



2018-2019 POLICIES & PROCEDURES

Student Name: _____ DOB: _____ Gender: _____ Class: _____

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_____ **Registration:** Registration is required. There is a non-refundable registration fee of \$35 for an individual or \$50 per family due at the time of registration, along with first month's tuition. A child will not be added to a movement roster until payment has been received. The registration fee is assessed on an annual basis.

_____ **Tuition/Payment: Tuition is due by the 1st of each month.** Tuition will be processed via monthly automatic payments on a valid credit or debit card on the 1st of each month. **All accounts must have a card on file. Cash & Check will be accepted only if there is a valid card on file.** If tuition is not received by the 5th of the month, we will process the credit card on file on the 6th for the amount due plus a \$15 late fee. There will be a \$25 fee for declined credit card payments or returned or canceled checks. **Monthly tuition remains the same each month regardless of breaks, holidays, illness, personal vacations, or any other reason for missing a day. The one exception to this rule is October and March, where half tuition will be accessed due to the 2-week Fall/Spring Break.**

Payment Information:

Auto Pay: Yes No

Visa Mastercard AMEX Discover

Card Number: _____ Exp. _____ CVV: _____ Zip Code: _____

Cardholder Printed Name: _____

Cardholder Signature: _____

_____ **Non-Payment:** If tuition payments are not up to date, your child will not be able to attend Movement until tuition is current.

_____ **Class Withdrawal:** There is a 30-day written notice required for all class withdrawals. A class withdrawal form must be filled out and returned to the front desk. If we do not receive 30-day notice, you are still responsible for next month's tuition and costumes are forfeited. **Registration and tuition are non-refundable.**

_____ **Pick Up:** INSPIRE Movement After School Program runs from 4:00 - 6:00 PM. Children can be picked up at any time during the program duration, however all children need to be picked up by 6:00 PM in the gymnasium. **For the safety of all children involved in our program, parents will be required to show a government issued photo ID each and every time they arrive to pick up their child.** ID must match the names on the authorized pick-up list given at time of registration. If someone arrives to pick up a child and they are not on the approved list, the child will not be released to that person. **To make any changes to your authorized pick-up list, you are responsible for contacting INSPIRE to make that change prior to pick-up.**

_____ **Late Pick Up Fee:** All children need to be picked up by 6:00 PM in the gymnasium. There will be a 5-minute grace period. **After 6:05, there will be a fee of \$1 per minute late assessed at time of pick up.** Late fees should be paid at time of pick up and must be paid prior to the next day the child would be attending the after school program.

_____ **Program Director/Coaches:** Our Movement Program Director oversees the day-to-day operations and staffing of coaches at each BF campus. Coaches will be on-site and run the daily lesson plans and activities. Coaches also oversee drop-off and pick-up.

_____ **Class Schedule/Breaks:** We follow the Benjamin Franklin School calendar for breaks and holidays. **The INSPIRE Movement After-School will not run on no school days and half days, on early-release days, Movement runs from 3-5 PM.**

_____ **Release of Liability:** I, for myself, my heirs and assigns do hereby release, absolve, indemnify, and hold harmless INSPIRE Entertainment LLC and its staff, volunteers, and other officials from any liability, now or in the future, occurring on or around studio premises, or any function held at other locations in connection with performances, events, or activities in which the student named below is/are enrolled and participating in. I declare that the student named below is in good health, and can participate in dance and music classes, performing groups, and performances. Given the nature of music theatre performance and dance movement, I understand that injuries may sometimes occur. I understand, acknowledge, and accept those risks and agree to release and hold harmless INSPIRE Entertainment LLC and anyone involved and/or associated with INSPIRE Entertainment LLC. Parents and/or legal guardians of minor students, and adult students all waive the right to any legal action. In the event of any emergency or injury, I give permission for the studio to secure medical care if I cannot be reached. I understand that I will be responsible for any medical charges that should occur and agree that INSPIRE Entertainment LLC, staff or volunteers, shall not be liable for any of these charges.

_____ **Photo/Video Release:** INSPIRE Entertainment LLC is hereby granted permission to take photographs and videos of the students to use in marketing and promotional materials the studio creates. Permission is also hereby granted for the studio to copyright such photographs in its name.

INSPIRE Movement After School Program Details

- Children will be transferred to the INSPIRE Movement After School Program, from the Benjamin Franklin Charter School Homework Club at 4:00 PM. Children will be dropped off in the gymnasium.
- Basic Schedule for Movement Program:
 - 3:50-4:00: Transition from Homework Club to gym. INSPIRE Coach will review rules and the schedule for the day.
 - 4:10 - 4:55: First activity for the day.
 - 4:55 - 5:05: 10 min restroom/water/snack break.
 - 5:05 - 5:50: Second activity for the day.
 - 5:50 - 6:00: Closing group time. Gather things and prepare for pick up.
 - 6:00 - 6:05: Pick-up time..

I have read and understand the above policies and procedures and agree to follow them:

Parent's Name: _____ Parent's Email: _____

Phone Number: _____ Full Address: _____

Parent Signature (if under 18): _____ Date: _____

INSPIRE Entertainment LLC

3244 E Guadalupe Rd. Ste. 108 Gilbert, AZ 85234
(480) 830-5955





CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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