

### 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 fifth grades. Please read and sign the following with your participating child. This contract needs to be turned in by the end of the first class.

I agree to STAR! behavior while participating in PTA Enrichment activities.

1. I will be SAFE
  - I will be on time to class unless I have a parent note excusing me or am absent from school.
  - I will wait until a parent signs me out to leave.
2. I will be RESPONSIBLE
  - I will protect and care for supplies and materials used, and the classroom I'm in.
  - I will show pride in our school by keeping the classroom and campus free of litter and cleaning my work space, leaving the classroom as I found it.
3. I will be RESPECTFUL
  - I will respectfully listen to class instructors and parent volunteers.
  - I will not be a distraction to others in class.
  - I will follow the rules provided by the instructors.
4. I will be CARING
  - I will show consideration for others by using an appropriate voice level and by listening and demonstrating respect at all times.
  - I will not engage in bullying or harassing behavior.
5. I will be an ACTIVE LEARNER
  - I will follow instructions so that I can get the most out of the activity.
  - I will respectfully work with and include others in collaborative projects.

If I struggle to show STAR! behavior, I know the following steps will be taken:

1. I will be notified about my inappropriate behavior by a parent volunteer or instructor and given a chance to manage my behavior myself.
2. If I continue to struggle with managing my behavior, I will be asked to take a break from the activity to get my A-Game together.
3. If I continue to struggle, I lose my privilege to participate the remainder of the class time and parents will be notified.
4. If struggling continues to future sessions, a decision will have to be made between the instructor, parents, and the Enrichment Coordinator. If the decision is that I can no longer participate in the program, no money will be refunded.

We want all students to be successful in PTA Enrichment Programs. If your student has strategies to help with his or her success, please indicate here: \_\_\_\_\_

\_\_\_\_\_

In the event of a cancellation or emergency my child is to (circle one) **TAKE THE BUS / PARENT PICK UP / WALK HOME** after school.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**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 needs to be filled out for every PTA Enrichment Activity your student participates in so that it can be easily accessible.

**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 and 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)**

In case of a serious medical emergency, 911 will be called to evaluate your student. Please provide an emergency contact **different from parent contact at bottom of page**:

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 and 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.

Primary Phone : \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

These activities are not sponsored nor endorsed by the Northshore School District or any of its schools. The district assumes no responsibility for the conduct during or safety of the activities. Northshore School District shall be held harmless from any cause of action, claim, or petition filed in any court or administrative tribunal arising out of the distribution of these materials including attorney's fees and judgments or awards.