

The Help Group Learning Center After School Class Registration Packet

For any questions, please contact:

Dr. Lisa Reid
17861 Von Karman Avenue, Irvine, CA 92614
Phone: (949) 339-3880
Email: Lreid@thehelpgroup.org
www.thglearningcenter.org

CLASS SELECTION

___ \$250 – Robotics I – 3:30-5:00 – M/W (9/16, 9/18, 9/23, 9/25, 9/30, 10/2, 10/7, 10/9)

___ \$250 – Cartoon Animation – 3:30-5:00 - T/Th (9/17, 9/19, 9/24, 9/26, 10/1, 10/3, 10/8, 10/10)

___ \$250 – STEM! 3:30-5:00 - T/Th (9/17, 9/19, 9/24, 9/26, 10/1, 10/3, 10/8, 10/10)

Payment will be made by:

___ Check

___ Credit Card (Please submit completed credit card authorization form with registration)

EMERGENCY INFORMATION FORM

Child's Last Name	Child's First Name	Child's Middle name	Date of Birth ()
Child's Home Address	City	State/Zip	Phone Number
Mother's Name ()	Father's Name ()		
Mother's Home Number ()	()	Father's Home Number ()	()
Work Number	Cell Number	Work Number	Cell Number
Email	Email		

ALLERGIES IF ANY:

Primary Physician's Name	() Phone Number
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IN THE EVENT OF AN EMERGENCY I GIVE PERMISSION FOR THE HELP TO CONTACT AND OR RELEASE MY CHILD TO THE FOLLOWING PERSONS:

1. _____
Name Relationship

Address Phone Number

2. _____
Name Relationship

Address Phone Number

THE FOLLOWING PERSONS ARE NOT ALLOWED TO HAVE CONTACT WITH MY CHILD:

1. _____
Name Relationship

2. _____
Name Relationship

Signature of Parent/ Legal Guardian

Date

Release Agreement

Please read this section carefully before signing and be aware that in registering and participating in The Help Group's After School programs, you will be waiving and releasing all claims for injuries or loss or property damage that you (or your child) might sustain. This section must be completed and signed by parent/guardian.

By signing this waiver, you accept responsibility for your child who is willingly participating in a program where there are certain inherent risks and dangers. Please note that all participants have the choice to not participate. You must understand that the risk involved in participation may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur. You understand that, in case of injury, initial treatment may be performed by the staff at The Help Group and in certain circumstances there may be need to obtain emergency transportation and medical care from a medical facility. I understand that any costs incurred for your child for such treatment shall be your sole responsibility.

I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against The Help Group and their officers, agents, servants, employees and affiliates.

I do hereby fully release and discharge The Help Group and their officers, agents, servants, employees and affiliates from any and all claims for injuries, including death, damages, property damage or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program.

This Release Agreement shall remain in full force and effect from the date of execution through the entire term of my child's enrollment in the group. It may be terminated at any time, by either party, by giving written notice to the other party.

I certify that the named participant below is healthy and capable of participating in all activities without restriction. I understand that it is solely my responsibility to determine whether there is any medical reason that he/she should not participate in an activity. If there are limitations or restrictions from certain kinds of activities, please specify:

I have carefully read this agreement and fully understand its contents I am aware that this is a release of liability and a contract between myself, The Help Group and/or its affiliates, and sign it of my own free will.

Child's Name

Parent(s)/Guardian(s)

Date

Agency Policies

AGENCY POLICY REGARDING THE REPORTING OF CHILD ABUSE

California law requires that all professional who work with, care for, or otherwise come in contact with children, must report all known or suspected cases of child/dependent adult abuse and neglect.

Abuse is defined as any instance of physical abuse, physical neglect, sexual abuse, or emotional maltreatment.

If an employee of The Help Group has reason to believe that any kind of child/dependent adult abuse has occurred, a report will be made to the appropriate authority and parent/guardian will be notified.

Please sign below that you have read and understand the policy regarding the reporting of child abuse.

AGENCY POLICY REGARDING THE HANDS ON MANAGEMENT OF BEHAVIOR

Only staff persons certified in Pro-Act or CPI may use hands on management as a behavior intervention procedure and ONLY as an intervention in the following circumstances:

- a. The child is assessed to be in danger of harming him or herself; and/ or
- b. The child is assessed to be in danger of harming others; and/or
- c. The child is assessed to be in danger of harming him or herself or others in the process of misusing, abusing or destroying physical property; and/ or

The goal of the intervention procedure is to ensure the safety of the child, his or her peers and the staff. In all cases, the dignity and human rights of the child must be safeguarded. Under no circumstances may any hands on management of behavior be accompanied by any inflictive or retaliatory acts, nor may mechanical restraint of any kind may be used.

All episodes of hands on interventions must be documented and submitted to the appropriate administrator for review and parent notification.

Please sign stating that you have read all of these policies and agree to comply with them if your child is accepted into the STEM³ Academy program.

Child's Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PHOTO/VIDEO/AUDIO/NAME RELEASE

Yes, I consent

No, I do NOT consent

I hereby give consent for my child to appear in photographs, slides, video tape, DVD, CD, film, audio tape or any other medium for use by The Help Group. I understand that any or all of these media materials may be used by The Help Group for public relations, fundraising, training, demonstration, and/or educational purposes.

Yes, I consent

No, I do NOT consent

I hereby give consent for my child's name and or the family surname to be used for public relations, fundraising, training, demonstration, and/or educational purposes by The Help Group. I waive any and all rights to compensation for any use of these media materials.

Child's Name

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date