



2023-2024

Richland

(424) 535-7876

richland@starinc.org

Welcome to STAR,

We are looking forward to having your child in our program.

STAR, Inc. is a charitable 501(c)(3) non-profit education organization serving kids, families, schools, and communities. The program that your child is registering for is funded by After School Education and Safety Program (ASES) grant and administered by the Los Angeles Unified School District's (LAUSD) Beyond the Bell Branch.

Please take your time to fill out all paperwork completely. The following three forms need to be returned to STAR to complete your child's file:

- Beyond the Bell Application/Agreement**
- STAR Contract**
- Bottom half of STAR Discipline Policy**
- Emergency Card**

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 note that there is a 3-day wait to process your child's application.





Los Angeles Unified School District
BEYOND THE BELL BRANCH
BEFORE AND AFTER-SCHOOL PROGRAM
APPLICATION/AGREEMENT

For Staff Use Only
DISTRICT ID NUMBER
2023-2024
SCHOOL YEAR

SCHOOL OF ATTENDANCE: Richland

Table with 4 columns: Program Applying for (Before-School, After-School, Other Programs) and Name of Program. Includes checkboxes for Ready-Set-Go!, Youth Services, and Grant Funded Program.

APPLICANT

Form for applicant information: PRINT NAME CLEARLY (FIRST, M.I., LAST), DATE OF BIRTH (MONTH, DAY, YEAR), GRADE, STREET ADDRESS, APT #, CITY, ZIP CODE.

PARENT(S)/GUARDIAN(S)

Form for parent/guardian information, including name, print name (FIRST, M.I., LAST), phone numbers (MAIN, OTHER), and email address for multiple individuals.

EMERGENCY CONTACT/RELEASE INFORMATION (provide a minimum of two contacts)

Table with 4 columns: # (1-3), RELATIONSHIP, NAME (FIRST LAST), PHONE NUMBER(S), ADDRESS (STREET CITY ZIP).

- I/We authorize the Beyond the Bell Before/After-School Program (BASP) to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information.
I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of the BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the BASP.
I/We hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in BASP programs.
The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the After School Education and Safety Program to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating public elementary, middle, junior high, and charter schools.
Pupil designation (please check if applicable): Homeless Youth Foster Care
Does your child have any physical, emotional, and/or learning difficulties? If so, please specify:

- Does your child have any food allergies? If so, please specify:

ACKNOWLEDGEMENT

Form for acknowledgements: PARENT'S/GUARDIAN'S NAME (PRINT), PARENT'S/GUARDIAN'S SIGNATURE, DATE for parent/guardian and SITE COORDINATOR'S NAME (PRINT), SITE COORDINATOR'S SIGNATURE, DATE.



**STAR in partnership with Beyond the Bell - Free Program
Richland**

LAUSD Galaxy 4 2023-2024

AFTER SCHOOL CONTRACT

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: _____

PARTICIPATION IN PROGRAM *Students are required to attend the program daily* for maximum benefit from core curriculum and enrichment programs. Program operates from dismissal until 6:00p.m. on school days. **A child may be released early from the STAR after school program prior to the end of program based on the following conditions: a parallel program, family emergencies, medical appointments, or other conditions in regard to safety.** In addition, students are expected to **complete the daily rotation of classes everyday.** If continued absences become a pattern, the student will be asked to leave the program so that others may benefit in his/her place.

TARDINESS AND PICK UP Late pick up policy: STAR closes promptly at 6:00p.m. Repeated tardiness may result in cancellation of your child's enrollment in the program. Excessive late pick up is considered to be late more than 3 times in the school year. 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.

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.

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#** _____

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.

Snack/supper is provided daily for all students participating in this program.

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) _____

I give consent for my child to participate in activities/surveys designed to evaluate the effectiveness of the STAR After School program Yes No

I give consent for the program staff/evaluation team to access my child's current and past records such as achievement scores, grades, attendance, etc. Yes No

Every applicant will be given equal consideration 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 _____, 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, 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: _____



Discipline & Responsibility Policy

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.

DISCIPLINE POLICY

Dictionary definition of discipline: 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 Rules, the Reward System, and the Consequences.

The Rules

- Come directly to STAR
- Follow directions
- Stay in your area
- Respect others: no fighting, inappropriate physical contact, name calling or other activities that take the right to be happy away from any child.
- No inappropriate behavior or touching, including gestures and signals.
- Respect the property of others.

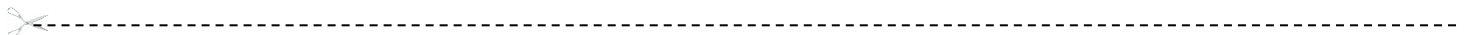
The Reward System

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

Consequences

If a child chooses to repeatedly break the rules, a formal meeting with the parent will be set up. If the child breaks the rules after this meeting, a one-day suspension will follow. Any further infractions of the rules will result in the cancellation of the child’s registration.

(5/2019)



(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. A second-time infraction will result in a two-day suspension. Additional infractions can result in indefinite suspension from the program. Parents may be called to pick up their child immediately if the child is out of control and will not follow instructions. Any behavior that endangers students or staff will be cause for immediate cancellation of registration.

PARENT RESPONSIBILITY

Your cooperation is needed in the following areas:

- Direct your child to come directly to the program on days enrolled
- 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 rules 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 teachers and primary role models. Any parent who uses abusive language or behavior towards 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.

HEALTH AWARENESS

STAR follows closely all LA County guidelines and will notify parents and students accordingly when we are informed of any changes.



STAR DISCIPLINE AND RESPONSIBILITY POLICY AGREEMENT

I have read and understood the Discipline and Responsibility Policy 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: _____