



ELEMENTARY CONTRACT/ADMISSION AGREEMENT

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**Rising Stars Academy Elementary
ADMISSION CONTRACT**

1. INTRODUCTION

Initials

Rising Stars Academy Elementary is a private school governed by the California Department of Education. For this purpose, we offer non-medical educational services for students in need of personal services, supervision, age appropriate activities and education. Rising Stars Academy Elementary accepts students from kindergarten through 3rd grade.

We, _____ (print name) Parent(s)/Guardian (*circle one*)
and _____ (print name) Parent(s)/Guardian (*circle one*)
(referred to collectively in this contract as "Parent") of
_____ ("Student"), agree to comply with the following rules
and regulations of Rising Stars Academy Elementary, beginning on _____, 20____.

2. HOURS / WEEKLY RATE

Initials

A. Hours of Operation

Our facilities are open from 6:00 a.m. to 6:00 p.m., Monday through Friday; however, Parent agrees to strictly adhere to scheduled drop off and pick up times set forth below. Parent must pay a fee for early drop-off and late pick-up times (see Section 5).

B. Hours of Care to Be Provided

Parent is enrolling Student in Rising Stars Academy Elementary for:

_____ Full-time RSA Elementary Five (5) full days per week, with
agreed drop off time _____ a.m. and pick-up at _____ p.m. **WEEKLY RATE** _____
(1. Full-time = 6-10 hours per day 2.) Hours must be specified

_____ Part-time RSA Elementary Five (5) half days per week, with
agreed drop off time _____ a.m. and pick-up at _____ p.m. **WEEKLY RATE** _____
(1. Part-time = 1-5 ½ hours per day 2.) Hours must be specified

_____ Five (5) half days per week (BEFORE & AFTER CARE ONLY)
IN-SCHOOL WEEKLY RATE _____
VACATION WEEKLY RATE _____

3. ATTENDANCE SHEETS

Initials

Per Department of Education regulation, all parent/guardians must sign your student in and out daily upon pick up and drop off using full signature and record the time of day. Should the parent/guardian fail to sign the student in and out daily, parent/guardian agree to pay a "missed-sign fee" of 1st offense: **\$25.00** per missed signature, 2nd offense: **\$50.00** per missed signature. 3rd offense: Grounds for immediate expulsion from school.

By signing, I appoint Rising Stars Academy Elementary staff as an authorized representative to sign my subsidized time & attendance sheet.

_____ Date _____ Print _____ Signature _____

4. COFFEE

Initials

WARNING: COFFEE IS HOT, HANDLE WITH CARE! Coffee is complimentary for our wonderful Parents/Guardians. Patrons agree they understand the coffee served at Rising Stars Academy Elementary is hot, for adults only and will not hold Rising Stars Academy Elementary responsible for any incidents involving pouring or drinking of the coffee. Please enjoy and drink responsibly.

5. FEES (ALL FEES ARE NON-REFUNDABLE)

Initials

- ❖ Deposit: A deposit of \$ _____ is due at the time of this contract. This amount constitutes two-weeks' worth of care, and will be applied to the last two weeks that the Student is enrolled in the student care. If scholarship is granted allowing the deposit to be waived, the last 2 weeks must be paid whether care is provided or not.
- ❖ Material Fee: A fee of **\$250.00** will be due annually for curriculum expenses, equipment and supplies for your Student throughout the school year. Registration will be due at the time of this contract and will be prorated for the year. **Annual registration payments will be due on August 1st and each subsequent year that care is provided.**
- ❖ Earthquake Kit: A fee of **\$25.00** will be due annually for earthquake safety kits. **Annual safety kit fee will be due on August 15th and each subsequent year that care is provided.**
- ❖ Holding Fee: There will be a weekly **\$150.00 per student holding fee** for enrollment spaces held at Rising Stars Academy Elementary to be utilized for illness and vacation purposes only. If the parent goes on vacation this fee is due in advance and must be requested in writing and approved by the Principal / Director two (2) weeks in advance. Holding fees will not be granted without an approved "holding fee receipt" from the Principal / Director. Holding fee is only applicable 2 times within a calendar year and does not rollover.
- ❖ Returned Check & Chargeback Fee: Applicable to all payments to Rising Stars Academy Elementary, a **\$40.00 return check fee, plus a \$25.00 admin service fee (\$65.00 total)** will be charged for any checks which do not clear our bank. If a check fails to clear the bank two times within a calendar school year, all subsequent payments are required to be paid by cashier's check or money order.
- ❖ Payment Plan: Tuition fees are to be paid by 6pm on **Friday or the last business day of each week in advance of the coming week. *Late fee in the amount of \$30.00 will be charged for every day that payment is made past the day it was due.*** If payment (including late charges) is not received by the third "Late Day," (including weekend days), Rising Stars Academy Elementary may immediately expel a student from school due to non-payment.
- ❖ Subsidized Parent Fee: **Parent fees are due on the 1st of each month.** (I.e. January parent fee is due January 1st). If parent has additional fees that are not covered by a subsidized program, they will be responsible for the extra fee, i.e., parent fees, late fees, extra hours, etc. **Late Parent fees will be assessed a \$35.00 late fee. Parent fees are due by 6pm on the first business day of the month.**

I UNDERSTAND I AM LIABLE TO PAY ANY AND ALL FEES INCURRED THAT MY SUBSIDY PROGRAM DOES NOT COVER. ALL FEES ARE DUE UPON RECEIPT.

Print name: _____ Sign: _____ Date: _____

- ❖ Late Pick-Up / Early Drop-Off Fees and Policy:
An Early Drop-off fee of **\$3.00 for every minute** you arrive before your scheduled drop-off time will be charged and a Late Pick-Up fee of **\$3.00 for every minute** you arrive after your scheduled pick-up time. Fee is payable in cash or check directly to the staff on site at the time of pick-up. Early Drop-off can be refused at any time, and will absolutely be refused if it occurs before the school operating hours. The school has the right to terminate the student from the program if the Student is picked up late more than 3 times in a calendar year. (See Section 12 for Termination policy).

- ❖ Homework Policy:
Daily homework is typically given to our students in our Kindergarten through 3rd grade program Monday - Thursday. On a rare occasion, teachers may decide not to administer homework every now and then (typically no more than 5 times in a school year and notice from the teacher should be given to parents). It is crucial that you assist your student in completing homework assignments. Parents will be assessed a **\$7.00 daily fee for homework that is not returned**. Please keep in mind, we don't want your money; we'd much rather have the homework.

- ❖ Transportation Fees:
Weekly transportation fee of \$30.00 will be applied to all student accounts that utilize our transportation services. An additional \$15.00 fee will be applied to accounts due to lack of communication to Rising Stars from a parent whom fails to update drop off / pick up status of their student (i.e. student doesn't need to be picked up, student out early, early dismissal, etc.)

**DRIVER LICENSE
COPY HERE
(to be completed by admin)**

By signing here, I acknowledge and fully understand all fees outlined above. Signatures must match photo I.D. or Driver License.

Signature of Parent 1

Signature of Parent 2

Student Care Rates (circle all that apply)

Age Group	Full-time Daily	Full-time Weekly	Part-time Hourly	Part-time Weekly
K – 3 rd grade	55.72	375.00	N/A	275.00
Before <u>AND</u> After school	55.72	235.00	N/A	N/A
Before <u>OR</u> After school	N/A	N/A	N/A	140.00
Transportation	N/A	30.00	N/A	30.00

Scholarship Awarded (Application & supporting documents attached) Award amount: _____

- *1a.) All Scholarship payment must be made on time.
- *1b.) After first late payment, parent(s) will lose their awarded scholarship and will default to the above regular rate.
- *1c.) All Scholarship participants agree to fully participate in all fundraisers.
- *1d.) All Scholarship participants agree to volunteer 2 hours per quarter.
- *1e.) All scholarship participants agree to attend all parent meetings.
- *1f.) All scholarship participants agree to be active members in Rising Stars Parent Committee.

By signing I understand I have been awarded a financial scholarship from Rising Stars. I agree with and acknowledge 1(a) through 1(f) as stated above.

Parent 1 (Printed Name)

Signature

Parent 2 (Printed Name)

Signature

Holidays and student absences will be billed as if care were provided.

6. UNIFORMS

Initials

Full School uniforms are mandatory for students’ kindergarten through 3rd grade, except Fridays (free dress day) during our school year August - June. ***Students will not be accepted into care without proper uniform attire.*** It is mandatory that each student have one complete set of extra clothing, marked with his/her name in a large zip lock freezer bag. Extra clothes are sometimes needed for emergencies caused by anything from a toileting accident to an occasional excessive/creative playtime. Rising Stars is not responsible for garments of any kind for any reason. **Heavily soiled garments will be thrown in the trash.**

7. DRESS CODE POLICY

Initials

It is our policy that students MUST report to school clean and well groomed. For the safety of our active students, no open toe shoes, loose strings, hoops / large earrings or jewelry of any nature are allowed. Please be advised, it is at the discretion of the administrative staff to exclude any other items not listed above.

8. ATTENDANCE POLICY

Initials

Daily attendance is crucial in early childhood education. For this reason **Rising Stars Academy Elementary drop off cut-off time is 8:30 am daily** unless your subsidized certificate of enrollment states otherwise. Parents who choose to arrive after the 8:30 a.m. cut-off time will not be allowed to drop their student off. The only exception to this rule is: 1.) Our student is accompanied by a doctor's note for a same day appointment. The full fee will be charged for all absences. **Tuition dues are based on enrollment, not attendance.** No refund, credit, or make up day is provided for students who are absent due to late arrival, illness, pandemic or vacation. Parent must notify School Personnel of any absence as soon as the Parent knows that Student is unable to attend on a particular day.

9. STUDENT ILLNESS POLICY

Initials

Student must have updated physical, standard immunizations and a tuberculin clearance.

Please be considerate if your student shows any signs of an oncoming illness. School personnel has the obligation to protect students in care from illness whenever possible. Students with the following conditions must be kept home and will be sent home if these conditions become apparent:

- Fever over 99° F
- Vomiting
- Skin rash or eruptions of unknown origin
- Constant cough
- Nasal discharge
 - If a runny nose is related to allergies, please provide a doctor's note stating that fact. (Mucus related to allergies is clear. Cloudy, yellow or green colored mucus is a sign of infection and student will not be allowed to attend school)
- Diarrhea
- Conjunctivitis – such as pink eye or thick discolored drainage from the eyes
- Sore throat
- Upset stomach
- Parasites – nits, lice, crabs, etc.
- Communicable diseases – chicken pox, measles, ring worm, scarlet fever

Students will be sent home if the school believes, in the Site Administrators judgment, that Student condition poses a threat to the health or safety of the student, other students or staff in the program. If the school has to send your student home, a doctors' note stating student is released to return to school must accompany your student upon return.

A Student who becomes ill will be separated from the other students and Parent/guardian will be called. Parent must pick up Student within one hour after being notified of Student's illness. After one hour, Parent will be charged a penalty fee of \$35 for every 1/2-hour student is not picked up. Further, Parent will be charged for any additional costs related to the isolated care. If we cannot get in contact with a guardian, the student will be suspended for 3 days.

If Student is sent home due to illness, this will be considered an absence in accordance with Section 8. Student should be symptom-free for 24 hours and have a doctor's note before he/she returns to school. **Tuition dues are based on enrollment, not attendance.**

10. NUTRITION

Initials

We serve Breakfast (7:15AM to 8:00AM) the most important meal of the day, Lunch (11:30 AM to 12 PM) and afternoon snack (2:45 to 3 PM). If you miss breakfast, please make sure your student has been provided with something to eat prior to arriving to school. Please be mindful that **ABSOLUTELY NO OUTSIDE FOOD** is allowed in the facility.

11. WITHDRAWAL OF STUDENT BY PARENT

Initials

Parent must provide two weeks' notice *in writing* before withdrawing Student from the program. If Parent fails to provide two weeks' written notice, Parent will be charged a \$225 administration fee. The deposit paid at enrollment will be applied to this amount due. If no deposit was collected, parent will be fully responsible for all charges related to the last two weeks of contracted care. **Tuition dues are based on enrollment, not attendance.**

12. TERMINATION BY SCHOOL PERSONNEL

Initials

A. Two-Weeks' Notice

School Personnel may terminate Student's enrollment at the school for any reason. The pre-paid deposit for the final two weeks of attendance will be applied at this time. If there are any outstanding debts owed by Parent such that the deposit does not cover the outstanding debt plus the last two weeks of student care, School Personnel will apply the prepaid deposit first to the outstanding debt and the balance on a per day basis for as many days as the remaining sum permits. This may reduce the remaining number of days of care from ten (or two weeks) to the number of days possible given the amount of deposit remaining.

If School Personnel's termination occurs in the midst of a longer pre-paid payment period, a pro-rated amount will be refunded to Parent after first deducting any outstanding charges owed.

B. Immediate Termination

School Personnel may terminate Student's enrollment in School Personnel's program effective immediately, if any of the following conditions arise:

- (1) In the sole judgment of School Personnel, the Student's behavior or the Parent's behavior poses a significant threat to the physical / mental health or well-being of one or more of the other students at the school, the School Personnel, or other persons on School Personnel's premises, and School Personnel is unable to reasonably eliminate the threat;
- (2) Any payment owed by Parent to School Personnel under this contract is not paid within three days after such payment is due;
- (3) The student is picked up late more than 3 times in any 1-month period.

NO REFUNDS WILL BE ISSUED UNDER THE IMMEDIATE TERMINATION CLAUSE.

13. HOLIDAYS AND SCHOOL PERSONNEL'S SICK TIME AND VACATION

Initials

No care will be provided on the following days:

New Year's Day	Martin Luther King, Jr. Day
President's Day	Memorial Day
Fourth of July	Labor Day
Columbus Day	Thanksgiving Day
Day after Thanksgiving	Christmas Eve Day
Christmas Day	New Year's Eve
Staff Development Day	

If any of these holidays fall on a weekend, the School Personnel will be closed on Friday for Saturday holidays and Sunday for Monday holidays.

School Personnel will give Parent a minimum of four weeks' notice if School Personnel plans a vacation. Parent will be responsible for finding alternative care during School Personnel's vacation.

School Personnel reserves the right to close the school by taking up to 10 personal days, any length of time due to a natural disaster, situation out of the schools control, pandemic and 5 staff development days per year, upon reasonable notice to Parents.

In the event School Personnel becomes sick or has another emergency, School Personnel may secure a qualified substitute to care for the students enrolled in the school. If School Personnel is unable to do so, School Personnel will notify Parents as soon as possible that School Personnel will be unable to provide care that day.

If School Personnel closes the school due to illness or emergency, beyond the number of personal days described above, School Personnel will refund the pro rata portion of any monthly/weekly fee paid by Parent in advance for the additional days of closure.

14. PARENT NO CELL PHONE POLICY

Initials

Your student is happy to see you! Are you happy to see your student? During Drop-off the staff may have an important message. During pick up, students want to hand parents their class work or discuss the school day. The staff may have an important update of your

students day or school news. For these reasons NO CELL PHONE USE is allowed during pick-up and drop-off.

15. DUTY TO REPORT STUDENT ABUSE

Initials

Rising Stars Academy Elementary is a mandated reporter of suspected child abuse School Personnel and its employees who have knowledge of or observe the Student, in their professional capacity or within the scope of their employment, whom School Personnel or the employee knows or reasonably suspects has been the victim of student abuse, have a statutory duty to report the known or suspected instance of student abuse to a student protective agency. In addition, School Personnel and any employees who have knowledge of or who reasonably suspect that mental suffering has been inflicted upon the Student or that his or her emotional well-being is endangered in any other way, must report the known or suspected instance of student abuse to a student protective agency.

16. GUIDELINES FOR RELEASING STUDENTS

Initials

School Personnel will release Student only to:

- (1) Parents with legal and/or physical custody or to the Student's legal guardian;
- (2) Anyone Parent or guardian has authorized by prior arrangement with School Personnel in writing & stated on the Student Emergency Information form **(changes to this form can only be done and will only be accepted in person by parent)**
- (3) Police or welfare workers with proper authorization.

School Personnel will not release the Student to anyone under the age of 18.

Parent must not remove the Student from the school without notifying School Personnel.

Anyone picking up the Student that the School Personnel (or School Personnel's staff) does not recognize will be required to provide their driver's license/ID card.

All persons dropping off/picking up the Student must sign the Student in/out upon arrival and departure each day.

17. ADDITIONAL CONSIDERATIONS

Initials

- A. Clothing: Parent should provide a change of clothing for the Student. All clothing must be labeled. School Personnel is not responsible for soiled or lost clothing.
- B. Bed Sheets: Parents must provide a labeled crib fitted sheet and blanket for their student cot for naptime, which is state requirement.
- C. Medications: RISING STARS DOES NOT ADMINISTER MEDICATION outside of Asthma Inhalers. No exception will be made to this rule.
- D. Discipline: School Personnel will not use any corporal punishment. If discipline is required, School Personnel will use redirection.
- E. Medical Conditions/Allergies: Parent must fill out a form provided by School Personnel listing Student's allergies and all medical conditions.

18. PARENT/SCHOOL PERSONNEL HANDBOOK

Initials

Parent has seen and read the Parent/School Personnel Handbook and agrees to abide by all policies and procedures contained in the Parent/School Personnel handbook.

19. MODIFICATION/AMENDMENT

Initials

School Personnel reserves the right to modify and/or amend this agreement upon one (1) weeks' written notice of any changes in the basic rates or services; provided, however, that any changes in the government subsidized reimbursement rates shall be effective immediately and do not require any prior notice to Parent. Changes in basic rates/services do not require Parent consent.

20. ENTIRE AGREEMENT

Initials

This agreement, together with those documents specifically incorporated herein by reference, contains the entire agreement and understanding between the parties as to the subject matter hereof.

21. INVALID PROVISIONS

Initials

The invalidity or unenforceability of any particular provision hereof shall not affect the other provisions hereof, and this agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted. No right under this contract shall be waived (lost) merely by delaying or failing to exercise it. Consent to one act shall not be considered consent to any other or subsequent acts. Any waiver of a default under this agreement must be in writing and shall not be a waiver of any other default concerning the same or any other provisions of this agreement.

22. TRANSPORTATION

Initials

School Personnel and Parent Transportation Agreement

I, _____ (Parent 1 name) _____ (Parent 2 name)
give permission to Rising Stars Academy, any approved employee of the program or
charter/transportation company hired by Rising Stars Academy to transport my student

_____ (Student name) for the following reasons: Field trips,
educational excursions, emergency purposes or any reason deemed necessary by the program after being
approved by the owner.

It is agreed that:

1. The school will never leave my student unattended in any motor vehicle or other form of transportation.
2. Each student will board or leave a vehicle from the curbside of the street when available.
3. My student will be secured in a safety seat or by safety belt as appropriate for the age of the student in accordance with California state law.
4. Any motor vehicle used to transport my student will have current registration, insurance and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

The School Personnel and parent have discussed and agree on the following arrangements for the student to get to and/or from school/home and School Personnel's care (check all that apply):

_____ The Parent has arranged Transportation for the student to and from school. The School Personnel is not responsible for the student until he/she arrives to the School Personnel's facility.

_____ The School Personnel will transport the student to school _____ from Home _____

_____ The School Personnel will transport the student Home _____ from School _____

_____ The School Personnel will transport the student to public school _____ from public school _____

Public School name, address and phone number: _____

_____ Other arrangements (Prior Owner approval required): _____

School Personnel and Parent Transportation Agreement (continued)

The parent also agrees to hold harmless Rising Stars Academy, Rising Stars Academy Elementary, Rising Stars Academy Flagship, Inc., MDBB, Inc., Nerrad's House, Inc., its employees and officers, against any and all personal injuries, damages, claims, liabilities, costs, suits or expenses arising out of any negligence or intentional acts or missions of the School Personnel or his/her agent or employee(s) while the student is enrolled at any Rising Stars Academy Elementary affiliated school. Rising Stars Academy Elementary does carry full coverage auto insurance on all company vehicles and all insurance information will be immediately provided should the need arise.

All transportation payments must be paid in advance. If payment has not been received prior to Monday's pick up (late fees included), the parent must provide his or her own student's transportation until payment has been received in full. If parent fails to notify the facility that the student will not need transportation services for any day, prior to the student scheduled pick up, parent will be charged a \$15.00 fee. After the 3rd offense of not notifying the school that your student will not need transportation services, the school will un-enroll the student from transportation services. **NO EXCEPTIONS!!!**

Parent Signature

Date

School Personnel Signature

Date

23. PHOTO AUTHORIZATION

Initials

Photo Authorization Form

General Use

_____ I grant Rising Stars, it's affiliates and employees permission to photograph my student during observations, class projects, field trips, or any other classroom activity. I understand that only first names will be used and that the pictures may be used in any portfolio or displayed within the center.

Website Use

_____ I grant Rising Stars, it's affiliates and employees permission to use my student's photo on their website (www.risingstarsacademyca.com). I understand the website has a large audience and my student's photo will be available to the general public. (Photos only. No names will be used. Owner controlled)

Student's Name _____

Parents or Legal Guardian's

Printed name: _____

Signature _____

Date _____

* This form is valid until written notice is given that Rising Stars no longer has permission to take/use student's photos.

Parent Acknowledgement of Handbook & Programs

I acknowledge that I have received and reviewed the referral program, volunteer program and parent handbook. I understand and recognize that there may be changes to the information, policies and student benefit in the handbook. I understand that Rising Stars may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes and I understand that Rising Stars management can only authorize handbook changes.

I understand that it is my responsibility to read and comply with all policies included within the parent handbook. I further understand that I should consult the facility Director regarding any questions I may have.

Parent Signature	
_____	_____
<i>Parent signature</i>	<i>Date</i>
_____	_____
<i>Printed Name</i>	<i>Facility Representative</i>

25. STUDENT CELLULAR PHONE POLICY

Initials

- Rising Stars Elementary students are permitted to possess cellular phones, pagers, or electronic signaling devices on campus provided that any such device remains “off” and stored in a locker, backpack, purse, pocket, or other place where it is not visible during normal school hours, or school activities.
- Students are only permitted to use cellular phones, pagers, or electronic signaling devices on campus before and after school, excluding the students’ lunchtime or nutrition breaks unless the school site council has adopted a stricter policy.
- Students must comply anytime
a request is made by school personnel to cease the use of a cellular telephone, pager, or other electronic signaling device even before or after school.
- If such a device is observed by staff, during school hours or activities, it shall be confiscated until redeemed by a parent/guardian/caregiver or as determined by the school principal/designee.
- An exception to this policy may be granted by the site administrator for purposes relating to the health needs of a student.
- Students and parents are to be advised of this prohibition annually, and are to be advised that the District is not responsible for students’ lost or stolen cell phones or pagers.
- The site administrator, with the school site council, could establish and enforce a stricter policy. If so, students and parents are to be advised of the stricter policy annually.

Staff Responsibility for Confiscated Cellular Phones or Pagers

- RSA employees who take actual possession of any personal property of a student, with the intention of returning it at a later time, have the responsibility to ensure that the property is placed in a properly secured and locked location.
- Placing the item on top of or inside an unlocked desk or cabinet is not considered “a properly secured and locked location.”
- Schools are to establish a procedure whereby staff can turn in confiscated personal property of students and the property is placed in a secured and locked location. A log noting an accurate description of the device should be maintained of items placed in or removed from the secured and locked location. Access should be limited to an administrator or designee.

26. GOVERNING LAW

Initials

This agreement shall be governed by and interpreted in accordance with the laws of the State of California. This agreement covers and applies to all facilities as named below: MDBB, Inc., Nerrad’s House Inc. and Rising Stars Academy Elementary, Rising Stars Academy Flagship, Inc., all being California corporations (hereinafter referred to as "Rising Stars Academy Elementary, Rising Stars Child Development Center or Above Quality Childcare").

THE UNDERSIGNED HAVE READ AND UNDERSTAND THIS AGREEMENT. ALL SIGNATURES MUST MATCH WITH GOVERNMENT ISSUED I.D. OR DRIVER LICENSE.

Printed name Parent 1 **Parent 1 Signature** **Date**

Printed name Parent 1 **Parent 1 Signature** **Date**

-----**COMPANY USE ONLY**-----

- I certify that I have reviewed this contract and terms entirely with our new client.
- All 16 pages of the contract are attached
- All parent signatures match driver license AND driver license copy is attached (see pg. 4)
- Parent(s) have a full understanding of the contract
- Contract has been sent to DO for approval
- Contract has been sent to CEO for approval
- Scan fully executed contract into “Student Contract” folder in shared Google drive.

Director Printed Name **Director Signature** **Date**

Director of Operations Printed Name **Director of Operations Signature** **Date**

CEO Printed Name **CEO Signature** **Date**

HILDA'S UNIFORM SHOP

1001 E. COMPTON BLVD.

COMPTON, CA.90221

(310) 631-7474

HOURS: MON-SAT 10:30AM-6:00PM

2021 LAYAWAY PLAN YEAR ROUND

RISING STAR ACADEMY

<u>BOYS</u>		<u>GIRLS</u>	
A. POLO	WHITE	A. BLOUSE	WHITE PETER PAN COLLAR
	<u>SIZE</u>		<u>SIZE</u> BY FRENCH TOAST
	2T~7-----		2T-4T-----
	8.99		6.99
SHIRTS	WHITE		4~6x-----
	<u>SIZE</u>		7.99
	2T~7-----		7~14-----
	8.99		8.99
B. PANTS	GREY	B. JUMPER	PLAID #125
	<u>SIZE</u>		<u>SIZE</u>
	2T~7-----		4~6-----
	15.99		29.99
	8~14-----		7~16-----
	16.99		33.99
C. SWEATER	ROYAL BLUE CARDIGAN	C. SWEATER	ROYAL BLUE CARDIGAN
	WITH LOGO		PRICES SAME AS BOYS"
	<u>SIZE</u>		
	Kids (S-L)-----		
	38.99		
	Youth (S-XL)-----		
	40.99		
D. SHORTS	GREY	D. SKORT	PLAID #125
	<u>SIZE</u>		<u>SIZE</u>
	2T~7-----		4~6-----
	11.99		24.99
	8~14-----		7~20-----
	12.99		26.99
E. JACKET	ROYAL WITH HOOD	E. SOCKS	MF / RED / WHITE KNEE-HIGH
	<u>SIZE</u>		
	4~16-----		
	39.99		
F. NAME	Embroidery on Jacket & Sweater	F. SLACK SUIT	PLAID #125
			<u>SIZE</u> <u>VEST</u> <u>PANTS</u>
			2~7 18.99 17.99
G. SHOES	BLACK	G. SHOES	BLACK
H. TIE	RED CLIP ON	H. TIE	RED
		I. JACKET	ROYAL BLUE
			PRICES SAME AS BOYS'

Prices can be changed without notice

NOTE : SPECIAL MADE MUST BE PAID FULL IN ADVANCE AND CAN BE PICKED UP IN 2 WEEKS FROM THE ORDER DATE



Rising Stars Academy

STUDENT ENROLLMENT FORM

Student Name: _____ Date of Birth (Month/Day/Year): ____/____/____

Office Use Only	
1. School Name:	4. Student Entry Grade Level:
2. Location Code:	5. RSA/State Student ID Number:
3. Enrollment Date/Code:	

*Instructions: Please print using black or blue ink. If you have any questions, please ask for assistance.
 Parents/Guardians/Caregivers: If you are unable to complete all of the information on the Student Enrollment Form, your child will still be enrolled in school. Rising Stars does not collect Social Security numbers or immigration status information in order to enroll students in school.*

A. STUDENT INFORMATION

Legal Name:						
Last	First			Middle		
Preferred Name:						
Last	First			Middle		
Home Address						
Number	Street	Apt/Unit	City	Zip Code	Home Phone Number	
Legal Sex: (Select One)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Intersex		Gender: (Select One)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Date of Birth ____/____/____ <i>Month/Day/Year</i>

B. PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:			
Last	First		Middle
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

Home Correspondence Language: *This information indicates the preferred language for RSA to provide written correspondence to the parent/ legal guardian of the student. (Check One)*

English
 Spanish
 Armenian
 Mandarin
 Cantonese
 Farsi
 Korean
 Russian
 Vietnamese
 Tagalog
 Other:

Highest Level of Education Completed (Check One)

Not a High School Graduate
 High School Graduate or Equivalent
 Some College (includes AA Degree)
 College Graduate
 Graduate School / Doctorate
 Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? Yes No Relationship to Student: _____

If No, please provide address:

Number Street Apt/Unit City Zip Code

PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:			
Last	First		Middle
Preferred Name (If Applicable):			

Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

Home Correspondence Language: *This information indicates the preferred language for RSA to provide written correspondence to the parent/ legal guardian of the student. (Check One)*

- English
 Spanish
 Armenian
 Mandarin
 Cantonese
 Farsi
 Korean
 Russian
 Vietnamese
 Tagalog
 Other:

Highest Level of Education Completed (Check One)

- Not a High School Graduate
 High School Graduate or Equivalent
 Some College (includes AA Degree)
 College Graduate
 Graduate School / Doctorate
 Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? Yes No Relationship to Student: _____

If No, please provide address:

Number Street Apt/Unit City Zip Code

PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:

Last First Middle

Preferred Name (If Applicable):

Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

Home Correspondence Language: *This information indicates the preferred language for RSA to provide written correspondence to the parent/ legal guardian of the student. (Check One)*

- English
 Spanish
 Armenian
 Mandarin
 Cantonese
 Farsi
 Korean
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 Other:

Highest Level of Education Completed (Check One)

- Not a High School Graduate
 High School Graduate or Equivalent
 Some College (includes AA Degree)
 College Graduate
 Graduate School / Doctorate
 Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? Yes No Relationship to Student: _____

If No, please provide address:

Number Street Apt/Unit City Zip Code

PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:

Last First Middle

Preferred Name (If Applicable):

Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

Home Correspondence Language: *This information indicates the preferred language for RSA to provide written correspondence to the parent/ legal guardian of the student. (Check One)*

- English
 Spanish
 Armenian
 Mandarin
 Cantonese
 Farsi
 Korean
 Russian
 Vietnamese
 Tagalog
 Other:

Highest Level of Education Completed (Check One)

- Not a High School Graduate
 High School Graduate or Equivalent
 Some College (includes AA Degree)
 College Graduate
 Graduate School / Doctorate
 Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? Yes No Relationship to Student: _____

If No, please provide address:

Number	Street	Apt/Unit	City	Zip Code
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C. HOME LANGUAGE AND ETHNICITY INFORMATION

Home Language of the Student

Which language did your child learn when he/she/they first began to talk?	
Which language does your child most frequently use at home?	
Which language do you (the parents or guardians) most frequently use when speaking to your child?	
Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)	
Has this student received any formal English language instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student's Primary Ethnicity

Is the student's ethnicity Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Student's Primary Race (Check One)

<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:	
Pacific Islander:	<input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander:	
<input type="checkbox"/> Decline to State		

Student's Additional Race (Optional)

<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:	
Pacific Islander:	<input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander:	
<input type="checkbox"/> Decline to State		

D. STUDENT EDUCATION INFORMATION

Special Services	Check One for Each Question
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Was this student receiving special education services at their previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this student have a current Individualized Education Program (IEP) at the previous school? If yes, do you have a copy of the IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student have a Section 504 Plan at their previous school? If yes, do you have a copy of the Section 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have difficulties that interfere with his/her ability to go to school or to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student identified to receive gifted and talented educational services (GATE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Schools

Has the student previously attended this school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when: _____
Has the student previously attended any other school or center in the RSA (e.g., early education center, state preschool, Head Start, or other preschool)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, list most recent RSA school/center attended:

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>

List last non-RSA school student attended (including early education center, state preschool, Head Start, or other preschool):

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>

Is this student currently under an expulsion order? Yes No

If yes, please provide the name of the school district:

Additional Student Information

Are there any court orders regarding legal custody, physical custody, educational rights, or restricted contact with this child? Yes No

If yes, a copy of the court order should be provided to the school.

Does the student have any relatives who are all or part American Indian or Alaskan Native? *(Please complete the American Indian-Alaskan Native Letter Questionnaire)* Yes No

If yes, you will be contacted at home regarding the American Indian-Alaskan Native Program and whether your child may qualify for its free academic assistance and health benefits.

Has the student's parent or legal guardian worked in one or more of the following industries in the last three years (agriculture, dairy, fishery, food process/packing, or livestock)? *(Please complete the Migrant Education Program, Family Work Questionnaire)* Yes No

If yes, you will be contacted at home regarding the Migrant Education Program and whether your child may qualify for its free academic assistance and health benefits.

**E. SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S)
(include brothers, sisters, cousins)**

1. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School
2. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School
3. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School
4. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School
5. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School

F. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/LEGAL GUARDIANS/CAREGIVERS)

1. Legal Name:

_____	_____	_____
Last	First	Middle

Home Address:

_____	_____	_____	_____	_____
Number	Street	Apartment/Unit	City	Zip Code

_____	_____	_____	_____
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

2. Legal Name:

_____	_____	_____
Last	First	Middle

Home Address:

_____	_____	_____	_____	_____
Number	Street	Apartment/Unit	City	Zip Code

_____	_____	_____	_____
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

SIGNATURE

I verify that the information contained in this document is true and correct to the best of my knowledge.

X _____
Signature

Date

Printed Name

Relationship to Student



RISING STARS ACADEMY

STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is Rising Stars policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

Form containing fields for Student's Last Name, First Name, M.I., Birth Date, Grade, Home Language, Home Address, Mailing Address, Parent's Information, Contact Numbers, and Emergency Contacts.

STUDENT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

* Selected telephone number must be a direct dial number (no extensions).