School of Attendance in 2023-2024 School Year:

School Atte_____   **Grade Level:_____**

Statistical Information
(to be used for purposes of statistical analysis only. It is not used in the admissions process. Providing this information is voluntary.)

Student's Name Last:	First:	Middle:	Grade Entering	Boy/Girl	Date of Birth

Student Address:		City:	Zip:
Mother/Guardian Name:	Work Phone:	Home Phone:	Cell Phone:
Father/Guardian Name:	Work Phone:	Home Phone:	Cell Phone:

Emergency Contact:	Emergency Phone:	Relationship to Child:
Emergency Contact:	Emergency Phone:	Relationship to Child:

Hold Harmless Agreement

I agree to waive and release the City of Paramount, the Paramount Unified School District, and its officers, agents, and employees from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my child's (or my) participation in the City's recreation program or any illness or injury resulting therefrom.

I further agree to indemnify and hold harmless the City of Paramount, the Paramount Unified School District from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from willful misconduct on the part of the City, its employees.

I understand and agree that by signing this waiver, I am freeing the City of Paramount, the Paramount Unified School District its officers, agents, or employees from any liability resulting from my child's (or my) participation in this activity.

I give my permission to the City of Paramount to photograph me or my children participating in the programs for use in the City of Paramount publicity and publications and will not seek compensation for such. _____ Please initial.

I hereby represent that I understand and am familiar with the nature of activities in which my child will participate and have personally read and understand this Release.

_____   _____
Parent or Guardian's Signature   Date

Release Authorization

I authorize the following Adults (persons over 18 years old) to pick up my child (other than Parent/Guardian):

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Waiver/Authorization to Consent to Treatment of Minor

I/We, the undersigned, parent(s) of , _____,
waive any claim for injury or loss to said child that may be incurred or sustained as a result of participation and/or use of premises and equipment by said child in connection with this activity conducted under the auspices of the Community Services and Recreation Department of the City of Paramount.

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize the City of Paramount, its branches, agents, employees, and volunteers as agent(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital.

It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective, unless revoked in writing delivered to said agent(s).

Dated (Inclusive): _____   Through:_____

_____	_____	_____
Mother's Signature	Father's Signature	Guardian's Signature

Name _____   Age _____   Grade _____

Please complete this form if your child:

_____ Is new to Common Core

_____ Has any special needs

_____ Takes daily medication (prescription or over the counter) at home or at school.

_____ Has any allergies

_____ Has any pick-up restrictions

1. What techniques are effective when your child is upset?

_____

_____

2. Describe your child and tell us what makes him/her happy.

_____

_____

3.Are you looking for enrichment class(es) for your child? Check all that apply.

Debate	☐	Spanish	☐	Art	☐	Math	☐
Instrument	☐	Korean	☐	Dance	☐	Reading	☐
Coding	☐	Bookclub	☐	Science	☐	Writing	☐

4. Please give us any information that you feel would be helpful for staff to know about your child.

_____

_____

Photograph Release Form

This agreement is made and entered into as of August 1, 2023 by Thinking Tree Education Center with offices at 3727 W. 6th Street., Suite 406 Los Angeles, CA 90020 and

_____
participant/child's name

I hereby grant permission for TTEC (Thinking Tree Education Center) to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, Worldwide Web, Internet Website, Email, FTP, computer network, and digital reproduction and distribution, for illustration, art promotion, advertising, trade, sales, or any other purpose whatsoever.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless TTEC from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

_____
[Parent/Guardian's Signature]

_____
[Name]

_____
[Date]

Thinking Tree After-School Activities Agreement & Fees

Please read the following information carefully. You must sign at the bottom indicating that you understand and agree to all of the following.

This agreement summaries the procedures of the After-School education center, the services to be provided and the fees which will be charged for these services. By signing this agreement the parent(s) indicates their understanding of, and agreement with education center's policies.

The following agreement is made between:

Parent's Name(s): _____

Child's Name: _____   DOB:_____/_____/_____

1. The TTEC After School Program operates every school day from the end of the school day until 6:00 p.m. Please note that the TTEC After School Program will remain open until 6:00 p.m. on modified school days.
2. Your son/daughter must be picked up promptly at the end of the TTEC After School Program. Students may be picked up between 5:30 and 6:00 p.m. Early release is available on a case- by- case basis. If your child has a regularly scheduled weekly appointment, please complete the Early Release Application provided in the enrollment packet.
3. Regular attendance is important. Students only attend the STAR After School Program when they attend school. Students are expected to actively participate and stay for the entire program each day. In case of absence, please notified center immediately.   4. Safety is a top priority in the TTEC After School Program; therefore, children must be signed out of the program by an ADULT you have chosen and is listed on the child's Emergency Contact form. All individuals designated on the Emergency Contact form must be 18 years of age or older.
5. A nutritious snack isNOT provided for students at TTEC After School Program. Parents may send a daily non-refrigerated snack (no glass bottles). Students need to bring the snack with them to school. Please do not send food that needs to be heated.
6. A late pick-up may result in your son/daughter being dropped from the TTEC After School Program. Late fees will be charged for children not picked up by 6 p.m. in the amount of $5.00 for every 15 minutes or any portion thereof per child. Late fees must be paid by check or money order within one week of notification or your child will be dropped.
7.Medication policy: Children are not allowed to carry or administer their own medication during TTEC operating hours. If your child requires a dosage of his/her prescribed medication during the TTEC program, the parent must have their physician complete a medical release form. Medication must be given directly to the Site Coordinator by the parent. All medication must be clearly labeled with the child's name, medication name, date, dosage, doctor's name and telephone number. Please note theTTEC staff may not administer medication unless trained by medical personnel at the parent expense.
8.Initial deposit for the after school program is $140 per child in advance. Not to exceed $280 per family. This deposit is refundable with a 30 day written notice if leaving the program. Deposit will be forfeited without a 30 day written notice.
9. If you continue in the program the following school year deposit will roll over to hold your child's spot for the coming school year.
10. Half and Full days of extended care due to a non-school day etc. additional charges will be applied.
11. A $35 non-refundable enrollment fee is required to be paid upon enrollment along with deposit and enrollment form.

Parent/Guardian Signature: _____ Date: _____

 Child(ren) Name(s): _____