



CHAMPIONS & Rancho Minerva Middle School ASES After School Program

Dear Rancho Families;

We are able to provide a **free** after school program through the After School Education and Safety Program (ASES), a federally funded grant. The Vista Unified School District received this grant money and chose CHAMPIONS as their partner to provide an after school program at Rancho Minerva Middle School.

About the ASES PROGRAM:

- We must meet the maximum enrollment of 59 students per day throughout the year
- Our program is available to students in grades 6th through 8th grades
- The program operates on school grounds immediately after the day end until 6:30 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 Rancho Minerva, 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 or 310-671-4400 Ext. 23. We look forward to working with your children.

Thank you,

Brad Lupien, M.Ed, Co-President

Wanda Williams – Executive Director of After School Programs

Pernel Martin- Champions After School Director of Bulls Club



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 Rancho Minerva Middle 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 Rancho Minerva'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 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



SCHOOL AGED CHILD CARE ENROLLMENT FORM

Program: CHAMPIONS & Rancho Minerva Middle 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: _____

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: Rancho Minerva Middle School School Address: 2245 Foothill Drive, Vista, CA 92084

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