



## CHAMPIONS & Ivanhoe Elementary School AFTER-SCHOOL PROGRAM

Dear Ivanhoe Families;

We are excited to announce that CHAMPIONS has again been chosen to partner with Ivanhoe Elementary School to run the after school program for the upcoming year! The program is available to all students enrolled at Ivanhoe between the grades of K- 5<sup>th</sup> during the 2010-2011 academic year. We are eager to share our enthusiasm and experience in after-school programming and truly appreciate your support and patronage.

For the 2010-2011 school year we will have a number of excellent options for enrichment and after school programs at Ivanhoe Elementary. Look for the **Enrichment Class Catalogue** in September to enroll your child in a huge range of arts, sports, and alternative individual classes offered Monday through Friday. You can choose from approximately four different classes daily that last for an hour. On average a 10 class session costs \$120.

Our dedicated and passionate staff ensures that CHAMPIONS' PROGRAMS are positive experiences for students, staff, and parents. Our staff is comprised of a group of highly qualified professionals from diverse backgrounds in teaching, coaching, and after-school programming. This range of experience expands our ability to reach the spectrum from academics to athletics, socialization skills to memorable fun. We look forward to a continued focus on homework assistance; enrichment based learning opportunities, unique new specialty events, parent involvement, field trips, community partnerships and continued accountability.

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 Ivanhoe, please ensure that the **ENTIRE** enrollment packet is returned accurately and completely. We cannot accept your student without the required paperwork. We do require that a separate enrollment packet is completed for each child. If you have any questions or comments, please do not hesitate to contact us at [info@ChampionsUSA.com](mailto:info@ChampionsUSA.com) or 310-671-4400 Ext. 23. We look forward to working with your children again in 2010/2011!

Thank you,

Wanda Williams – Executive Director of After School

Carla Iezza – After School Director at Ivanhoe



Our talented and passionate staff will consist of CHAMPIONS after school Director, Assistant Director and several After School Specialists. There will be a maximum of a 15:1 student to teacher ratio. Therefore, if there are forty five children enrolled in the program, there will be at least three after-school staff to supervise. The Director will oversee all children enrolled and curriculum associated with the after-school program. Every child must sign in with the appropriate CHAMPIONS staff each day and their parent or legal guardian **must** sign him or her out at the end of **every day**. This process might seem tedious to you but it comes down to accountability. Please help us in implementing this system.

The afternoon will be broken up into several segments. Sign-In & activities will last from 2:35pm – 3:05 pm Monday, Wednesday, Thursday and Friday, and 1:35 pm – 1:45 pm Tuesdays on the lower yard. From 3:05-4:05pm are “Enrichment Clubs,” and a healthy snack will be provided from 4:05-4:15 each day after Enrichment. “Homework/Reading Time” is from 4:15-5:00. From 5:00-5:50, “Free Play” students will have a choice of activities to choose from: finish homework, engage in group or individual games and activities. (*This schedule is subject to change*).

Enrichment Clubs are an integral part of the after-school program’s educational value. This segment’s goal is to merge Ivanhoe’s standards and curriculum into a hands on experiential learning experience. Clubs will include any range of educational activities from math to sports clinics, painting to physics, drama to dance, cultural arts and crafts to new books, mural teams to community service groups. Three times throughout the year, September, January, and April, an enrichment catalogue will be distributed describing the daily class offerings. Each day between 3 and 8 classes will be offered. The “session” lasts 8-10 weeks. Parents not enrolled in this comprehensive after school program can elect to pay for individual Enrichment Clubs for approximately \$10/class.

During Homework/Reading time Champions Staff will provide assistance with homework. While we value the importance of finishing class work during homework time our goal is assist parents in helping you with your child’s homework and we do not insist that 100% of all homework is completed. We give group tutoring assistance helping students one-on-one as we rotate around to each student. Our aim is to help your child complete as much work possible within the 45 minute to hour time slot we have allotted.

The last 10 minutes of the day are designated for clean up. Our program ends at 6:00 pm. **Parents who arrive after 6:00 pm will be charged \$1 for every minute you are late past 6:00 pm. Your late fee payment is due when you pick up your child.**

**STUDENT ABSENCES MUST BE CALLED IN TO THE AFTER SCHOOL OFFICE PRIOR TO THE BEGINNING OF PROGRAM TIME ON DAYS YOUR CHILD WILL NOT PARTICIPATE IN THE PROGRAM. THE PHONE NUMBER IS (310) 671-4400 x23.**



## Ivanhoe Billing

**Billing:** To sign-up complete the forms on the following pages 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 7<sup>th</sup> 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.

**If you have questions, please call Wanda Williams at (310) 671-4400 Ext. 23 or email at [wanda@championsusa.com](mailto:wanda@championsusa.com).**



CHAMPIONS AFTER SCHOOL ENROLLMENT PACKET

## **PARENT CHECKLIST OF REQUIRED FORMS**

- \_\_\_\_\_ AFTER SCHOOL RELEASE (page 5)
- \_\_\_\_\_ PART-TIME/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 Ivanhoe 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 Ivanhoe 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 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; 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.

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

\_\_\_\_\_  
Date



**PART-TIME/FULL-TIME ENROLLMENT, PAYMENT AND CREDIT CARD INFORMATION**

**One enrollment form per child, please**

My child will be Fulltime enrollment: \_\_\_\_\_ Part time enrollment: \_\_\_\_\_  
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 1<sup>st</sup> 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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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 & Ivanhoe 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: Ivanhoe Elementary School School Address: 2828 Herkimer Street, Los Angeles, CA 90039

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 -8)
- \_\_\_ 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, Ivanhoe 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: \_\_\_\_\_

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Parent/Guardian Signature

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Date