



Hollywood Hill PTA Enrichment Program Behavior Contract

The PTA Before-School and After-School Enrichment Programs at Hollywood Hill provide a wide variety of enrichment classes for kindergarten through sixth grades. Please read the following with your participating child. Both participant and parent need to sign at the bottom. Please bring this contract with you, and have your child hand it to the volunteer on the first day of class. In order for HH PTA'S Enrichment Programs to succeed, participants need to want to participate in the program and agree to abide by the following rules:

I therefore agree:

1. I want to participate in PTA After School Programs.
2. I will go to class unless I have a parent note excusing me.
3. I will be respectful of class instructors, student volunteers, and parent volunteers.
4. I will show consideration for others by using an appropriate voice level and by listening and demonstrating respect at all times.
5. I will show pride in our school by keeping the school grounds and classroom free of litter and cleaning my work space.
6. I will protect and care for supplies and materials used.
7. I will not touch or disturb anything in the donated classroom space.
8. I will respectfully work with and include others in collaborative projects.
9. I will not engage in bullying or harassing behavior.

If I disregard one of the above rules, I know the following steps will be taken:

1. I will be notified about my inappropriate behavior by a parent volunteer, or instructor.
2. If I am notified about behavior twice in one day, I will be asked to leave the activity and not interact with others for a temporary period of time. Parents will be notified.
3. If I am notified about my inappropriate behavior three times in one day, I will lose the privilege of participating in the activity for the remainder of that day. Someone will be contacted to pick me up from school or I will wait quietly until I am picked up at the end of the session.
4. Should I lose the privilege of full participation two times (see number 3), I will not be invited back to the specific program, for any remaining sessions. In this case, no money will be refunded.

In the event of a cancellation or emergency, my child is to _____
(bus, parent pickup, walk) home from the class.

I acknowledge and agree to the above rules of PTA Enrichment Programs.

Student signature: _____ date: _____

Parent signature: _____ date: _____

Hollywood Hill PTA Enrichment Program Medical Release Form

For every child participating in our after school program, all parents/guardians are required to fill out this medical release form in addition to whatever registration process is required by the various activities. Please sign and submit this form via kid mail. This only needs to be filled out once per year unless health conditions change.

PLEASE NOTE: PTA does not have access to medications or supplies in the school office nor can PTA volunteers administer prescription or over-the-counter medications. Thus if your child requires any medications (including inhalers, prescriptions, epi-pens, etc) you must provide & administer these, if needed. PTA volunteers will be supplied with basic First Aid supplies and in the event of an emergency will make use of the 911 system for assistance.

Student Medication/ Health Alert (Confidential)

Student's Name: _____

In case of a serious medical emergency, 911 will be called to evaluate your student. Please provide two phone numbers where someone can be reached during after school program hours:

#1 Name: _____ Ph: (____)_____ #2 Name: _____ Ph: (____)_____

Yes No My student has a specific issue/condition that needs to be reported to the instructor for safety:

IF yes, _____

Yes No My student will bring "over the counter" or prescription medication in addition to what the student normally takes during the school day. All medication will be labeled in the original container with the student's name on it. Any medication not authorized by your physician cannot be allowed. **If students require medical management or administration of medication during the PTA-sponsored after school class or activity, a parent/guardian or designated family member will need to be on site to assist/administer.**

Yes No My student has a **LIFE THREATENING CONDITION** (i.e., severe food/bee allergy, severe asthma, severe seizures, diabetes, etc.):

If yes, list details: _____

In signing this form, I acknowledge that instructors/PTA volunteers cannot and will not administer medication and all such medication will be provided & administered by a parent or guardian if necessary and that my student is hereby granted permission to participate in enrichment activities (before or after school) sponsored by the Hollywood Hill PTA.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent /Guardian Signature: _____

Date: _____