

# Star Care/Parent Contract 2015-2016

E-MAIL: [lmcdaniel@starofthesea.net](mailto:lmcdaniel@starofthesea.net)

I agree to the following for my child's participation in StarCare which is a school age care program for students at Our Lady Star of the Sea School:

1. Pay the non-refundable deposit of \$50.00 on or before the first day of care.
2. I understand that in the event of continued late payment of StarCare fees, continued late pickup or early drop off of my child, or child behavior issues, StarCare reserves the right to remove child from the program.
3. I will pick up my child no later than 5:30 PM and I understand that it is my responsibility to provide alternate arrangements for picking up my child if I am unavailable to do so by 5:30 PM. Also I will not drop off my child before 6:30am. If I do, I understand extra fees will be due (\$5.00 for every 15 minutes either before or after regular hours.)
4. If not picked up by 6PM and StarCare has received no notice from parent/guardian; Child Protective Services will be called. \_\_\_\_\_ initial
5. I allow StarCare to take pictures of my child when used for school display. \_\_\_\_\_ initial
6. I will personally drop off, sign in child and pick up and sign out child except when I have written a note to the director giving written authorization for someone from my emergency list to pick up child from Star Care.
7. I allow my child to go to Kiwanis Field to play or take walks with supervision \_\_\_\_\_ initial
8. StarCare will be held free and harmless from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of StarCare.
9. In the event of any emergency, I give my permission to the StarCare staff to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any medical treatment. \_\_\_\_\_ initial
10. If any default occurs in the making of payments, hereunder and such default continues for more than 10 days after written notice thereof, from Our Star of the Sea School StarCare to the parent, the entire balance shall become immediately due and payable. Should payment not be made when due or in the event of default, parent shall be responsible for the costs of collection, including reasonable attorney fees.

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Parent or Guardian's Signature

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Date

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Director, Star Care

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Date

## Star Care Code of Conduct

Every child is expected to follow the rules of the school and Star Care, to respect all staff, other students and all property.

If a child breaks a rule, we will remove them from the situation and put into time-out.

If the problem persists, the conduct will be reported to the principal.

Then if still a problem, a meeting will be scheduled with parents, Star Care director and the principal.

It is possible for the child to experience a 1 day suspension from Star Care.

Worst scenario is to be expelled from Star Care permanently.

### Star Care Rules:

1 Each child is expected to come Directly to Star Care for the afternoon session.

2 No child is to leave the Star Care room without expressed permission.

3 No foul language or profanity is allowed.

4 No biting, pinching, hitting, kicking or any other bodily harm to anyone will be allowed.

5 No running inside Star Care.

6 No throwing or bouncing balls in the building except in the gym.

7 Each child is expected to help clean up centers, supplies and chairs.

8 Each child is unique and valuable, therefore, we expect every person to be treated with respect, concern and love.

**We have read and agree to follow these rules:**

\_\_\_\_\_ Parent's Signature

Date \_\_\_\_\_

**STAR CARE CHILDREN'S EMERGENCY INFORMATION FOR 2015-2016**

**Child's Full Name** \_\_\_\_\_ **Nick Name** \_\_\_\_\_  
M or F Grade \_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Child lives with: Both parents, Mother, Father, Grandparents or Guardian  
List any Allergies and/or Medical conditions: e.g. asthma, autism, diabetes, and prone to nosebleeds \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ **Nick Name** \_\_\_\_\_  
M or F Grade \_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Child lives with: Both parents, Mother, Father, Grandparents or Guardian  
List any Allergies and/or Medical conditions: e.g. asthma, autism, diabetes, prone to nosebleeds \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ **Nick Name** \_\_\_\_\_  
M or F Grade \_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Child lives with: Both parents, Mother, Father, Grandparents or Guardian  
List any Allergies and/or Medical conditions: e.g. asthma, autism, diabetes, and prone to nosebleeds \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home e-mail** \_\_\_\_\_  
**Mother's Cell** \_\_\_\_\_ **Home Address** \_\_\_\_\_  
**Mother's Place of work** \_\_\_\_\_ **Work Address** \_\_\_\_\_  
**Work phone** \_\_\_\_\_ **Work E-mail** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Home e-mail** \_\_\_\_\_  
**Father's Cell** \_\_\_\_\_ **Home Address** \_\_\_\_\_  
**Father's Place of work** \_\_\_\_\_ **Work Address** \_\_\_\_\_  
**Work phone** \_\_\_\_\_ **Work E-mail** \_\_\_\_\_

**In the event of illness or injury to my child, which in the judgment of the Star Care, school or parish staff requires emergency treatment, permission is granted to call the following doctor after attempts made to me by telephone have been unsuccessful.**

\_\_\_\_\_ initial/date  
**Doctor** \_\_\_\_\_ **Address** \_\_\_\_\_ **zip code** \_\_\_\_\_

**Doctor's Phone #** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Identification#** \_\_\_\_\_

**Person responsible for insurance** \_\_\_\_\_ **Relationship to the child** \_\_\_\_\_

**I hereby** the release the Star Care staff from any claim rising out of the doctor's actions.

All medical expenses shall be the parent's responsibility \_\_\_\_\_ initial/Date

**PLEASE NOTE: The Star Care staff will only dispense medications that come in the original container with a note from the doctor authorizing the times the medicine is to be given.** \_\_\_\_\_ initial/date

Star Care is to be notified if your child develops a COMMUNICABLE DISEASE such as: **LICE, STREP THROAT, PINK EYE, ETC.** \_\_\_\_\_ initial/date

**EMERGENCY CONTACTS:** Someone who is able pickup your child in the event you can't.

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_