



RISING STARS

Summer Enrichment Program

General Information and Policies

Hours of Operation

The Program is open Monday through Friday 6:00 AM to 6:00 PM throughout the summer with the exception of the days indicated on the current attached calendar.

Arrival and Sign In/Out Procedures

All children are asked to arrive no later than 9:00 am each day. If your child is going to be late for doctor's appointments, etc., please call and give us the estimated time of arrival no later than 9:00 am. This will allow us to accommodate your child for lunch, classroom scheduling and the necessary staffing requirements.

All parents or authorized persons of enrolled students in our program must sign in and out at the computer terminal located in the office.

For the protection of our students, the only people authorized to pick up a child are those designated by the parent/guardian listed in the student's registration packet. **If a child must be released to anyone other than a person listed, the *Change of Schedule Request Form* must be completed and returned no later than arrival on the day of the change.** Please include a brief description of the person picking up the child. The person picking up the child needs to have identification checked in the office before signing your child out. In the case of last minute changes, a fax from the parent/guardian will be acceptable. In the event of an emergency, a phone call will be acceptable.

Absentees

When your child is going to be absent for non-illness reasons, please notify us in advance by completing the *Change of Schedule Request Form*. In case of a prolonged absence, i.e. vacation, to maintain enrollment and to avoid any late payment fees, please make arrangements to pay all fees during the child's absence.



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Additional Information

All children are **REQUIRED** to follow the rules as outlined by the classroom teacher. When there are **ANY** changes to the information provided on the Student Registration Form, parents must immediately fill out a *Change of Schedule Request Form* located in the office.

After Hours

The Center closes promptly at 6:00 PM each day. If possible, all children should be picked up by 5:45 PM. Late fees are strongly discouraged except for emergencies. **The late fee charge per child is \$25 for the first minute and \$1 for each additional minute. Late pickup fees are due upon arrival to pick up your child. If you do not have the late fees, you must bring them the next morning in order for your child to attend.** Parents are expected to assume responsibility for picking up their children on time. Habitual late pick-up will result in dismissal of the child.

Program Service

Our Program services children entering 1st – 6th grades only. The Program does not discriminate against a child or parent on the basis of race, color, or national origin in any of its policies, services or practices.

Contact Information

Please feel free to call us for more information at 459-0591. Our mailing address is 102 Ridley Street, Smyrna, TN 37167 and our fax number is 459-8670.

Illness

The program does not accommodate sick children. Should a child become ill during the day, his/her parents will be notified and expected to pick up the child at once. Please notify the Program of any changes in emergency information as they occur.

Insurance

Parents must carry health insurance coverage that covers their child while in the care of the Program. We do not carry medical insurance on children.



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Medication

Medications will only be administered for special cases approved by the Management Team. If a staff member must give a child medication, the teacher, Lead Teacher, Assistant Director and Director must be informed. Each bottle must be clearly labeled with the child's name. **ALL** medication must be in its original container. A completed *Medication Authorization Form* must accompany the medication with directions, dates of administrations and the signature of the parent/guardian. **We will not administer any medication unless all these procedures are followed.**

Meals/Snacks

The Center will provide lunch and both a mid-morning and mid-afternoon snack each day.

Returned Checks

All returned checks must be paid in cash along with a **\$30** service charge within two (2) days of notification from the Center. **If you have two (2) returned checks in a six-month period, you will not be allowed to write checks and be placed on a cash-only basis for a minimum of six (6) months.**

Sign In/Out

All children must be clocked in/out each day using the computer terminal. **A fee of \$10 per child will be assessed for each child NOT clocked out at the end of the day.**

Tuition

Tuition is due and payable regardless of holidays, illness or vacation. Tuition must be paid for all weeks or days missed.

Children are enrolled at Rising STARS just as any other summer program. Parents must assume full responsibility for prompt payment of the child's tuition. **Tuition is due by 6 pm Monday evening. If payment is not received by Monday evening, a \$25 late payment fee will be assessed to your account with \$5 assessed each day thereafter.** Failure to pay weekly tuition and late fees by Wednesday morning will result in your child not being allowed to return to the Program. Habitual failure to pay tuition on a timely basis may result in dismissal of the child.



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Withdrawal Procedures

The Program must receive a written (2) two-week notification of your intent to withdraw your child. In your notification, you must list the last date of attendance and the reason for withdrawal. Prior to your last tuition payment, please meet with a member of Management to ensure that you leave with your account reflecting a zero balance. **Confirmation for payment of all fees must come from the Program.** If you choose to withdraw without following these required procedures and you have not made any attempt to make amends, your account will be given over to a collection agency for final resolution and your child will not be permitted to re-enroll in the Program.



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Application for Enrollment

A \$35 non-refundable registration fee (per child) must accompany this application.

Weekly Tuition Fee must be paid in advance

\$110 per week (June 5th – August 4th)

Child's Full Name _____ **Date of Birth** _____

Address _____ **Home Phone ()** _____

City _____ **State** _____ **Zip** _____

Mother's Full Name _____ **Home Phone ()** _____

Address _____

City _____ **State** _____ **Zip** _____

Name of Employer _____ **Work Phone ()** _____ **Ext** _____

Occupation _____ **Work Hours** _____

Cellular Phone _____ **Social Security #** _____

Driver's License # _____

Father's Full Name _____ **Home Phone ()** _____

Address _____

City _____ **State** _____ **Zip** _____

Name of Employer _____ **Work Phone ()** _____ **Ext** _____

Occupation _____ **Work Hours** _____

Cellular Phone _____ **Social Security #** _____

Driver's License # _____

Parent/Guardian with legal custody _____

Parents are Married [] Living Together [] Divorced []

Separated [] Single [] Widowed []

Other children in the household

Name _____ **Birthdate** _____ **School** _____

Name _____ **Birthdate** _____ **School** _____

Name _____ **Birthdate** _____ **School** _____



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Health History

Child's Name	Birthdate	Parent or Guardian's Name
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The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill, and we would be unable to reach you right away. Please circle the correct answer. We will go over the checklist with you when you have finished.

Pregnancy and Birth

- Yes No 1) Were there any problems with the pregnancy or your child's birth?
- Yes No 2) Was his/her birth weight under 5 ½ pounds?
- Yes No 3) Did the baby have any problems in the hospital?

Medical Problems

- Yes No 4) Has your child ever been in the hospital overnight?
- Yes No 5) Is your child taking any medicine?
- Yes No 6) Any allergies or reactions to medicine, DTP or other shots, or insects?
- Yes No 7) Has your child had asthma or wheezing?
- Yes No 8) Does your child have speech or hearing problems?
- Yes No 9) Has your child had more than two ear infections in a year?
- Yes No 10) Has your child had tonsillitis?
- Yes No 11) Does your child have trouble with his/her eyes or seeing?
- Yes No 12) Has your child had a bladder or kidney infection?
- Yes No 13) Does he/she have burning when urinating?
- Yes No 14) Does he/she have seizures, fits or shaking spells?
- Yes No 15) Have you ever been told your child has a heart murmur?
- Yes No 16) Is your child able to play as hard as other children?
- Yes No 17) Has your child ever had a bumpy, swollen reaction to the TB skin test?
- Yes No 18) Has your child ever been with anyone having TB?
- Yes No 19) Has your child ever had worms?
- Yes No 20) Does your child scratch his/her genital area?
- Yes No 21) Is his/her bottom or genitals red or sore?
- Yes No 22) Is your child a hemophiliac (free bleeder)?
- Yes No 23) Is your child on a heart monitor?
- Yes No 24) does your child have tubes in his/her ears?



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Older Girls

Yes No 25) How old was your daughter when she had her first period?

Yes No 26) Does she have any problems with her period?

General Development

Yes No 27) Is your child in a special education class in school?

Yes No 28) Does your child get along with other children?

Yes No 29) Is he/she usually happy?

Yes No 30) Does your child have any special problems not indicated above?

Yes No 31) When did your child last see a doctor? _____

(month, date, year)

Illnesses (please circle)

Does your child have any problems with any of these

Constipation

Lice

Convulsions

Ringworm

Diarrhea

Skin Rash

Fainting Spells

Soiling

Frequent Colds

Stomach Upsets

Frequent Ear Infections

Urinary Problems

Frequent Sore Throats

Worms

Has your child had any of these diseases?

Asthma

Measles

Bronchitis

Mumps

Chicken Pox

German Measles

Diabetes

Polio

Heart Disease

Scarlet Fever

Hepatitis

Tuberculosis

Impetigo

Whooping Cough

1. Other **ILLNESSES**? (Besides above) _____

2. Has your child been **HOSPITALIZED**? (Explain) _____

3. Has your child had **INJURIES** with fractures or loss of consciousness? (explain) _____



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4. Last **VISION** Test Date _____ Last **HEARING** Test Date _____

5. Last **DENTIST** Visit Date _____

6. Any other members of your family with **SERIOUS ILLNESS** recently? _____

7. Any other members of your family history of **ASTHMA** _____

DIABETES _____ **EPILEPSY** _____

Eating Habits

At what time does the child eat breakfast? _____ Dinner? _____ Snacks? _____

Does he/she feed himself/herself? Yes No

What is his/her general attitude toward eating? _____

If he/she refuses to eat, how is this handled and by whom? _____

What food does your child especially **like**? _____

Especially **DISLIKE**? _____

Foods he/she is allergic to _____



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Additional Information

Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

Previous summer programs attended _____

Your expectations of *Rising STARS* _____

Give below any other information you think we should have about your child.



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Discipline Policies and Procedures

In order to prevent classroom disturbances, we have implemented a **ZERO TOLERANCE POLICY**.

Discipline procedures are as follows.

The **first** time your child becomes disruptive in the classroom, the teacher(s) will give them a verbal warning and place them in time out according to their age.

If the child continues to be disruptive, the teacher(s) will place them in time out for the **second** time according to their age.

If the child continues to be disruptive, the teacher(s) will **send them to the front office** to visit with the Director or Assistant Director.

If the child continues to be disruptive, the teacher(s) will send them to the front office to visit with the Director or Assistant Director. **The child will lose their special privileges for the day.**

If the child continues to be disruptive, the teacher(s) will send them to the front office to visit with the Director or Assistant Director. You will then receive a phone call from the Director or Assistant Director asking you to immediately pick up your child for the remainder of the day.

Upon return, if the child still continues to misbehave after one visit to the front office, you will receive a phone call to immediately pick up your child. The child will not be allowed to return for a period of three days. You will be required to pay tuition for the absentee period.

When the three-day period is completed and the child returns to the program, continued disruptions after one visit to the front office may result in dismissal of the child.

In the event of dismissal, you may be given a two-week period in order to make other arrangements. We will decide on a case-by-case basis.



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Discipline Policies and Procedures

Hitting, kicking, etc. of another child or the teacher(s) will result in an immediate visit to the front office. If the child repeats any of these actions they will visit the office and you will be called to warn you of your child's behavior. If the child repeats these actions again, you will be called to immediately pick your child up for the remainder of the day.

Upon return, if the child still continues to misbehave after one visit to the office, a parent conference will be scheduled and the child could be suspended and/or dismissed from the Program.

If you have any questions or concerns regarding these policies and procedures, please see the Director or Assistant Director. Thanks for your assistance with this matter.

I have received, read and understand *Rising STARS* discipline policies and procedures.

Father's Signature

Date

Mother's Signature

Date



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Permission Form

I. I give permission for _____
Child's Name Birth date

1. To participate in program activities sponsored by *Rising STARS* including having pictures taken for publicity and/or classroom identification.
2. To be transported to and from the Program and on authorized field trips.
3. To receive emergency medical First Aid treatment arranged by the staff of *Rising STARS* if I cannot be notified.

Signature of Parent/Guardian Date



RISING  STARS
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Production Model Release Form

The undersigned enters into this agreement with:
Comcast Advertising Sales and Comcast Productions

I have been informed and understand that the Producer is producing a videotape program and that my name, likeness, image, voice and appearance will be used in the production.

1. I grant the Producer and its designees the right to use my name, likeness, image, voice, appearance and performance as embodied in the product, whether recorded on or transferred to videotape, film, slides, photographs, audio tapes or other media, now know or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the product in whole or in part as the Producer may elect. The producer or its designee shall have complete ownership of the product on which I appear including copyright interests, and I acknowledge that I have no interest or ownership in the product or it's copyright.

2. I also grant the Producer and it's designees the right to broadcast, exhibit, market, sell and otherwise distribute the product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theater, closed circuit exhibition, home video distribution or any other purpose that the Producer or its designees in their sole desecration may determine.

3. I confirm that I have the right to enter into this agreement, that I am not restricted by any commitments to third parties, and the producer has no financial commitment or obligations to me as a result of this agreement. I hereby give all clearances, copyright and otherwise, for the use of my name, likeness, image, voice, appearance and performance embodied in the product. I expressly release and indemnify the Producer and its officers, employees, agents and designees from any and all claims known or unknown arising out of or in any way connected with the above granted uses and representations. The rights granted the Producer herein are perpetual and worldwide.

In consideration of all of the above, I hereby acknowledge receipt of reasonable and fair consideration from the producer.

I have read the foregoing and understand it terms and stipulation and agree to all of them.

Signature _____ Date _____

I am the parent and/or guardian of the below minor and hereby enforce this agreement on his/her behalf.

Signature _____ Date _____

Name of Minor _____



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Release for Emergency Care

In the event of an emergency, at which time I cannot be reached, I hereby give my consent to **Stonecrest Medical Center** to administer necessary treatment to my child. If the situation warrants it, I also give my consent for transport by ambulance.

Child's Full Name _____

Child's Physician _____ Office Phone () _____

Insurance company covering child _____

Policy Number _____ Date of Expiration _____

Date of last DPT or Tetanus _____

Regular medications _____

Blood Type _____

Medicine Allergies _____

Other Allergies _____

Any special health conditions _____

Note: Please include a copy of your child's updated immunization record.

Emergency Medical Form

In case of an emergency, I _____
Parent/Guardian's Name

authorize Rising STARS to immediately seek emergency medical attention for

Child's Name

Signature of Parent/Guardian

Date



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Summer Enrichment Program Emergency Contact List

Name _____ Phone _____

The individuals listed below are to be contacted in case of emergency, accident or illness of my child. If none of the people listed are available, I give permission to Rising STARS staff to make decisions for the care of my child.

Emergency contact (Other than parents or guardian) _____

Home Phone () _____ Work Phone () _____

Home Address _____

Emergency contact (Other than parents or guardian) _____

Home Phone () _____ Work Phone () _____

Home Address _____

Emergency contact (Other than parents or guardian) _____

Home Phone () _____ Work Phone () _____

Home Address _____

Rising STARS Staff members reserve the right to NOT release your child(ren) to ANYONE whose behavior may place the child(ren) in immediate risk.

Parent/Guardian Signature _____ Date _____



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Authorization to Pick Up

All parents or persons to pick up students enrolled in our program must sign in and out at the computer terminal located in the office. For the protection of our students, the only people authorized to pickup a child are those designated by the parent/guardian and listed on this form. **Please see *General Guidelines & Policies* for emergency pick-up procedures.**

All those listed on this form must select a 4-digit code to be used at the computer terminal to sign in/out the below listed child/children. The assigned codes are used to document exactly who picks up your child. For the safety of our students, please **do not share your code with anyone.**

Child/Children's Names _____

Mother/Guardian _____

Assigned/Requested 4-digit code _____

Father/Guardian _____

Assigned/Requested 4-digit code _____

I/We authorize the following persons to pick up my/our child/children.

Name _____

Assigned/Requested 4-digit code _____

Name _____

Assigned/Requested 4-digit code _____

The following persons are **NOT** authorized to pick up my child(ren).

Name _____ Comment _____

Name _____ Comment _____

Signature of Parent/Guardian _____ Date _____



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Parent Agreement

I have read, understand and agree to abide by all policies and procedures of Rising STARS during the extent of my child's enrollment in the Program.

I understand that these policies have been implemented for the well being of my child, the other children in the Program, and the Program as a whole. I further understand that *either* party may terminate enrollment upon two (2) week's notice.

I have made a pre-placement visit to the Program.

Signature of Parent/Guardian

Date



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Summer Enrichment Program Billing & Payment Responsibilities

I understand this is a legally binding contract, and I have read it and understand it.

The primary contact person(s) who is/are solely responsible for the financial status of this account must sign below.

Primary Contact #1 _____ Date _____

Primary Contact #2 _____ Date _____

In the event that credit for program payments is to be given to a secondary contact, the below agreement must be completed.

The primary contact person(s) authorizes the secondary contact to receive credit for all program payments per the below agreement.

I, _____ agree to give _____
Primary Contact (print) Secondary Contact (print)

Credit for \$ _____ of the weekly program expenses incurred at Rising STARS.

Date _____
Signature of Primary Contact Person

Date _____
Signature of Secondary Contact Person

For Office Use Only

Date Application Received _____ Waiting List # _____

Registration Fee \$ _____ Weekly Tuition \$ _____ Received by _____

Date Admitted _____ Start Date _____

Two weeks notice for withdrawal given on _____ Reason for withdrawal _____

Withdraw Date _____

Referral Sources (please circle all that apply)

- | | | | |
|----------------------|-------------------|------------------|--------------------------|
| Advertisement | Yellow Pages | Drive-by sign | Local Bulletin |
| | Flyer | DHS | Newspaper |
| Referral | Parental Referral | Program Referral | Subsidy Program Referral |