

NOVA ACADEMY FEE CONTRACT 2015-2016

STAR, Inc. is a charitable 501(c)(3) non-profit education organization serving kids, families, schools and communities

CHILD'S NAME: _____ GRADE: _____ (In Fall 2015)

REGISTRATION FEE A \$50 non-refundable registration fee is due with your payment or first installment and completed contract by **MONDAY, AUGUST 24, 2015.**

The **Nova Academy** is held Monday-Friday from 3:15pm - 6pm. The program includes one (1) hour of Homework Plus and one enrichment class per day. This program is only available 5 days per week. Nova Academy allows you to select from one of two enrichment classes per day. You may also choose to enroll in single classes from our Nova brochure for an additional fee.

Nova Academy	Days	Registration	8 Week Session One Time Installment	8 Week Session Two Payments (credit card only)	STAR Dates /Times
5 days a week	M - F	\$50.00	\$800.00	\$400 (1 st payment by 8/24/15) \$400 (auto payment by 10/1/15)	9/8/15 – 10/30/15 (8 weeks) 3:15pm - 6:00pm

FAMILIES RECEIVE SPECIAL STAR DISCOUNTS

Registration : The 2nd child's registration fee is \$25. For any additional children, registration is free.

Payment Plan

One time installment of \$800.00 OR two installments of \$400.00. 1st installment due by 8/24/15 plus \$50 registration (\$450.00). 2nd installment due by 10/1/15. Full payment is for 8 weeks of Nova Academy.

If paying by credit card or check, a valid credit card is required to be kept on file.

Please fill out the STAR Credit Card Authorization Form

RETURNED CHECKS ARE SUBJECT TO A \$25 FEE (for each occurrence)

Payment Explanation

For your convenience, The Nova Academy program can be paid in two installments, plus registration added to the first installment. First payment is due on or before August 24, 2015. STAR will process the second payment on or before October 1st, 2015. A valid credit card is required for the two installment option.

Late Payment Procedure

If check payments are not received by the installment due date, STAR is hereby authorized to charge the credit card on file for the amount due. Payments not processed within 5 working days are subject to a \$10 late fee per week. The site director and executive director must approve other payment arrangements. Our Finance and Collections Department will review all past due accounts and may contact you for payment. This constitutes your agreement to reimburse STAR for time spent, and for any and all collection or legal costs incurred in collecting monies due. If we elect to terminate services for non-payment, our engagement will be completed upon our written notification to you. If tuition payments are more than 30 days late, your child's contract will be subject to termination. We will contact you by phone and/or email to let you know your child will be sent to the school's office after school and will not be able to attend the program until all tuition and late fees are paid.

Splitting tuition

When tuition is a shared responsibility, the STAR Director and on-site staff members will not participate as liaisons between parties to communicate issues regarding their child and/or their child's tuition. It is the sole responsibility of the parents/guardians to work out their personal issues and communicate with one another.

SPONSOR A CHILD

YES I want to be a STAR SCHOLARSHIP PARTNER. Please accept my donation of **\$5/ \$10 / \$_____** included in my installment plan. *Your donation is tax deductible. S.T.A.R. Inc. is a 501(c)(3) non-profit organization.

SCHOLARSHIPS/ SLIDING SCALE PAYMENT PROGRAM

STAR, Inc. is a charitable 501(c)(3) non-profit education organization serving kids, families, schools, and communities. If you are not able to meet all of the expenses, we may offer scholarships on a sliding scale basis. Ask your STAR director for a scholarship application. **To hold space for scholarship applicants, you must submit 50% of tuition plus \$50 registration. In order to be considered you must submit this application 1 week before the session begins.** Remember, all information given to us is confidential, and we expect recipients to keep any scholarship awarded confidential as well. Scholarship applications will not be considered if there is an open balance in the child's or any sibling's account.

REFUND AND CANCELLATION POLICY

STAR ACADEMY is an enrichment program held for eight weeks per session. NO REFUNDS of any kind will be given after the first week of attendance. FEES WILL NOT BE REFUNDED if your child misses a class, quits, or is asked to leave due to disruptive behavior. STAR OR PARENT MAY REVOKE THIS CONTRACT AT ANY TIME DURING THE SCHOOL YEAR.

RELEASE OF LIABILITY

I hereby agree to hold harmless STAR Inc., STAR Staff, Directors, Administrators and Members of the Board of Directors from any liability related to any and all STAR activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.

In case of actual emergency STAR will make every effort to contact the parents of the child involved before any treatment is administered; however in the event we are unable to make contact with you, the parents, we require this medical release to be signed by all participants.

I HEREBY AUTHORIZE the physician or hospital selected by STAR to hospitalize or secure treatment for and to order injection, anesthesia, and/or surgery for my child.

Any Known Allergies?

Physicians Name: PH#

Parents Signature/Date:

By signing this agreement you are accepting these conditions, Thank You.

I/WE HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I/WE AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED, AND THAT I/WE SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30-DAY NOTICE. I/WE HAVE RECEIVED A COPY OF THIS CONTRACT.

Parent/Guardian 1 Name (Print): _____ **Date:** _____

Parent/Guardian 1 Signature: _____

Parent/Guardian 2 Name (Print): _____ **Date:** _____

Parent/Guardian 2 Signature: _____

Please fill out credit card or check information. Please make checks out to STAR Education.

☐ One installment = \$800.00 (check or credit card) plus \$50 registration fee.

☐ Two installments = \$400.00 each payment (credit card only). 2nd payment will be automatically billed to your credit card on or by October 1st, 2015. \$50 registration will be billed with your first payment.

Check Payment Option: Please make checks out to *STAR Education* and include \$50 registration fee. Your child will not be enrolled if your payment does not include the \$50 registration fee.

Credit Card Payment Option: Name on Card: _____ Visa ____ MC ____

Credit Card # Exp: _____ CVV# _____

Billing Address: _____

Authorizing Signature: _____

Star use only.

Date:	Amount Paid:	Balance Due:
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NOVA ACADEMY EMERGENCY & RELEASE 2015-2016

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CHILD'S NAME: _____ Grade: _____ Room # _____

Age: _____ Date of Birth: ____/____/____ Sex: M ____ F ____ Home Language: _____

Home Address: _____ City: _____ Zip: _____

Home Phone#: _____ Home E-Mail Address: _____

Parent/Guardian1 Name: _____ Cell#: _____

Guardian 1 Employment: _____ Position: _____

Address: _____ City: _____ Zip: _____

Work Phone#: _____ Work E-Mail Address: _____

Parent/Guardian2 Name: _____ Cell#: _____

Guardian 2 Employment: _____ Position: _____

Address: _____ City: _____ Zip: _____

Work Phone#: _____ Work E-Mail Address: _____

ABSENCES

STAR is a non-profit charitable program with fixed expenses; therefore, we cannot give credit or make-up days for the absence of your child. We pay staff, custodial services, accountant, etc., whether your child is present or not. When a school holiday occurs or a Natural Disaster, Civil Unrest, Catastrophes, etc., you are responsible for paying that day.

TARDINESS AND PICK UP

Late pick up policy: STAR closes promptly at 6:00 p.m. Repeated tardiness may result in cancellation of your child's enrollment in the program. Excessive late pick up is considered to be more than 3 times in the school year. Late Fee is \$1.00 per minute after 6:00 p.m. STAR allows a ten-minute grace period. At 6:11 the late fee is \$11.00, 6:12 the fee is \$12.00 etc. You must pay the late fee upon arrival. Please pay the staff member(s) in cash only. If you do not pay the late fee, your child may not attend the program until that balance has been paid in full. When late, our staff member will make every effort to contact you or the persons listed as your emergency contacts. If we are unable to make contact by 7:00 p.m., the local police will be contacted, and your child will be taken to the local police station. Staff is not allowed to take children home.

STAR PHOTOGRAPHY & VIDEO CONSENT

Occasionally STAR will use a student's photograph and/or film/video for promotional purposes of the organization.

If you do not want STAR Nova to use your student's photograph and/or film/video for promotional purposes of the organization, please check this box. ☐

CONFIDENTIALITY

STAR is committed to keeping personal family information confidential. We will only release information to parents/guardians. If parents/guardians wish any information shared, they must give STAR permission in writing.

RELEASE OF LIABILITY

I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.

I HEREBY AUTHORIZE the physician or hospital selected by STAR to hospitalize or secure treatment for and to order injection, anesthesia, and/or surgery for my child.

I HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED, AND THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30-DAY NOTICE. I HAVE RECEIVED A COPY OF THIS CONTRACT.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Please Indicate Ethnicity (optional)

☐ American Indian/Alaskan Native ☐ Asian ☐ Hispanic ☐ Black (not of Hispanic origin)
☐ White (not of Hispanic origin) ☐ Filipino ☐ Pacific Islander ☐ Other _____

EMERGENCY CONTACTS

The law requires the person who brings the child to, and removes the child from, the center shall sign the child in/out. Failure to comply with this law may result in suspension or termination of this contract. Your child/children will not be released to any person that is not listed on the emergency contact list. If you need to have your child/children picked up by someone not included in this list, we require both a telephone call from you and a written authorization. **Appropriate identification will be required at pick-up.**

By law children must be released to either parent even if one parent is not included on this form. STAR Nova must have a copy of any court document that mandates special custody arrangements. Besides guardians previously listed, we will release children only to the following individuals:

Name: _____ Relation: _____

Address: _____ Phone#: _____

Name: _____ Relation: _____

Address: _____ Phone#: _____

Name: _____ Relation: _____

Address: _____ Phone#: _____

EARTHQUAKE OUT OF STATE CONTACT: _____ **PHONE#** _____

ADDITIONAL INFORMATION

DENTIST'S NAME: _____ Phone# _____

PHYSICIAN'S NAME: _____ Phone# _____

Prescription medications may be administered ONLY when authorization forms are on file with STAR. See Director for details.

List any specific health concerns your child may have (i.e. allergies, sensitivities, diabetes, illness etc):

List any physical, mental, emotional, social or other information about your child that we should know about?

Does your child have a current Individualized Education Program (IEP), Section 504 Plan, or any other special needs?

STAR Nova will provide services in the manner necessary to provide equal opportunity and access to their programs. If the STAR Nova Director becomes aware that a child with a disability needs accommodation(s) to participate in the program, the STAR director will contact STAR Executive Director which, in consultation with the LAUSD Division of Special Education, will identify the reasonable accommodation(s), if any, that may be necessary.

EMERGENCIES

In case of an emergency, STAR Nova will make every effort to contact the guardians of the child involved before any treatment is begun. However, in the event we are unable to make contact with the parents or guardians, we require this medical release to be signed by all the participants in the program.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY THE STAR PROGRAM TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD.

Name of Insurance: _____ Policy #: _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ **Date:** _____