



CHAMPIONS & Melrose Elementary School Fee-Based After School Program

Dear Melrose Families;

CHAMPIONS will provide an on-site fee-based after school program at Melrose Elementary School for the 2011-2012 school year. We are happy to fulfill the principal's request for a structured comprehensive program that will accommodate and meet the needs of you, the parents. For the low cost of \$180 a month you may enroll your child in our after school program from 2:30 until 6:00 pm, and on a minimum day schedule we will also provide service after the last bell rings. While equally exciting, enriching, and educational, this program will run independent of the ASES funded program.

Our qualified staff ensures that CHAMPIONS programs are positive experiences 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.

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. A \$15 application fee is required as part of the enrollment packet. You may pay by check, credit card or cash.

We appreciate the opportunity to share our motivation and method. If you have any questions or comments, please do not hesitate to contact us at wanda@championsusa.com or 310-671-4400 Ext. 23. We look forward to working with your children.

Thank you,

Brad Lupien, M.Ed- Co-President

Wanda Williams, M.Ed -Executive Director of After Schools

Ariana Nunez— After School Director at Melrose



The staff will consist of a CHAMPIONS after-school Director and several after-school specialists. There will be a maximum of a 15:1 student to after school coach ratio. The Director will oversee all children enrolled and curriculum associated with the after-school program. Every child will be picked up after school and signed in by the CHAMPIONS' team every day. A parent or legal guardian must sign out your child at the end of each day. This process might seem tedious to you but it comes down to accountability. Please help us in implementing this system.

Our staff will sign in each child at the end of the school day. CHAMPIONS will provide a snack each day and it is our goal to make it a healthy one. We monitor, assist and check homework during homework time. Enrichment clubs is an integral part of the after-school program's educational value. This segment's goal is to merge Melrose's standards and curriculum into a hands on experiential learning experience. Each day "clubs" will be offered to the students. Clubs will include any range of educational activities from math to sports, painting to science, drama to dance, cultural arts and crafts to literacy projects, performing & theater arts to community service outreach. Our diverse staff guarantees that each student's strength will be identified and a club will be offered to develop that strength. At the same time, by offering so many different clubs it is our goal to develop strong resilient youth who are well rounded and see education as fun!

CHAMPIONS After School Program Schedule:

- 2:30-3:30 Sign In/Snack/Group Time
- 3:30-4:15 Homework Time
- 4:15-4:30 Group Circle
- 4:30-5:30 Club Time
- 5:30-5:50 Homework, Library or Free Time
- 5:50-6:00 Clean Up
- 6:00 End of Program

This schedule *may be subject to change*

Our structured program ends at 6:00 pm. Parents who arrive after 6:00 pm will be charged \$1 for every minute past 6:00 pm. Your late fee payment is due when you pick up your child.



CHAMPIONS AFTER SCHOOL ENROLLMENT PACKET

PARENT CHECKLIST OF REQUIRED FORMS

- _____ AFTER SCHOOL RELEASE
- _____ FULL-TIME ENROLLMENT, PAYMENT AND CREDIT CARD INFORMATION
- _____ RELEASE OF LIABILITY AND ASSUMPTION OF RISK
- _____ SCHOOL AGED CHILD CARE STUDENT ENROLLMENT FORM
- _____ EMERGENCY CARD INFORMATION
- _____ MEDICATION CONSENT FORM
- _____ SCHOOL AGE CHILD CARE FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM

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 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 \$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



Melrose Billing

Billing: To sign-up complete the forms on the following pages and turn it into the school office. A \$15 application fee is required as part of the enrollment packet. Participants will be charged \$180 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.**

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

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 2011/2012 _____

Legal Guardian's Name: _____ Cell phone: _____

Home 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 \$180/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 (\$180/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 & Melrose Elementary School

School Age Care

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

Home Address: _____

Telephone: _____ Email: _____

Date of Admission: _____ Age at Admission: _____

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: Melrose 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