



2019-2020 S.T.A.R.S. Program Enrollment Form

The Salvation Army

806 E. Pearl Street, Jackson, MI 49201 – Office: (517) 782-7185 Ext. 119

S.T.A.R.S. is an after school program for students grades K-8. Transportation can be coordinated from JPS schools with the schools. The Salvation Army does NOT provide transportation to and from the program.

Participant's Name: _____

Birthdate: ____/____/____ Age: ____ Grade: ____ Gender: F ____ M ____

Home Address: _____
(Number) (Street) (Apt.)

(City) (State) (Zip Code)

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

School: _____

Parent/Guardian: _____

Parent/Guardian Employer: _____

Work Phone: (____) ____ - ____ Email Address: _____

Work Address: _____

In the case of emergency, the following person(s) may be contacted if parent/guardian is not available:

Name: _____

Relationship to Child: _____ Cell Phone: (____) ____ - ____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Home Address: _____

Work Address: _____

Name: _____

Relationship to Child: _____ Cell Phone: (____) ____ - ____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Home Address: _____

Work Address: _____

Please list full names of those who are allowed to pick up your child from S.T.A.R.S. (We will not release your child to anyone who is not on this list without your written or verbal permission.)

Please list full names of those who are NOT allowed to pick up your child from S.T.A.R.S.

Medical Information

Participant's Name: _____

Doctor's Name: _____ Phone: (____) ____ - _____

Office Address: _____

Health Insurance Company: _____

Policy #: _____ Phone: (____) ____ - _____

Are there any medical conditions that The Salvation Army staff should be aware including mental, behavioral, or medical (i.e. asthma, food allergies, insect sting allergies, etc.)?

Y ___ or N ___ IF yes, please give details:

Does participant carry inhaler or Epi pen? Y ___ N ___

Will participant need to take medication during S.T.A.R.S. hours? Yes ___ or No ___

If you answered YES to either or both of these questions, you will need to complete and sign a "Permission to Administer Medication" form.

Are there any activities that the participant will not be able to participate in during S.T.A.R.S.?

Yes ___ or No ___ If yes, please explain:

Does the participant have any habits or behavioral issues that The Salvation Army staff should be aware of? Yes____ or No____ If yes, please explain:

If more space is needed, please use the back of this page. Did you use additional space? Yes or No

Please tell us about your child (personality, strengths, weaknesses, hobbies, etc.):

Please tell us why your child needs the S.T.A.R.S. program (homework help, after school supervision, etc.): _____

Would you like The Salvation Army S.T.A.R.S. staff members to communicate with your child's teacher in order to provide targeted homework help while they are in S.T.A.R.S. each day?

Yes____ or No ____

If yes, list child's teacher's name: _____ School: _____

Emergency Medical Treatment Authorization

In the event that my child is involved in an accident or is injured and I cannot be reached, I do hereby give permission for The Salvation Army personnel to seek and secure medical attention or treatment for the child named above. I also give permission for attending physician(s) and other medical personnel to administer any needed medical treatment. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. This authorization shall expire on June 30, 2020.

Parent/Guardian Signature: _____ Date: _____

Parental Consent For Participation

I give permission for my child _____ to attend The Salvation Army S.T.A.R.S. After School Program for the 2019-20 school year, and to participate in all activities outlined in this Enrollment Form unless otherwise noted. I also understand that The Salvation Army is an evangelical Christian organization that emphasizes, teaches, and practices Biblical values.

Parental/Guardian Signature: _____ Date: _____

**The Salvation Army S.T.A.R.S. program admits students regardless of race, gender, handicap, religion, or nation origin. Students are not required to partake in any religious elements.*

Can the participant partake in religious elements? Yes____ or No____

Student's Participation Agreement

I agree to participate in the functions and activities of The Salvation Army S.T.A.R.S. Program, to cooperate with the leaders and other participants, and to conduct myself with safe and positive behavior. I promise to respect myself, respect other persons, and respect property. I understand that my continued participation in S.T.A.R.S. depends on my support of this agreement.

Signature of Participant: _____ Date: _____

Field Trip Consent Form

I understand that on occasion, S.T.A.R.S. activities may include short trips to locations away from The Salvation Army building at 806 E. Pearl Street, Jackson, MI 49201 (locations may include but are not limited to local parks, nursing homes, libraries, etc.) I give permission for the aforementioned child to be transported to and from these activities by The Salvation Army staff members in official Salvation Army vehicles. I also agree to comply with the Michigan Booster Seat Law by providing a booster seat for my child to use on field trips if he/she is young than 8 years old.

Parent/Guardian Signature: _____ Date: _____

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed in the Enrollment Form. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release The Salvation Army and its staff, volunteers, and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability is also intended to cover all claims that members of the child's family, representatives, or assigns may have against The Salvation Army or its staff, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Parent/Guardian Signature: _____ Date: _____

Discipline Policy

The Salvation Army staff members seek to provide positive discipline that encourages the child to improve their behavior. Our primary form of addressing an unacceptable behavior is a "reset" where the child will be separated from the group (i.e. sitting in the hallway – with adult supervision) for a period of 4-5 minutes. Staff members will not yell or scream at the children, nor will they touch them in a forceful or harmful way. A list of rules will be posted and explained to the kids. If a serious behavioral incidents happen, the child may be removed from S.T.A.R.S. for the remainder of the school year.

I have read and agree to the Discipline Policy and will encourage my child to respect the rules, staff members, and other children in the S.T.A.R.S. program.

Parent/Guardian Signature: _____ Date: _____

Photo Authorization

On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in youth activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used by The Salvation Army publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events; and The Salvation Army may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of The Salvation Army see fit. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

Parent/Guardian Signature: _____ Date: _____

S.T.A.R.S. Dates, Fees, Attendance and Tardy Policies

The Salvation Army S.T.A.R.S. Program will be held on all Jackson Public School days (regular schedule only – not balanced schedule) for the 2019-2020 school year. S.T.A.R.S. students must be picked up no later than 6:00pm each day. When students have a half day of school, S.T.A.R.S. will be in session and lunch will be provided at The Salvation Army for all S.T.A.R.S. members. On days when there is no school (whether scheduled days off, or cancelled due to inclement weather) S.T.A.R.S. will be closed (This includes early release to inclement weather).

Dates of Program: Monday, September 9, 2019 – Friday, December 13, 2019; Monday, January 6, 2020 – TBD (Expected end date early June. Will be confirmed at a later date).

Attendance Policy: S.T.A.R.S. enrollees must be present a minimum of 3 days each week.

Tardy Policy: Please read and sign the attached Tardy Policy form. Thank you.

Please Note: A one-time \$10.00 registration fee for each child is required with this enrollment form.

For Official Use Only:

Date Registration Fee Paid: _____ Cash Check # _____

Received By: _____

The Salvation Army S.T.A.R.S. Program

Tardy Policy

Because of staffing and program needs, it is essential that parents pick their child(ren) up no later than 6:00pm. A grace period of 5 minutes will be allowed, but when a parent (or their authorized representative) is late, the following steps will be taken:

- A fee of \$1.00 per minute will be assessed beginning at 6:06pm. Examples:
 - Child picked up at 6:05pm = no fee due to grace period
 - Child picked up at 6:06pm = \$6.00 fee
 - Child picked up at 6:15pm = \$15.00 fee
- Each tardy incident of 10 minutes or more will be counted as a strike. After the 3rd strike, the child(ren) will be removed from the S.T.A.R.S. program for 3 months. Re-admittance into the S.T.A.R.S. program will be based on space availability. There is no guarantee that space will be available for the child(ren).
- The general cell phone time will be the official time used when determining lateness and fees. Please set your watch accordingly.
- Parents are responsible for making sure that whoever picks up their child(ren) is aware of this policy. Late fees will be assessed to the parent of the child(ren) who is (are) picked up late.
- Payment of a late fee is due at the time of the incident. A grace period of 7 days may be offered. Late fees that are 15 days overdue will result in the child(ren) being removed from the S.T.A.R.S. program for 3 months. Re-admittance into the S.T.A.R.S. program will be based on space availability. There is no guarantee that space will be available for the child(ren).

I, (please print name) _____ have read and agree to follow the S.T.A.R.S. Tardy Policy. I will inform all those who are authorized to pick up my child(ren) of this policy, and I agree that I am responsible for any late fees that may be assessed because they are tardy.

(Signature)

(Date)