONSENT TO PHOTOGRAPH

I, _____, hereby **grant** permission to photograph and/or film myself and my child(ren) for use by Childhelp Community Center or the media for the purpose of informing the public of programs provided by Childhelp Community Center and Childhelp, Inc.

I, _____, hereby **deny** permission to photograph and/or film myself and my child(ren) for use by Childhelp Community Center or the media for the purpose of informing the public of programs provided by Childhelp Community Center and Childhelp, Inc.

Child(ren)'s Name(s):

Parent Signature: _____

Date: _____