



## CHAMPIONS & Melrose Avenue Elementary School ASES After School Program

Dear Melrose Families;

We are able to provide a **free** after school program through the After School Education and Safety Program (ASES). This program is funded through a grant given by the United States Government and is based on student attendance. The program requires students to attend regularly 5 days a week for a minimum of 15 hours a week. When you enroll your child in our program you are agreeing to these terms. Priority will be given to families that are able to meet these requirements. The Los Angeles Unified School District's Beyond the Bell Branch received this money and chose CHAMPIONS as their partner to provide an after school program at Melrose.

### About the ASES PROGRAM:

- We must meet the maximum enrollment of 87 students per day throughout the year
- Our program is available to students in grades 1<sup>st</sup> through 5<sup>th</sup>
- The program operates on school grounds immediately after the day end until 6:00 pm
- We provide a safe and positive emotional environment
- A daily nutritional snack is given
- An Educational and Literacy Component providing tutoring/homework assistance
- Direct supervision with pupil to staff ratio of no more than 20:1

In addition to meeting the ASES requirement CHAMPIONS hires dedicated and passionate staff to ensure a positive experience for students, staff and parents. Our staff is comprised of a group of highly qualified childcare 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. Our enrichment based learning opportunities that connects the day school's academic standards with hands-on activities and projects infuse our program with excitement for the students. Our unique specialty events, parent involvement, community partnerships and continued accountability makes CHAMPIONS stand out far above the rest.

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. To ensure your child's enrollment in the after school program at Melrose, 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 [wanda@championsusa.com](mailto:wanda@championsusa.com) or 310-671-4400 Ext. 23. We look forward to working with your children.

Thank you,

Wanda Williams - Executive Director of After School

Ariana Nunez- After School Director at Melrose



**CHAMPIONS AFTER SCHOOL ENROLLMENT PACKET**

**PARENT CHECKLIST OF REQUIRED FORMS**

- \_\_\_\_\_ AFTER SCHOOL RELEASE (page 5)
- \_\_\_\_\_ RELEASE OF LIABILITY AND ASSUMPTION OF RISK (page 6-7)
- \_\_\_\_\_ SCHOOL AGED CHILD CARE STUDENT ENROLLMENT FORM (page 8)
- \_\_\_\_\_ EMERGENCY CARD INFORMATION (page 9)
- \_\_\_\_\_ MEDICATION CONSENT FORM (page 10)
- \_\_\_\_\_ SCHOOL AGE CHILD CARE FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM (page 11)
- \_\_\_\_\_ TRANSPORTATION PLAN AND AUTHORIZATION (page 12)
- \_\_\_\_\_

**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 Melrose Avenue 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 Melrose 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 \$20 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.

It is your responsibility to share with us any relevant information about your child’s physical, emotional, and academic needs that would help us in providing the best after school care for your child.

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

\_\_\_\_\_  
Date



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 & Melrose Avenue Elementary School

School Age Care

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

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

My child has an IEP and/or receives Special Education Instruction during day school: YES NO

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: Melrose Avenue Elementary School School Address: 731 N, Detroit Ave. Los Angeles, CA 90046

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