



CHAMPIONS & Dahlia Heights Elementary School Comprehensive Fee-Based After School Program

Dear Dahlia Heights Elementary Families;

CHAMPIONS is please to provide Dahlia Heights Elementary School with an on-site fee-based after-school program for the 2010-2011 school year! We are eager to share our enthusiasm and experience in after-school programming and truly appreciate your support and patronage.

For families in need of a comprehensive child care option please consider our **Above and Beyond Program (AnB)**, for only \$255/month. Students enrolled in **AnB** will receive one enrichment class per day, a snack, homework assistance, and the comfort of a strict sign in and sign out system, and extra recreation and enrichment from the time school gets out, including all early dismissal days, until 6pm *every day school is in session*. **However, we must meet a minimum of 40 students enrolled, in order for the program to begin. Payment due date is August 27th!**

For families looking for their students to participate in a single enrichment class, the **Enrichment Class Catalog** will be available in September. This will allow you to enroll your child in a huge range of arts, sports, and alternative individual classes offered Monday through Friday. You can choose from approximately three different classes daily that last for an hour (2:45pm-3:45pm). On average a 10 class session costs \$120. A minimum of 8 students must be enrolled in each class in order to start.

CHAMPIONS strives to create experiences in which students feel safe to explore new ideas about self and community, programs which parents feel confident that their child is learning in a positive environment. 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 Dahlia Heights, please ensure that the **ENTIRE** enrollment packet is returned accurately and completely with **1st month's enrollment fee of \$255, due by August 27th!** We cannot accept your child without the required paperwork. We do require that a separate enrollment packet is completed for each child. Enrollment packets can be found in your school's main office or on our website at www.championsusa.com. We appreciate the opportunity to share our motivation and method. If you have any questions or comments, please do not hesitate to call our office at (310) 671-4400, Ext. 33 or email us at Alex@championsusa.com. We look forward to working with your children.

Thank you from The CHAMPIONS TEAM:

Brad Lupien, M. Ed, Co-President
Wanda Williams, M.E d, Executive Director of After Schools
Alex Herrera, Regional Manager of After School

*You must act today, to get
Above & Beyond at your school!*

*Deposit Due Date: August 27th
minimum of 40 students needed*



CHAMPIONS & Dahlia Heights Elementary School After-School Program Options

Overview: The AnB program is run by our highly qualified staff at a 12:1 ratio for all *Kindergarten through 5th grades* students and will include a combination of all aspects of after school program currently being offered: a snack, homework help, enrichment clubs, and free play supervision. It will begin on the first day of school and will be open until 6 pm every day there is school. This is a sign-in/sign-out program. The above described program costs **only \$255/month** September through June.

Specific Information An early transition for kindergarteners to the cafeteria, our main area of operation, will be used followed by a sign in period, a healthy snack and Homework Time. Enrichment Classes will be held in classrooms, the auditorium, playground, and outdoor area. Our after-school program will begin as soon as students are dismissed from school including all early dismissal days. The after-school program ends promptly at 6:00 pm. Every child enrolled in the *CHAMPIONS Above and Beyond* after school program **must** sign in with the appropriate *CHAMPIONS* staff member each day and their parent or legal guardian **must** sign them out at the end of every day. These rules are intended to promote the safety of each child. To teach responsibility, students will be asked to help staff clean up including returning supplies to appropriate place, cleaning up from snack, etc. All students must be picked up by 6:00 p.m.

Example of Daily Schedule

(Subject to Change)

Regular Day Schedule	
2:30 - 2:40	Child pick up
2:40 - 2:45	Roll Call
2:45 – 3:45	Enrichment Classes
3:45 – 4:00	Snack
4:00 – 5:00	Homework
	Reading time
	Group time
5:00 – 5:30	Recreation activity
5:30 – 5:45	Circle Time
5:45 – 6:00	Clean up/Parent pick up
6:00 sharp	End of program

Early Dismissal Schedule	
1:30 – 1:40	Child pick up
1:40 – 1:45	Roll Call
1:45 – 2:45	Enrichment Classes
2:45 – 3:00	Snack
3:45 – 4:45	Homework
	Reading time
	Group Time
4:45-5:30	Recreation activity
5:30 – 5:45	Circle Time
5:45 – 6:00	Clean up/Parent pick up
6:00 sharp	End of program



Billing: To sign-up complete the form below and turn it into the school office. Participants will be charged \$255 on the first of each month. Although families have the option of paying by check, ***we will be requiring that an active credit card is on file at the CHAMPIONS main office for ALL enrolled students.*** The mandatory credit card on file will *only* be used *if* your family has an outstanding balance on the 7th of the following month. **If you desire to switch your payment method or decide to drop out of the program, please send a written notice 14 days in advance 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 or more days late. Returned checks will be charged a \$30 handling fee. **Parents that do not pick their child up by 6 pm will be charged \$1 for every minute past 6pm** and payment is due upon arrival.

CHAMPIONS monthly fee remains the same each month during the school year for your convenience. We average out the cost of the program for the year when considering the months of early dismissal on Bank Days, Early Release, parent conferences, and special events for months that may run shorter.



CHAMPIONS AFTER SCHOOL ENROLLMENT PACKET
PARENT CHECKLIST OF REQUIRED FORMS

- _____ AFTER SCHOOL RELEASE (page 5)
- _____ FULL-TIME ENROLLMENT, PAYMENT AND CREDIT CARD INFORMATION (page 6)
- _____ RELEASE OF LIABILITY AND ASSUMPTION OF RISK (page 7-8)
- _____ SCHOOL AGED CHILD CARE STUDENT ENROLLMENT FORM (page 9)
- _____ EMERGENCY CARD INFORMATION (page 10)
- _____ MEDICATION CONSENT FORM (page 11)
- _____ SCHOOL AGE CHILD CARE FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM (page 12)
- _____ TRANSPORTATION PLAN AND AUTHORIZATION (page 13)
- _____ CONFIDENTIALITY PROCESS (page 14)

Please return this checklist along with the entire enrollment packet.

Please remember to include ONE enrollment packet per child being enrolled.

THANK YOU!



Please check each box after reviewing

AFTER SCHOOL RELEASE

- 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 Dahlia Heights Elementary 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 Dahlia Heights Elementary School’s premises 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 bounced checks and a \$15 fee for each month past due on enrollment. If a check is bounced, 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 15th of the month if payment is not received by the 7th 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; www.championsusa.com)
- If we need to consider any special information about your child (i.e. diet, homework, health concerns, behavioral issues, 2nd parent responsible for billing), please check the box and attach a brief note of explanation. [] Yes, I am attaching a special note.

Parent/Guardian Signature

Date



FULL-TIME ENROLLMENT, PAYMENT AND CREDIT CARD INFORMATION

One enrollment form per child, please

Child's Name: _____ Grade in 2010/2011 (must be minimally in K): _____

Legal Guardian's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Signature: _____ Date: _____

Billing Address: _____

FULLTIME:

If you are going to pay the **fulltime rate** by **check** on the first of the month check here: _____

Or, if you are opting to pay the **fulltime rate** of \$255/month due the 1st of each month by **an automatic credit card charge deduction** check here _____

***A Credit Card is required to be on file for all families opting for the full-time (\$255/month) option.**

Credit Card #: _____ CV code required: _____

Exp. Date: _____ Signature: _____

Billing address for credit card if different from above:



THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. YOU MUST READ IT CAREFULLY AND THOROUGHLY UNDERSTAND ITS RAMIFICATIONS BEFORE SIGNING WHICH WILL BE EVIDENCED AND ACKNOWLEDGED BY YOUR SIGNATURE AND INITIALS SET FORTH BELOW. DO NOT SIGN IT OTHERWISE.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Please PRINT CLEARLY and fill in all blanks:

Participant's Name: _____ Male: ____ Female: ____

Participant's Date of Birth: ____/____/____

Participant's Home Address: Street _____ City _____ Zip _____

Participant's Home Phone Number: _____

Email address if you want to receive promotions and updates: _____

Emergency Contact (even if present today): Name: _____ Relationship: _____

Phone Number: _____ Cellular Phone Number: _____

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.



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, it 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.

SIGNATURE OF PARTICIPANT	PARENT/GUARDIAN (if Participant is under 18)
DATE: _____	DATE: _____



SCHOOL AGED CHILD CARE ENROLLMENT FORM

Program: CHAMPIONS & Dahlia Heights Elementary School

School Age Care

Child's Name (one enrollment packet per child, please): _____

Home Address: _____

Telephone: _____

Date of Admission: _____ Age at Admission (must be minimally entering K): _____

Date of Birth: _____ Primary Language: _____

Identifying Marks: _____

Allergies/Special Diets: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to child: _____ Relationship to child: _____

Home Address: _____ Home Address: _____

Home Telephone: _____ Home Telephone: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Business Telephone: _____ Business Telephone: _____

Hours at Work: _____ Hours at Work: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____

Address: _____ Phone: _____

Chronic health conditions: _____

Special Limitation or Concern: _____

Does your child have an Individual Evaluation Plan (IEP) __Yes__ No If yes, please provide a copy to CHAMPIONS.

Current School: Dahlia Heights Elementary School School Address: 5063 Floristan Ave Los Angeles, CA 90041

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.
Parent/Guardian initials:

Parent/Guardian Signature

Date



EMERGENCY CARD INFORMATION

Child's Name: _____

Date of Birth: _____

Child's Home Address: _____

Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____

(Name, Address, Phone #)

2. _____

(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____

(Doctor's Name, Address, Phone #)

EMERGENCY CONTACT PERSON(S)

1. _____

(Name, Address, Phone #)

2. _____

(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give **CHAMPIONS: Adventure, After School & Sports Programs** 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.

(Parent Signature)

(Date)

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy #: _____

Participating Hospital: _____

Special Instructions: _____



MEDICATION CONSENT FORM

102 CMR 7.05(2)(c)

Name of child: _____

Name of medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Name and phone number of prescribing physician: _____

Directions for storage: _____

I _____, (parent or guardian) give permission to authorized staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

Doctor's Signature
(for non-prescription medication)



SCHOOL AGE CHILD CARE FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM
102 CMR 7.09(3)

Child's Name: _____ Date of Birth: _____

I authorize staff in the school age child care program who are 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 to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

1. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No

2. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No

3. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No

Health Insurance Coverage: _____ Policy #: _____

Parent(s) Name: _____ Phone (w): _____ Phone (c): _____

Parent(s) Name: _____ Phone (w): _____ Phone (c): _____

Parent/Guardian Signature

Date



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

Child's Name: _____

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

- ___ Unsupervised walk from classroom (grades 1-5th)
- ___ Supervised walk with CHAMPIONS or school staff from K classroom
- ___ Parent Drop Off (Full day programs only; i.e., school break & summer)
- ___ Other (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 (describe _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or

I give my permission to the following people to receive my child at the end of the day (If no one is authorized, please indicate below by writing "NO ONE").

1) Name _____ Relationship _____

Address _____ Phone _____

2) Name _____ Relationship _____

Address _____ Phone _____

3) Name _____ Relationship _____

Address _____ Phone _____

Any other transportation requests must be stated in writing and maintained in the child's file of the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature _____ Date _____



CONFIDENTIALITY PROCESS

We, at CHAMPIONS, are committed to keeping family information confidential. To meet this goal, we will release any information ONLY to parents/guardians. If parents/guardians wish any information to be shared, they must give CHAMPIONS permission in writing. The letter must be dated and signed by a parent.

Additionally, parents will be notified if/when a regulating agency (the Department of Early Education and Care or the Department of Children and Families) will be requesting to see a sample of information kept in children's folders. The form below grants these agencies access to this information. This form will be kept in your child's folder and kept in the office and is accessible only to CHAMPIONS staff.

I _____ grant permission for the regulating agencies of CHAMPIONS After School Program permission to access my child's folder when necessary for regulation purposes and understand that only CHAMPIONS staff, Dahlia Heights Elementary School, the Department of Early Education and 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 files. If the student file is to be shared with an agency not listed, a request must be made in writing.

Child's name: _____

Parent/Guardian Signature

Date