



CHILDHHELP S.T.A.R.S. ENROLLMENT AGREEMENT

Childhelp Community Center, 1252 S. Avondale Blvd. Building N, Avondale, AZ 85323

Phone: (623) 240-6160 - Fax: (623) 240-6167

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information

Child's Information

Child's first name		Child's middle name		Child's last name		Child's nickname	
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language			
Child's home address			City		State		Zip
School name			Grade		School phone		

Family Information

Parent/guardian/sponsor		Relationship to child		Home phone		Cell phone	
Home address if different from above			City		State		Zip
Home email		Work email			Work phone		
Employer	Employer address		City	State	Zip	Work hours	
Other parent/guardian/sponsor		Relationship to child		Home phone		Cell phone	
Home address if different from above			City		State		Zip
Home email		Work email			Work phone		
Employer	Employer address		City	State	Zip	Work hours	

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)

Please notify the center if an Emergency Release Contact will pick up your child on a given day. **You cannot use 911 or emergency services as a contact.**
 [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]

Person #1			Relationship to child				
Home phone		Cell phone		City		State	
Home email		Work email			Work Phone		
Person #2			Relationship to child				
Home phone		Cell phone		City		State	
Home email		Work email			Work Phone		
Person #3			Relationship to child				
Home phone		Cell phone		City		State	
Home email		Work email			Work Phone		

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial _____ Staff initial _____ Date _____



Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Child's Medical & Developmental History

1. Does your child have any special medical conditions? No Yes Explain _____

2. Does your child have any chronic illnesses? No Yes Explain _____

3. Does your child have diabetes? No Yes *If yes, please attach care instructions from your physician.*
4. Does your child have asthma? No Yes *If yes, please attach care instructions from your physician.*
5. Will medication be administered regularly? No Yes *If yes, please attach care instructions from your physician.*
6. Does your child have any special dietary needs? No Yes Explain _____

7. Does your child have any physical restrictions? No Yes Explain _____

8. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? No Yes Explain _____

9. Does your child currently have an IEP (Individual Education Plan)? No Yes *If yes, a copy must be attached.*

Illness History *(please check all that apply)*

<input type="checkbox"/> Vision problems	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Seizures
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Skin rashes	<input type="checkbox"/> Mouth sores
<input type="checkbox"/> Constipation	<input type="checkbox"/> Sore throats	<input type="checkbox"/> Fainting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Persistent cough
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Other

Please attach care instructions from your physician for any of these illnesses.

Allergies *(please list)*

Medication Allergies	Reaction	Food Allergies	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
_____	_____	_____	_____
Other Allergies	Reaction	Are any of these allergies life-threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____		

Please attach care instructions from your physician for any life-threatening allergies.

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Staff initial _____ Date _____



Medical Information (continued)

Child's name	Birth date
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Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State
Preferred hospital/clinic for emergency care	City	State

Child's Immunization History (please attach a copy of your child's immunization records)

Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state.

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Haemophilus influenzae type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	Mumps	Rubella	Varicella (Chickenpox)
Human Papillomavirus (HPV)	Pertussis (Whooping Cough)	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations. | Initial
_____ |
| 2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs. | _____ |
| 3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. | _____ |
| 4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> . | _____ |

Emergency Medical Authorization & Consent

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician. | Initial
_____ |
| In case of a medical emergency, I agree that my child may receive first aid and/or CPR. | _____ |
| In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. | _____ |
| In case of a medical emergency, I will be responsible for the emergency medical expenses. | _____ |
| In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. | _____ |

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which products you will permit.</i> | Initial
_____ |
| I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name. | _____ |
| I <input type="checkbox"/> have <input type="checkbox"/> do not have special instructions for the application process. _____ | _____ |

Parent initial _____ Staff initial _____ Date _____



Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement. **Initial**

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. Please note that any child under the custody of the Arizona Department of Child Safety can only be granted permission by the authorized case manager. **Initial**

Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center. **Initial**

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. **Initial**

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

Information contained in the Family Handbook may be subject to change. _____

Positive Learning Environment

A positive learning environment in our schools begins with students, parents and team members possessing a thorough understanding of the basic standards of acceptable conduct. In order to assist everyone in the pursuit of a quality education, Childhelp Community Center has established guidelines designed to ensure a safe environment for all students and team members in our schools. For these guidelines to be most effective, it is vital for the family, the school, and the community to work together. Students are responsible for their own actions. Students whose actions are in violation of School/District guidelines will be expected to accept the appropriate consequences. Students are expected to respect the rights and property of others, along with demonstrating high standards of personal integrity. This includes their time at school, going to and from school, time at the bus stop, and attendance at school-sponsored events. To meet these goals, we enlist the support of our community. **Initial**

Childhelp Community Center in partnership with the Littleton Elementary School District implements serious consequences for drugs, weapons, or threatening behavior. Any such act may result in a recommendation for long-term suspension or expulsion. There are a variety of consequences for misconduct. Depending on the severity of the situation, there may be more than one consequence for a single event. Nothing in the handbook is intended to restrict the program from imposing more severe consequences if, at the discretion of the program director, the severity of harm, danger or damage (or the potential for harm, danger, or damage) warrants it. This would also apply if one incident involves more than one infraction. Please see the Childhelp S.T.A.R.S. Family Handbook for more information.

Student Responsibility

All students have the responsibility to: **Initial**

A. Obey school rules, S.T.A.R.S rules, and school personnel.

- No one has the right to interfere with the education of others. Rules are designed to allow a school to meet its obligation to education students. Students are required to obey and be courteous to everyone who works in our schools.

B. Cooperate with school team members.

- Every community depends upon its citizens to uphold the rules by which everyone has agreed to live.
- Students have the responsibility to provide truthful information when asked by school authorities.

C. Respect the person and property of others.

- Respecting the rights and properties of others and demonstrating personal integrity should guide student behavior at school, on the way to and from school, and school sponsored events. Always is a "good citizen."

D. Respect public property.

- Schools are a community investment and resource for young people. People who damage school property will be held responsible.

E. Make sure that school correspondence to parents reaches home.

- It is important that all written notices from S.T.A.R.S team members reach the parents/guardians to keep everyone informed and up-to-date.

Parent Responsibility

Parents can expect their child to be cared for in a safe and supportive environment licensed by the Arizona Department of Health Services which mandates a staff-to-student ratio not greater than 1:20. Parents are responsible for communicating with S.T.A.R.S team members to maximize the effectiveness of the S.T.A.R.S program. Parents are responsible for keeping their child's records up to date and paying fees on time as described in the Financial Agreement. It is also very important that parents pick up their child on time daily. Please read the information presented in the S.T.A.R.S Handbook and contact us if you have any questions or need further information. As a parent, you will be responsible for abiding by the handbook guidelines and the approved Financial Agreement. If you have questions, please contact the Childhelp Community Center at (623) 240-6160. **Initial**



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Student Behavior Expectations

Children are entitled to a positive and safe learning environment. Therefore, S.T.A.R.S cannot serve children who display chronic disruptive behavior. This is defined as verbal or physical activity which may include, but is not limited to: (1.) Behavior that requires constant attention from the S.T.A.R.S team members. (2.) Violence and/or aggressiveness that inflicts physical or emotional harm on other children. (3.) Running away from or abusing the team members. (4.) Disrespectful behavior toward team members or students. (5.) Destruction of property or vandalism. (6.) Ignoring or disobeying the rules that guide behavior during the school day and S.T.A.R.S hours. Each facilitator will use the S.T.A.R.S discipline plan for his/her classroom. The following is the behavior management plan used in S.T.A.R.S:

- Informal talk
- Time out/Restriction of privileges
- Conference with parent
- Suspension
- Expulsion (removal) from S.T.A.R.S

When a student's actions go beyond that which the facilitator can effectively control using the S.T.A.R.S discipline plan, the student will be referred to the Childcare Program Director. Whenever the Childcare Program Director becomes aware of a report from a team member, prompt and effective action to resolve the problem will be taken. When disciplinary action is appropriate, the district's discipline matrix will be followed. The assistance of the home, alternate educational supportive services, and other professional community agencies may be utilized. Reasonable efforts will be made to assist the child in behaving appropriately. If a child is unable to adjust to the extended day setting and follow appropriate behavior guidelines, the child may be suspended. If the behavior is determined as severe, there will be an immediate suspension. Chronic/Disruptive behavior from a child is evaluated on an individual basis by a team of extended day employees and other Littleton Elementary School District team members. The Discipline Matrix in the Littleton Student and Parent Handbook will be used when issuing behavior consequences.

Initial

FEES WILL NOT BE REFUNDED DUE TO BEHAVIOR RELATED SUSPENSION.

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*. I understand there are conditions that may result in withdrawal of my child from the S.T.A.R.S. program. For the safety of your student and to remain in compliance with the Department of Health Safety licensing, incomplete registration forms cannot be accepted. All registrants may anticipate up to a three-day waiting period prior to the child attending the program. All locations are subject to minimum and maximum enrollment.

Primary Parent/Guardian/Sponsor Signature

Date

Center Staff Signature

Date