

2016



2017

Castle Heights Little Dippers
(310) 877-9007
castleheightslittledippers@starinc.org

Welcome to STAR,

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

For your convenience, the Little Dippers program can be paid in one full payment, four, or ten equal installments. This takes into consideration all school holidays, vacations and pupil free days. All payments are due according to the payment schedule plan unless other arrangements have been made with the director.

Please take your time to fill out all paperwork completely. The following eleven forms need to be signed and returned to STAR before your child can be accepted to the STAR program:

- ☐ **2016-2017 STAR Contract**
- ☐ **Tuition Contract**
- ☐ **Galaxy Enrollment Policies Agreement**
- ☐ **Credit Card Authorization**
- ☐ **Bottom half of Behavior and Responsibility Guidelines**
- ☐ **Bottom half of Personal Rights**
- ☐ **Bottom half of Parents Rights**
- ☐ **Physician's Report**
- ☐ **Child's Preadmission Health History**
- ☐ **Consent for Emergency Medical Treatment**
- ☐ **Emergency Card**

Along with the completed contract, a non-refundable \$100 security deposit is required. This deposit can be deducted from the 1st installment for the 2016-2017 school year. Also a non-refundable \$50 registration fee is required along with the completed contract. Sibling discounts are available, see tuition contract for details. All these items are required to ensure your child a space in STAR for the 2016-2017 school year.

Scholarships are available according to need and availability and are based on a sliding scale payment program.

Any court rulings on child custody agreements must be kept on file at STAR.

A physician's note and the original prescription bottle must be kept at STAR in order for medication to be administered.

Please contact your STAR director for more information.



LITTLE DIPPERS CONTRACT 2016-2017

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

CHILD'S NAME: _____ Permit: _____ 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 your contracted pick up time. 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 your contracted pick up time. STAR allows a ten-minute grace period; for example if your contracted pick up time is 2:15pm or 6:00pm the late fee at 2:26pm or 6:11pm would be \$11.00; \$12.00 at 2:27pm or 6:12pm, etc. The late fee will be charged to your account upon arrival. 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 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.

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)

- | | | | |
|---|-----------------------------------|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Filipino | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> 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.**

By law children must be released to either parent even if one parent is not included on this form. STAR 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#** _____

In addition, I authorize the STAR Nova staff to sign my child in/out for the purpose of STAR Nova classes

If your child cannot be legally released to a person list the name below. A copy of the court-ordered document must be kept on file:

Name: _____ Relation: _____

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..

Does your child have any medical conditions, allergies, or other special needs or problems of which we should be aware?

No ☐ Yes ☐ (Please specify) _____

Does your child have any physical and/or behavioral needs of which we should be aware?

No ☐ Yes ☐ (Please specify) _____

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

EMERGENCIES

In case of an emergency, STAR 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, TO SECURE TREATMENT, TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD.

Name of Insurance: _____ Policy #: _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____



TUITION CONTRACT 2016-2017

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

YEARLY TUITION BASED ON SCHOOL DAYS ONLY

CHILD'S NAME: _____

GRADE: _____ (In Fall of 2016)

REGISTRATION FEE: A \$50 non-refundable registration fee is due for the school year

Days Per Week (Check One)	Days (circle days)	1 Payment Option A	4 Installments Option B	10 Installments Option C
5 days a week 8:15a.m. - 2:15p.m. []	M T W T H F	\$7,720.00	\$1,930.00	\$772.00
3 days a week 8:15a.m. - 2:15p.m. []	M T W T H F	\$6,410.00	\$1,602.50	\$641.00
5 days a week 8:15a.m. - 6:00p.m. []	M T W T H F	\$9,700.00	\$2,425.00	\$970.00
3 days a week 8:15a.m. - 6:00p.m. []	M T W T H F	\$8,050.00	\$2,012.50	\$805.00

FAMILIES RECEIVE SPECIAL STAR DISCOUNTS

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

Tuition: A discount of 10% will be applied to the tuition(s) with lesser or equal value of every additional child. If at any time any of the siblings leaves the program for any reason and only one sibling remains in the program; the 10% will no longer be available for the remaining child.

PAYMENT OPTION PLANS

PLEASE Check your Payment Option (A, B, or C)

[] **Option A:** One full payment for the year's tuition, (Please add registration fee)

[] **Option B:** Four equal installments (Please add registration fee to first installment; see attached payment schedule)

Notes: Requires a valid credit card kept on file - Please fill out the STAR Credit Card Authorization Form

[] **Option C:** Ten equal installments (Please add registration fee to first installment; see attached payment schedule)

Notes: Requires a valid credit card kept on file - Please fill out the STAR Credit Card Authorization Form

PAYMENT EXPLANATION: For your convenience, the Little Dippers program can be paid in one full payment, four, or ten equal installments, plus registration added to the first installment. This takes into consideration all school holidays, vacations and pupil free days. Payments are due according to the payment schedule chosen. Please see the attachment for due dates.

RETURNED CHECKS ARE SUBJECT TO A \$25 FEE (FOR EACH OCCURRENCE)

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 two weeks late, you approve STAR to charge the card on file. If the charge is declined, STAR will contact you by phone and/or email. If payment is not made within 3 days, your child's contract will be suspended and on the 4th day your child will not be accepted into the program. If your account remains unpaid for two more weeks, STAR will terminate your contract. Children will not be able to attend the program until the account is up-to-date.

CASH PAYMENT POLICY: STAR has a NO-CASH policy.

SPONSOR A CHILD: YES I want to be a STAR SCHOLARSHIP PARTNER. Please accept my donation of \$5/ \$10 / \$_____ per installment, included in my payment 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. 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.

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.

HOLIDAYS, BREAKS, PUPIL FREE DAYS, UNASSIGNED WORK DAYS

Camps may be available at this site or a site nearby for a discounted rate. Sites may be closed by school district mandate during Thanksgiving/winter/spring break.

STAR will not charge additional fees for minimum days, shortened days, or for early dismissal during conference week.

REFUND AND CANCELLATION POLICY

STAR requires a **two-week written notice** to cancel your child's enrollment. Refund requests without proper written notice will not be processed. There is a \$25.00 refund processing fee. If you wish to re-enroll your child during the school year, you will need to pay a \$50 registration fee again.

STAR OR THE PARENT MAY REVOKE THIS CONTRACT AT ANY TIME DURING THE SCHOOL YEAR.

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: _____

Sliding Scale Payment Program



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

For STAR use only:

Date:	CC/Ck#:	Amount Paid:	Balance Due:
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LITTLE DIPPER ENROLLMENT POLICIES AGREEMENT

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

STAR is a non-profit organization committed to improving the quality of children's education by providing innovative extended education at a reasonable cost. Making your payments on a timely basis allows us to guarantee the continued services at your school.

Please read and initial each of the enrollment policies listed below:

- **Registration:**

STAR will only process registrations that are accompanied by payment of the registration fee, and credit card information. If you start the program in the middle of an installment period, the first installment amount will be prorated. The yearly total tuition fee has been divided into installments for your convenience only.

- **Sibling Discount:**

STAR offers a 10% discount to families; every additional child will receive 10% off the tuition(s) with lesser value.

- **Scholarships:**

Scholarship applications are reviewed every school year; having received a scholarship one year does not automatically qualify you to receive one the next year or be granted the same amount, even if your situation has not changed. Each STAR site has a limited amount of funds designated to scholarships so it is important that the applications are received at least two weeks before the first installment of your program is due. We want to benefit as many families as possible so we ask that every applicant pay a portion of the tuition fee which is determined once the scholarship is approved.

All applications must include payment for the full registration fee and half of the first installment. Parent(s)/guardians are responsible for the full tuition of any installments not covered by the scholarship. Incomplete applications, applications without the required payment, or applications for children with past due accounts **will not be considered**.

- **Subsidized Payments:**

If you have applied for subsidized financial assistant through a third party such as but not limited to Pathways, Crystal Stairs, Connections for Children, etc., your application must be accompanied by the agency's approval notification. Until the approval notice has been received, you will be responsible for half of the amount of the installment plus the registration fee in order for your child to be accepted into the program. Unless otherwise specified on the approval notification, you will be responsible for paying the registration fee and family fee if the approval requires you to do so.

- **Program Changes:**

Switching the number of days in a program is allowed as long as there is space in the requested option. A written notice is required.

If changing between installment dates to a program with more days, you will need to pay the new difference amount for the current installment, regardless of the date of the change. All subsequent installments will be adjusted to reflect the new selected program.

If changing between installment dates to a program with less days, STAR will not prorate or give refunds regardless of the date of the change. All subsequent installments will be adjusted to reflect the selected program.

- **Delinquent Payments:**

If tuition payments are two weeks late, you approve STAR to charge the card on file. If the charge is declined, STAR will contact you by phone and/or email. If payment is not made within 3 days, your child's contract will be suspended, and on the 4th day you will need to pick up your child when the bell rings or your child will be taken to the school's office. If your account remains unpaid for two more weeks, STAR will terminate your contract. Children with past due balances will not be able to attend the program until the account is up-to-date.

- **Cancellations & Refunds:**

Cancellation of the program requires a written two-week notice. You will be refunded only for any full installment fees left in the program from the effective date of the cancellation. STAR will not prorate or refund any amount if your child only attended a partial portion of the days included within the installment period. Please check your 2016-2017 payment schedule for reference.

I/we have read and understood all the information included in the Galaxy Enrollment Policies and by signing, I/we agree to adhere to the terms initialed above. I/we have received a copy of the policies.

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

Parent/Guardian 1 Signature: _____

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

Parent/Guardian 2 Signature: _____

2016-2017**PAYMENT SCHEDULE****OPTION A: One Full Payment**

PAYMENT	PAYMENT DUE ON OR BEFORE
Full payment plus registration	AUG.16.2016 - TUE

OPTION B: Four Installments

INSTALLMENTS	PAYMENT DUE ON OR BEFORE
B1 plus registration	AUG.16.2016 - TUE
B2	OCT.24.2016 - MON
B3	JAN.25.2017 - WED
B4	MAR.30.2017 - THU

OPTION C: Ten Installments

INSTALLMENTS	PAYMENT DUE ON OR BEFORE
C1 plus registration	AUG.16.2016 - TUE
C2	SEP.13.2016 - TUE
C3	OCT.10.2016 - MON
C4	NOV.04.2016 - FRI
C5	DEC.08.2016 - THU
C6	JAN.25.2017 - WED
C7	FEB.21.2017 - TUE
C8	MAR.17.2017 - FRI
C9	APR.20.2017 - THU
C10	MAY.16.2017 - TUE

YEARLY TUITION BASED ON SCHOOL DAYS ONLY**PAYMENT EXPLANATION**

For your convenience, The Little Dippers program can be paid in one full payment, four, or ten equal installments. This takes into consideration all school holidays, vacations and pupil free days. Payments are due according to the payment schedule chosen.

HOLIDAYS, BREAKS, PUPIL FREE DAYS, UNASSIGNED WORK DAYS

Camps may be available at this site or a site nearby for a discounted rate. Sites may be closed by school district mandate during Thanksgiving/winter/spring break.

STAR will not charge additional fees for minimum days, shortened days, or for early dismissal during conference week.



FINANCIAL ASSISTANCE

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

Parents seeking financial assistance can do so by applying for it through third-party subsidy agencies or requesting a scholarship through STAR. When applying for assistance parents need to meet the following guidelines:

THIRD PARTY SUBSIDY AGENCIES

These include but are not limited to Connections for Children, Crystal Stairs, CCRC (Child Care Resource Center), Pathways, and Westside Regional.

- Before your child can start attending STAR, an approval notice or enrollment certificate from the subsidy agency is required. A paper copy must be received by the main office and processed in order to determine what portion of the total cost of STAR program fees are covered by the agency. An approval notice or enrollment certificate is not an automatic guarantee of full coverage of STAR program fees. STAR will let you know what, if any, portion of the fee is the financial responsibility of the family.
- If STAR does not have the approval notice and you want your child to start the program, STAR needs to receive the registration fee, a completed Galaxy contract (including payment method), and the 1st half of the current installment. If by the end of the month STAR has not received the approval notification you will need to provide another half tuition payment, as well as every additional two weeks that go by without an approval notice when the child is attending.
- If the approval indicates a family contribution, any missing payments will be subject to the late fee policy, resulting in termination of services until the account is up-to-date.
- Having an approval notification does not necessarily cover your child's participation at other schools; if you plan to have your child attend camp at a different school, you will need to request an approval for THAT school before camp starts; otherwise, your child will not be allowed in the camp, unless you fill out the required site-specific registration packet and pay full price up front.
- STAR will only allow attendance according to the days and hours approved by the agency; it is the parents' responsibility to discuss with the agency any changes they need. If you want your child to attend a day not approved by the agency, you will have to pay for the difference up front, no exceptions.
- Students on subsidy are required to attend the program all of the days approved. A child may be released early from the STAR after-school program prior to the end of the program based on the following conditions: a parallel program, family emergencies, medical appointments, or other conditions in regard to safety. If continued absences become a pattern, the student will be asked either to leave the program so that another child may benefit in his/her place or the family must pay for the adjusted fees due to the lack of approved hours used, at the agency's approved hourly rate.
- STAR only receives payment from the subsidy agency when your child attends the program. The family is responsible for paying the difference between the approved rate and the paid rate due to absences. If you enroll your child for any camps during school breaks or summer camps, your child needs to attend all of the days enrolled; otherwise, you will be responsible for paying the daily rate for the days that your child was absent.

FINANCIAL ASSISTANCE

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

SCHOLARSHIPS

Scholarship applications are reviewed every school year; having received a scholarship one year does not automatically qualify you to receive one the next year or be granted the same amount, even if your situation has not changed.

All applications must include:

- two (2) recent check stubs
- 2015 Tax Returns
- 2015 W-2
- Any additional paper work
- Payment for the full registration fee and half of the first installment. We want to benefit as many families as possible so we ask that every applicant pay a portion of the tuition fee which is determined once the scholarship is approved.

Each STAR site has a limited amount of funds designated to scholarships so it is important that the applications are received at least two weeks before the first school day. Parent(s)/guardians are responsible for the full tuition of any installments not covered by the scholarship. STAR will not backdate any scholarship so please use the following schedule to understand the period covered by the scholarship:

APPLICATIONS DUE DATES AND PERIOD COVERAGE

DUE DATE	INSTALLMENTS COVERED
AUG.29.2016	1 through 10
SEP.26.2016	2 through 10
OCT.24.2016	3 through 10
NOV.14.2016	4 through 10
DEC.12.2016	5 through 10
FEB.06.2017	6 through 10

If you miss the due date for any reason, STAR will accept and process your application but it will be effective as per the coverage schedule above. Applications missing information, backup documentation, or payment as required are considered incomplete and will be returned; STAR will not be responsible for applications that miss a due date because of this and will not backdate the application. Incomplete applications, applications without the required payment, or applications for children with past due accounts will not be considered.

Behavior & Responsibility Guidelines

GOALS

The goal of the STAR Program is to provide every child with a happy, safe, and enriching experience everyday. In order to achieve our goal, we need the full cooperation and support of every parent and child. By working together, we can teach the children the skills that will help them make sound decisions and be successful in their social development.

BEHAVIOR GUIDELINES

STAR behavior guidelines are to: guide, train, practice, correct, and teach. The STAR Program follows the “STAR CAN DO DISCIPLINE PROGRAM.” This highly-acclaimed system uses a positive approach for guiding children; all staff members are required to take this training. The Can Do Discipline training has three components: the Guidelines, the Reward System, and the Consequences.

The Guidelines

- We are nice to others
- We play safely
- We help clean up
- We listen to the teacher
- We use kind voices

The Reward System

Each STAR Program will implement a reward system to positively encourage good behavior.

Consequences

If a child repeatedly chooses not to follow the guidelines, a formal meeting with the parent will be set up. If the child does not follow the guidelines after this meeting, a one-day suspension will follow. Any further infractions of the guidelines will result in the cancellation of the child's registration.

STAR does not tolerate corporal punishment, public humiliation, yelling, or other forms of negative discipline.

(4/2016)

(More Information on Back)

Please remember to sign and return the “tear off” section on the other side of this sheet.

Keep the remaining portion for your records.

Thank you

BATHROOM PROCEDURES

Children are taken to the bathroom on a regular basis or as needed. A staff member will accompany each child to the bathroom. Restrooms are to be used for their intended purpose only. Restrooms are not an area for play!

MORE SERIOUS BEHAVIOR & CONSEQUENCES

Biting, spitting, bullying tactics, teasing, intimidation through threats, physical fights, leaving the group or campus, defacing property, vandalism, lying, stealing, making false accusations, swearing, blatant disrespect for children, parents, and staff are considered more serious offenses. A first time infraction shall result in an immediate one-day suspension, and a second time infraction will result in the non-refundable cancellation of registration. Parents may be called to pick up their child immediately from the program if the child is out of control and will not follow instructions. Any behavior that endangers the children or staff will be cause for immediate cancellation of registration.

PARENT RESPONSIBILITY

Your cooperation is needed in the following areas:

- Your child must be signed in and/or out every day by an authorized adult listed on your contract. Your child will not be released otherwise.
- Go over the guidelines with your child
- If corrective actions are needed, such as suspension, please follow up at home with a discussion about the issue at hand. Be supportive. We are working together for the welfare and healthy development of your child's social skills.
- Parents are their children's first teacher and primary role models. Any parent who uses abusive language or behavior toward staff, other parents, and/or children risks registration cancellation.
- Parents are not allowed to confront other children about any incident. The law protects children from this type of action.

IMPORTANT

To ensure we are providing the best service possible for the children, we review our policies and procedures on a regular basis. Therefore, this contract may be modified at any time.

(4/2016)



STAR BEHAVIOR AND RESPONSIBILITY GUIDELINES AGREEMENT

I have read and understood the Behavior and Responsibility Guidelines of the STAR Program and hereby agree to follow the terms stated in these policies.

Parent's Name (please print): _____

Parent's Signature: _____

Child's Name: _____

Child's Signature: _____

Date: _____

(4/2016)

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Department of Social Services LA Northwest Community Care Licensing Division

ADDRESS

6167 Bristol Parkway Ste 400

CITY

Culver City

ZIP CODE

90230

AREA CODE/TELEPHONE NUMBER

310-337-4333

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children cannot by law be given an exemption that would allow them to own, live in or work in a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm

IMPORTANT INFORMATION

CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are nonexemptible and if you were convicted of one of them, by law you will never be allowed in a facility.

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will not be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cclid.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.

**CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS****PARENTS' RIGHTS**

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: LA Northwest Community Care Licensing Division

Licensing Office Address: 6167 Bristol Parkway Ste 400, Culver City, 90230

Licensing Office Telephone #: 310 337-4333

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies/medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /		
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE BOWEL MOVEMENTS REGULAR?*
	<input type="checkbox"/> YES <input type="checkbox"/> NO
WORD USED FOR "BOWEL MOVEMENT"*	WHAT IS USUAL TIME?*
	WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S)?	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

