



We are so excited to meet you all for the School Year 2022-2023!

We are your Champion Team Leaders, and we would like to share important to-dos before your first day:

To Finalize your Enrollment: Please complete Enrollment Form (attached) and return to a Champion Team Leader. Please log in to your account to make any updates or create your account, link provided below. Our Billing team will use the Champions Enrollment form to finalize your enrollment.

<https://connect.klcschoolpartnerships.com/>

Champions | Before and After School Programs & Out-of-School Time Programs

When you enroll in our program for the 2022-2023 school year, you are letting the experts facilitate distance learning so you can get back to what you do best:

**Complete the following steps:**

- Pay your registration fee (once confirmed the account will display total due).
- Sign up for autopay (recommended).
- Download, print and sign your Enrollment Agreement. (Return to a Champions Team Leader)
- Confirm your emergency contact list is up to date on the Enrollment Agreement.
- Verify that your recurring schedule is accurate (your weekly reservation in program).
- If your childcare needs will change for a particular week, use the custom schedule feature to release the days you do not need (due each Wednesday for the upcoming week).

**Complete & Return Your Enrollment Packet and forms**

We are licensed by the DC Office of the State Superintendent of Education. Attached is an Enrollment Packet. The packet includes how to download and complete your Enrollment Agreement, our Family Handbook, and additional state required forms. Please complete these forms and return before your child attends our program. If you are unable to print the packet, we can provide a copy for you on site.

**Forms (attached) we require:**

- Champions Enrollment Agreement
- Universal Health Certificate
- Oral Health Assessment Form
- Authorization - Emergency Medical Treatment
- Registration Record— Receiving Care Away from Home
- Travel and Activity Authorization
- Topical Ointment Authorization Form (Summer Camp Only)
- Homework Support Plan and Family Homework Agreement

Please ensure to read the Family Handbook prior to the first day of Champions. Our Family Handbook includes important policies and procedures that we would like you to familiarize yourself with prior to your child's first day.

### **Medication, Allergies, or other Considerations**

If your child has any additional needs or medical considerations, please connect directly with us to discuss these needs before your child's first day. Please see your Site Director for the following forms if needed (Medication Authorization, Topical Ointment Authorization, Allergy Plan, Asthma Plan).

Please keep in mind that all medications must be in its original packaging, with current Doctor's prescription and signed authorization forms. We cannot accept expired medications.

### **Health & Safety Protocol**

Be prepared to answer a few quick health screening questions before you come in. Everyone will stop at our Wellness Screening Station before entering the program (staff included), so please build extra time into your schedule to accommodate this routine.

### **Discounts and Financial Assistance**

If you qualify for a discount (multi-child, military, employer, etc.), please email proof of your discount to [BCSCustomerSupport@kc-education.com](mailto:BCSCustomerSupport@kc-education.com), as discounts must be re-verified for every new enrollment. Acceptable forms of verification include paycheck stubs, badges, or email from company/military email address.

If you need help paying for childcare, you can find more information and apply at [INSERT LOCAL <https://osse.dc.gov/childcaresubsidyfaq>

### **Scheduling and Billing**

Attached you will find our Online Portal FAQ to answer scheduling and billing questions. Need to make a change? No problem! Just make sure to complete any necessary schedule changes by Wednesday at 11:59 p.m. PT the week prior.

Your Friday bill is based on your online schedule for the upcoming week, not on your child's attendance. Please pay your tuition every Friday (for the upcoming week) to ensure you do not incur a late fee. If you prefer monthly billing, you are welcome to pre-pay tuition prior to your bill posting to your account.

### **Get Ready for your First Day**

Our program hours: Please visit [www.discoverchampions.com](http://www.discoverchampions.com) to view your school details of Champions hours. Every day is a little different at Champions, Site Directors will share students schedule through a newsletter and posted in our parent communication area. Healthy snacks are provided every day according to the schedule above. Our Snack Menu is available for review in our Family Communication Area.

### **What to Bring:**

- A change of clothes
- Water bottle (labeled)
- Medications (Please see staff directly, do not send medications with your child.)

If you have any other questions or want to talk in more detail, please reach out. We will see you soon!

Sincerely,  
Your Champion Team Leaders  
Malika Henry- Area Manager  
mahenry@discoverchampions.com  
240-521-5789

Gabrielle Barnett-Bobo- Program Manager  
Gabrielle.barnett@discoverchampions.com  
240-338-8925

Ellen Boakye- Subsidy & Billing Coordinator  
Ellen.boakye@discoverchampions.com  
202-706-0034

#### Site Location

Champions @ Tubman Elementary School (Ward 1)- 3101 13<sup>th</sup> St NW, Washington, DC, 20010  
Program Time: 6:45-8:00am & 3:00-6:00pm (Monday-Friday)



[www.discoverchampions.com](http://www.discoverchampions.com)



# Enrollment Agreement

## Enrollment Information

Site Name / Number
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Completion of this Agreement is required for enrollment. This information is necessary for Champions® programs to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs.

CHILD INFORMATION			
Child's First Name	Child's Last Name	Home Phone Number	Date of Birth
Home Address	City	State	Zip Code
Names of other siblings attending this program		Email Address (Payer)	

TUITION		REQUESTED SCHEDULE	
Registration Fee	\$	Student Status:	Start Date
Tuition	\$	<input type="checkbox"/> Returning <input type="checkbox"/> New Student	Champions®   Before School
3rd Party Co-Pay	\$	Primary Payer	Champions®   After School
Discount Type		Secondary Payer	Kindergarten   Full Day
Discount (\$ or %)	\$/%	Subsidy / 3rd Party Payer	Kindergarten   Half Day (AM or PM)
Net Tuition	\$		Preschool   Full Day
Late Payment Fee	\$10.00		Preschool   Half Day (AM or PM)
Late Pickup Fee (per every 15 minutes)	\$10.00		Champions® Break   Full Day
Returned Payment Fee	\$		Champions® Break   Half Day (AM or PM)
Early Release/Late Start	\$		Drop In

### CONTRACTED TERMS

**A. Scheduled Attendance** – Tuition will be charged at the contracted rate regardless of attendance. Schedule changes must be made by Wednesdays for the upcoming week.

**B. Attendance** – All sites will be closed for the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving and Christmas. The contracted tuition rate is charged for weeks in which closings occur.

**C. Early Dismissal, Late Start and No-School Days and Breaks** – There will be an additional charge per day on all early-release days and late-start days (half days of school, weather delays, etc.), as set forth in the site's tuition and fee schedule. There will be a special daily tuition rate for in-service days and breaks. You must reserve a slot for your child. On these days, site programs will be open based on need and school district policies. You will be notified in advance if your site is providing care.

**D. Field Trips** - Your child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.

**E. Tax Information** – It is your responsibility to maintain your own childcare financial records for tax purposes.

**F. Registration Fee** – A nonrefundable school year registration fee is due at time of enrollment and the beginning of every school year and summer thereafter.

**G. Tuition** – You agree to pay the published tuition and fee schedule in effect for the program in which your child is enrolled. As your child changes schedules or programs, the tuition and fees may also change. Champions may, from time to time, adjust the tuition and fee schedule. **Tuition and fees are not subject to pro-ration for illness, holidays, or emergency closure of the site.**

**H. Weekly Tuition** - Weekly tuition is due in advance, by Friday of each week, for the following week. A late payment fee will be charged if payment has not been received by the end of the week service is rendered.

**I. Late Pick-Up Fee** – A late pick-up fee will be charged for each incremental period of 15 minutes when your child is left beyond the site's operating hours, beyond the first 15 minutes, and is charged directly to your account. No cash will be accepted for this late pick-up fee. The late pickup fee does not constitute an agreement to provide after hours services, nor will the late pick-up fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.

**J. Payments** – You authorize Champions to initiate electronic debits to your payment account for each payment presented by you to Champions for payment. If any ACH payment is returned unpaid, you acknowledge that Champions will attempt to collect on the returned payment electronically up to two additional times. You authorize Champions to electronically debit your account for the amount of any returned item and a returned item fee in the maximum amount allowed by State law. Additionally, upon notice, either written or electronic, from Champions, you authorize Champions to initiate one-time debits to your stored payment account for any amounts owed that become past due. These authorizations will remain in full force and effect until Champions has received written notification from you of the termination of your authorizations.

**K. Recurring Payments** – Account payments may be made by establishing an autopayment account. The amount of any recurring payment will be your total outstanding balance at the time the invoice(s) is (are) due, which will include tuition, fees, and other charges. As a result, the amounts and frequency of your recurring payment may vary.

**L. Failed Payments** – Payments from customers with outstanding insufficient, uncollected or otherwise ineligible ACH payments must be submitted using a different payment account until the balance is rectified. Accounts containing returned ACH payments are subject to immediate termination of service; however upon payment of applicable tuition and registration fees Champions may choose to reinstate your child's enrollment. Champions is unable to accept cash payments.

**M. Refund** – If you withdraw your child(ren) from the program, Champions will issue a prepayment refund for services not rendered. Refunds will be returned to the electronic payments account from which the funds were originally paid. In the case it is not possible to return funds electronically to that payment account, you will be responsible for a check processing fee and payment will be paid by check. Funds paid by electronic check or ACH cannot be refunded for 15 business days to allow for any potential returned payments to be posted to the customer's account. A waiting period of 24 hours is required for all credit and debit card transactions. Any fees specially identified as in your contract as non-refundable will not be refunded (e.g., registration and education fees). All outstanding receivables must be paid prior to issuing refunds.

**N. Arrears** – Families that face difficulties in paying tuition are encouraged to contact their principal, PTA, school community partners and DC OSSE for possible assistance. Please contact your Site Director if you need contact information for any partners. Families that have failed to pay for four weeks of service may be disenrolled; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, you will be responsible for the balance of your account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute, any part of the arrears payment not paid will be the responsibility of the primary payer.

**O. Disenrollment Policy** – Families who are disenrolled due to non-payment and later re-enroll will be charged an enrollment fee in accordance with the site's current tuition and fee schedule.

**P. Responsible Party** – You are responsible for payment on any and all tuition, fees and other charges not paid by any third-party agency, to the extent allowed by law.

**Q. Enrollment Not Guaranteed** – Champions reserves the right to disenroll any child who presents a risk to the health or safety of other children or staff, or any child whose needs cannot be met in our program.

**R. Special Medical Condition/Other** – Champions' practice is to enroll children in compliance with the Americans with Disabilities Act, its implementing regulations, and any other applicable federal, state or local laws pertaining to the provision of services to persons with Disabilities.

# Enrollment Agreement

## Contacts and Care Information

Child's Name \_\_\_\_\_

### PRIMARY CONTACT AND RELEASE PERSONS *Include parents and guardians*

Is parent/guardian a Champions employee?  Yes  No If yes, employment date \_\_\_\_\_ Name \_\_\_\_\_

<b>Parent/Guardian #1</b>	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Driver's license number/state
Employer and address	Work e-mail address	Work hours	Work phone/ext
<b>Parent/Guardian #2</b>	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Driver's license number/state
Employer and address	Work e-mail address	Work hours	Work phone/ext

**Parent/Guardian Identification Information (2 items required)**  
 Question 1 \_\_\_\_\_ Answer 1 \_\_\_\_\_  
 Question 2 \_\_\_\_\_ Answer 2 \_\_\_\_\_  
 Note: Personal questions will be used to verify parent/guardian identity if a pick up authorization is called into the site.

### EMERGENCY CONTACT AND RELEASE PERSONS *Do not include parents and guardians*

**If possible, please notify the site if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.**

<b>Name #1</b>	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext
<b>Name #2</b>	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext
<b>Name #3</b>	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext

The persons designated in this section will be contacted by Champions and are authorized to pick up your child if there is a medical or other emergency and you cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older.

Site staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify site staff in advance, in writing. **Your child will not be released without prior authorization.** In the event you call a pick up authorization into the site the Parent/Guardian Identification information questions will be used to verify your identity and to authorize the release of your child.

### CHILD'S CARE NEEDS

Is there anything we should know about your child's care needs to ensure that we provide the best quality education and care for your child?

\_\_\_\_\_

\_\_\_\_\_

### ALLERGIES *Please list*

Medications \_\_\_\_\_ Reaction \_\_\_\_\_

Food \_\_\_\_\_ Reaction \_\_\_\_\_

\_\_\_\_\_

Respiratory \_\_\_\_\_ Reaction \_\_\_\_\_

Bee sting \_\_\_\_\_ Reaction \_\_\_\_\_

Other \_\_\_\_\_ Reaction \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No

If yes, please provide special instructions: \_\_\_\_\_

KinderCare Education does not discriminate on the basis of a person's religion, color, race, gender, sexual orientation, age, national origin, disability, Vietnam-era status, or any other factors protected by law. Toilet training is not an eligibility requirement for enrollment. Contact Inclusion Services to assist with special needs or reasonable accommodation issues.

KinderCare Education  
 650 N.E. Holladay Street, Suite 1400  
 Portland, Oregon 97232  
 Phone: 1-800-633-1488, ext. 1440  
 E-mail: inclusion.services@kc-education.com

### SIGNATURE

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Enrollment Agreement Other Terms and Certifications

Child's Name \_\_\_\_\_

## OTHER TERMS

**By signing this Enrollment Agreement and enrolling your child(ren) in Champions® programs, you acknowledge your understanding and acceptance of the following:**  
**Family Handbook** – The Family Handbook is incorporated by reference into this Enrollment Agreement. You acknowledge that you have received and will abide by the policies in the Family Handbook.

**Information** – You understand that if there is a change in any information provided by you for this Enrollment Agreement, you agree to update such information.

**Transportation** – You understand you must notify Champions in advance of any changes in your child's transportation or attendance schedule.

**Illness** – If your child becomes ill and the site calls you to pick up your child, you agree to make arrangements for your child to be picked up from the site as soon as possible.

**Medical Information** – The site must have a medical statement on your child, on form(s) provided by the site. You agree to return these form(s) to the site within two weeks of your child's enrollment, or sooner if required by your state's licensing agency. You will have these form(s) updated as required by the site and state licensing requirements.

**Medication** – (Individual state licensing regulations regarding medication must be consulted and shall prevail. Any mandatory state form regarding administration of prescription or non-prescription medication must also be completed and signed by the parent.)

If permitted by state licensing regulations, you authorize Champions staff to administer to your child topical non-prescription medications as needed, according to the dosage instructions on the medication container. For any other **non-prescription** medication, if permitted by state licensing or site policy, you will provide written authorization for Champions staff to administer the medication in accordance with written instructions from yourself or the child's health care professional, as required; you agree to provide any such medications or other supplies, as these will not be provided by the site. For any **prescription** medication, you will complete necessary authorization forms with your signature and understand the prescription label must be followed without fail. You will provide the medication in its original container with the pharmacist's label.

**Communications** – You consent to Champions communicating with you by telephone, email, or other means. Written communication may be sent home with emergency contact and release persons when necessary. This consent shall survive the termination of this Enrollment Agreement.

**Policies and Program** – Champions reserves the right to alter its policies and program at any time. Site Management does not have the authority to alter or modify the terms of this Agreement either verbally or in writing.

**Absent Child** – You agree to notify the site staff by 9:00 am when your child is absent. You must notify the site staff if your school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.

**Staff Employment** – You understand that in an effort to maintain the professional status of Champions staff and prevent any potential conflict of interest, babysitting by site staff members is discouraged. However, should you hire any site staff members, it must be outside the site premises and with the understanding that such arrangements and payment for services are solely between you and the site staff member. The site and Champions do not sanction the arrangements, and you agree to hold Champions harmless from any such arrangement. If a site staff member chooses to baby-sit for an enrolled child, the site staff member and you must request and sign a Champions Babysitting Liability Release Form to be kept in the child's file.

**Licensing Regulations** – State child care licensing regulations are on file at the site and are available for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in this Agreement.

**FOR CALIFORNIA ONLY: The California State Department of Social Services (CDSS)** or other public agency authorized by CDSS to assume such responsibilities shall have the authority to interview children or staff, and to inspect and audit school records without prior consent. The site shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the site. The Department shall also have the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

**Enrollment Refusal** – A child may be disenrolled by Champions without prior notice if, in the sole opinion of Champions, it is in the best interest of the child or Champions.

**Assessments** – You give permission for your child to participate in a proprietary assessment system, which may include: learning assessments and screenings, surveys, and progress reports administered by Champions. The results of these assessments may be used by Champions to measure your child's progress in a Champions program as well as overall program progress, and may be used to evaluate, market, and update Champions programs. You will have access to your child's individual results (with the exception of anonymous surveys).

Parent/Guardian Initials \_\_\_\_\_

Date \_\_\_\_\_

## CERTIFICATIONS

Yes  No \_\_\_\_\_ **Walking Trips** – I give permission for my child to leave the site for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by site staff and under proper staff supervision at all times. (If required by individual state child care licensing regulations, I will be given a specific permission slip for each walking trip.)  
Initial \_\_\_\_\_

Yes  No \_\_\_\_\_ **Transportation** – I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other site sponsored activities. I will be given a specific permission slip for each off-site field trip requiring transportation. Off-site field trips and all transportation of children will meet state child care licensing regulations and site policies including minimum-age requirements.  
Initial \_\_\_\_\_

Yes  No \_\_\_\_\_ **Water Activities** – I give permission for Champions to include my child in supervised water activities, including water activities at the site. I will be given a specific permission slip for all off-site water activities.  
Initial \_\_\_\_\_

Yes  No \_\_\_\_\_ **Photographs/Videotape** – I give permission for my child to be photographed and videotaped in the site and during program functions and field trips. I will be notified if any photos/videos are to be used for public relations purposes and understand I have the right to refuse permission for such use.  
Initial \_\_\_\_\_

Yes  No \_\_\_\_\_ **Child First Aid** – I give Champions permission to give my child first aid when necessary and for my child to be transported to an emergency medical facility. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital/ medical personnel to undertake examination and emergency treatment, up to and including surgery, if warranted.  
Initial \_\_\_\_\_

Yes  No \_\_\_\_\_ **Medical Sign Off** – My child is in good health and immunizations are up to date and on file at the school. I will complete any state specific medical authorization forms required by individual state child care licensing regulations.  
Initial \_\_\_\_\_

I have read, understand, and accept all terms and conditions described in this Enrollment Agreement. Site management does not have authority to alter or modify the terms of this Enrollment Agreement either verbally or in writing. This is a legally binding agreement between KinderCare Education LLC d.b.a. Champions® and the undersigned.

**Any dispute or claim arising out of or relating to this Agreement shall be submitted to non-binding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please check box if you do not wish to receive information from Champions, including newsletters and updates, via email or otherwise.



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

**Child:** \_\_\_\_\_ Sex:  Male  Female  
Last First M.I.  
 Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Language Spoken At Home \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Parent:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP  
 Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Parent:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP  
 Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Relative or Guardian:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP  
 Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Person to be contacted in case of an emergency (other than parent/guardian):**  
 \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Last First M.I.  
 Address: \_\_\_\_\_  
Number Street Apt. # State ZIP Phone #

**Designated individual authorized to receive child at end of session:**  
 \_\_\_\_\_  
Last First M.I.  
 \_\_\_\_\_  
Last First M.I.  
 \_\_\_\_\_  
Last First M.I.

**Signature:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*TO BE COMPLETED BY THE FACILITY*

**Date of Admission:** \_\_\_\_\_  
**Date of Withdrawal:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

# District of Columbia Oral Health (Dental Provider) Assessment Form



**Parent/Guardian Instructions:**

**Part 1:** Please complete all sections including child's race or ethnicity. Please indicate the ward of your home address, list primary care provider, dental provider, and type of dental insurance. If the child has no dental provider and is uninsured, then please write "None" in each box.

**Part 2:** By signing this section the parent or guardian gives permission to the dentist or facility to share the oral health information on this form with the child's school, childcare, camp, Department of Health, or the entity representing this document. All information will be kept confidential. **This form will not be completed without parent/guardian signature. The parent/guardian must sign, print and date this part.**

**Part 1: Child's Personal Information (to be completed by the parent/guardian)**

Child's Last Name:	Child's First & Middle Name:	Date of Birth: MM/DD/YYYY	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	School or Child Care facility: Grade:
Parent/Guardian Name 1:	Telephone 1: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Home Address:		Ward:
Parent/Guardian Name 2:	Telephone 2: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Emergency Contact:		Telephone:
Race Ethnicity: <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other				
Primary Care Provider (Medical):	Dentist/Dental Provider:	Type of Dental Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other		

**Part 2: Required Parent/Guardian Signatures**

**Parent/Guardian Release of Health Information:**

I give permission to the signing health examiner or facility to share the health information on this form with my child's school, childcare, camp, or Department of Health.

PRINT NAME of parent/guardian:	SIGNATURE of parent/guardian:	Date:
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**Dental Provider Instructions:**

**Part 3:** Indicate Circle Yes or No in finding column. For Yes, please explain in Comments Section.

**Part 4:** Indicate whether the child has been appropriately examined and if treatment is complete. If treatment is incomplete, refer patient for follow up care. Dentist must sign, date, and provide required information.

**Part 3: Child's Findings and Parent Recommendations (please indicate in finding column)**

**CONFIDENTIAL FORM**

Findings	Y N	Comments
Gingival inflammation	Y N	
Plaque and/or calculus	Y N	
Abnormal gingival attachments	Y N	
Malocclusion	Y N	
Treated Dental Caries	Y N	
Untreated dental caries	Y N	<input type="checkbox"/> Check box if Urgent
Sealants on permanent molars	Y N	
Cleft lip and palate	Y N	
Preventative services completed	Y N	What kinds of preventative services were completed? <input type="checkbox"/> Prophy <input type="checkbox"/> Fluoride <input type="checkbox"/> Oral Hygiene

**Part 4: Final Evaluation/Required Dental Provider Signatures**

This child has been appropriately examined. Treatment  is completed  is not completed  under treatment  refused treatment  not necessary.  
The child has ongoing  urgent  non-urgent treatment needs and is under treatment  by me or  has been referred to:

DDS/DMD Signature:	Print Name:
Address:	Fax: <span style="float: right;">Phone: <span style="float: right;">Date:</span></span>

**District of Columbia Health Certificate:**

This Form replaces the previous version of the District of Columbia Oral Health (Dental Provider) Assessment Form used for entry into DC Schools, all Head Start programs, Childcare providers, camps, all school programs, sports or athletic participation, or any other District of Columbia activity requiring a physical examination. The form was approved by the DC Department of Health and follows the American Academy of Pediatric Dentistry (AAPD) Guidelines on Mandatory School-Entrance Oral Health Examination. AAPD recommends that a child be given an oral health exam within 6 months of eruption of the child's first tooth and no later than his or her first birthday. The DC Department of Health recommends that children 3 years of age or older have an oral health examination performed by a licensed dentist and have the DC Oral Health Assessment form completed. This form is a confidential document. Confidentiality is adherent to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for the health providers, and the Family Education Rights and Privacy Act (FERPA) for the DC Schools and other providers.





# DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

## Part 1: Child's Personal Information

Parent/Guardian: Please complete Part 1 clearly and completely & sign Part 5 below.

Child's Last Name:	Child's First & Middle Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Race/Ethnicity: <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other _____
Parent or Guardian Name:	Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work.	Home Address:	Ward:	
Emergency Contact Person:	Emergency Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	City/State (if other than D.C.):	Zip code:	
School or Child Care Facility:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> None Name/ID Number _____	Primary Care Provider (PCP):		

## Part 2: Child's Health History, Examination & Recommendations

Health Practitioner: Form must be fully completed.

DATE OF HEALTH EXAM:	WT <input type="checkbox"/> LBS <input type="checkbox"/> KG	HT <input type="checkbox"/> IN <input type="checkbox"/> CM	BP: _____ ( <sup>&gt;3yrs</sup> ) <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Body Mass Index (BMI) ( <sup>&gt;2 yrs</sup> ) % _____
HGB / HCT <small>(Required for children under age 6)</small>	Vision Screening Right 20/____ Left 20/____	<input type="checkbox"/> Glasses <input type="checkbox"/> Referred <input type="checkbox"/> Attempted	Hearing Screening Pass _____ Fail _____	<input type="checkbox"/> Device <input type="checkbox"/> Referred <input type="checkbox"/> Attempted
<b>HEALTH CONCERNS:</b>	<b>REFERRED or TREATED</b>	<b>HEALTH CONCERNS:</b>		<b>REFERRED or TREATED</b>
Asthma <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Language/Speech <input type="checkbox"/> NONE <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	
Seizures <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Development/ Behavioral <input type="checkbox"/> NONE <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	
Diabetes <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Other _____ <input type="checkbox"/> NONE <input type="checkbox"/> YES	<input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	
<b>ANNUAL DENTIST VISIT:</b> Has the child seen a Dentist/Dental Provider within the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred <input type="checkbox"/> Fluoride Varnish Date: _____				

**A. Significant health history, conditions, communicable illness, or restrictions that may affect school, child care, sports, or camp.**  
 NONE  YES, please provide details:

**B. Significant food/medication/environmental allergies that may require emergency medical care at school, child care, camp, or sports activity.**  
 NONE  YES, please provide details:

**C. Long-term medications, over-the-counter-drugs (OTC) or special care requirements.**  NONE  YES, please provide details.  
(For any medications or treatment required during school hours, a Licensed Health Practitioner's Medication Plan or Medication Authorization Order should be submitted with this form).

## Part 3: Tuberculosis & Lead Exposure Risk Assessment & Testing:

TB RISK ASSESSMENTS	<input type="checkbox"/> HIGH → <input type="checkbox"/> LOW	Tuberculin Skin Test (TST) DATE: _____	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	If TST Positive <input type="checkbox"/> CXR NEGATIVE <input type="checkbox"/> CXR POSITIVE <input type="checkbox"/> TREATED	Health Practitioner: POSITIVE TST should be referred to PCP for evaluation. For questions, call T.B. Control: 202-698-4040
LEAD EXPOSURE RISKS	LEAD TEST DATE: _____	RESULT: _____	Health Practitioner: <u>ALL</u> lead levels must be reported to DC Childhood Lead Poisoning Prevention Program: Fax: 202-535-2607		

## Part 4: Required Licensed Health Practitioner's Certification and Signature

YES  NO This child has been appropriately examined & health history reviewed and recorded in accordance with the items specified on this form. At time of the exam, this child is in satisfactory health to participate in all school, camp or child care activities except as noted above.

YES  NO This athlete is cleared for competitive sports.

YES  NO Age-appropriate health screening requirements performed within current year. If no, please explain:

Print Name	MD/APRN/NP Signature	Date
Address	Phone	Fax

## Part 5: Required Parental/Guardian Signatures. (Release of Health Information/civil liability waiver)

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government Agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.

Print Name	Signature	Date
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# DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

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

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

DOB: \_\_\_\_\_

**Section 1: Immunization: Please fill in or attach equivalent copy with Licensed Health Practitioner's signature and date.**

IMMUNIZATIONS	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN						
	1	2	3	4	5	6	7
Diphtheria, Tetanus, Pertussis (DTP, DTaP)							
DT (<7 yrs.)/ Td (>7 yrs.)							
Tdap Booster							
Haemophilus influenza Type b (Hib)							
Hepatitis B (HepB)							
Polio (IPV, OPV)							
Measles, Mumps, Rubella (MMR)							
Measles							
Mumps							
Rubella							
Varicella							
				Chicken Pox Disease History: Yes <input type="checkbox"/> When: Month _____ Year _____			
				Verified by: _____ (Health Practitioner)			
				Name & Title			
Pneumococcal Conjugate							
Hepatitis A (HepA) (Born on or after 01/01/2005)							
Meningococcal Vaccine							
Human Papillomavirus (HPV)							
Influenza (Recommended)							
Rotavirus (Recommended)							
Other							

Signature of Licensed Health Practitioner \_\_\_\_\_ Print Name or Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: MEDICAL EXEMPTION: For Licensed Health Practitioner Use Only.**

I certify that the above student has a valid medical contraindication to being immunized at the time against: (check all that apply)

Diphtheria: ( ) Tetanus: ( ) Pertussis: ( ) Hib: ( ) HepB: ( ) Polio: ( ) Measles: ( ) Mumps: ( ) Rubella: ( ) Varicella: ( ) Pneumococcal: ( )

HepA: ( ) Meningococcal: ( ) HPV: ( )

Reason: \_\_\_\_\_

This is a permanent condition ( ) or temporary condition ( ) until \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature of Licensed Health Practitioner \_\_\_\_\_ Print Name or Stamp \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: Alternative Proof of Immunity: To be completed by Licensed Health Practitioner or Health Official.**

I certify that the student named above has laboratory evidence of immunity: (Check all that apply & attach a copy of titer results)

Diphtheria: ( ) Tetanus: ( ) Pertussis: ( ) Hib: ( ) HepB: ( ) Polio: ( ) Measles: ( ) Mumps: ( ) Rubella: ( ) Varicella: ( ) Pneumococcal: ( )

HepA: ( ) Meningococcal: ( ) HPV: ( )

Signature of Licensed Health Practitioner \_\_\_\_\_ Print Name or Stamp \_\_\_\_\_ Date \_\_\_\_\_



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

*DIVISION OF EARLY LEARNING  
Licensing and Compliance Unit*

## AUTHORIZATION FOR CHILD'S EMERGENCY MEDICAL TREATMENT (Update Annually)

If my child \_\_\_\_\_, born on \_\_\_\_/\_\_\_\_/\_\_\_\_, becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or physician to give the emergency medical treatment required:

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

or:

Physician: \_\_\_\_\_ M.D. Telephone No: \_\_\_\_\_

(Area Code)

Address: \_\_\_\_\_

I give permission to \_\_\_\_\_, located at \_\_\_\_\_  
Name of Facility or Caregiver

to take my child for treatment.

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ State:  DC  MD  VA

Child's known Allergies or Physical Conditions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Home

Business

Cell Phone

Date: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Month/Day/Year

Month/Day/Year

**Place in child's folder/record.**



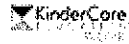
# **HOMEWORK SUPPORT PLAN AND FAMILY HOMEWORK AGREEMENT**

Please review this Homework Support Plan and fill out the Family Homework Agreement together with your child. After completing the agreement, please return it to the Center Director or Site Director to be placed in your child's file.

## **Homework Support Plan**

- We will provide dedicated time every day for your child to work on his or her homework assignments. Additional activities will be planned and provided during the designated homework time for children who have completed their homework or who do not have homework.
- We will provide a comfortable space that minimizes distractions and encourages children to work on their homework. The space will include materials such as reference books, rulers, calculators, graph paper, pens, pencils, and notebook paper.
- We will do our best to partner with your child's school district and classroom teachers to make use of any school-sponsored support resources and to gain an understanding of expectations for homework assignments.
- We will be available to discuss and answer questions regarding your child's effort completing his or her homework.
- We will keep the completed Family Homework Agreement on file and refer to it as needed to remind your child of your agreement as a family and how he or she can use the homework support provided by this program.

**Please note that your child's homework assignments must be completed online or digital format, we may not be able to assist him or her with completing them.**



## Family Homework Agreement

Child's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Grade Level Teacher: \_\_\_\_\_

Age: \_\_\_\_\_

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

Child

**I understand it is my responsibility to:**

- Have a list of all of my homework assignments and know what is expected to complete them.
- Bring the materials necessary to complete my homework assignments.
- Ask when I need homework help or have a question.

**Circle the statement that best describe where, when, and how you prefer doing your homework:**

In a quiet place      Or      In a place where I can talk and move around while I work

At a table      Or      On a couch or on a beanbag chair

Do homework first      Or      Do homework after snack and time to run or relax

Work alone      Or      Work in a small group

**Which homework assignments are usually the easiest for you?**

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**Which homework assignments are usually the hardest for you?**

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**Please complete this sentence:**

When I get stuck on my homework, it helps when an adult \_\_\_\_\_

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Parent or Guardian

I understand it is my responsibility to:

- ✓ Verify the accuracy of completed homework assignments and assist with any additional homework assignments.
- ✓ Communicate with my child and the program staff as needed to ensure my child is taking advantage of the support and resources provided by the program.

**When my child get stuck on homework, it helps when I \_\_\_\_\_**

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**When my child gets stuck on homework, it does NOT help when I \_\_\_\_\_**

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**What type of assistance is most often needed when helping your child complete homework?**

- Understanding assignment instructions
- Organizing time and/or assignments
- Memorizing or practicing facts
- Understanding content of assignments

**As a family, we have discussed the Homework Support Plan and Family Homework Agreement and have decided our child will:**

- Work on homework at home
- Take full advantage of the homework time provided by the program and work on all subjects for which homework is assigned
- Take full advantage of the homework time provided by the program, but will focus on the following subject(s): \_\_\_\_\_

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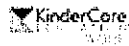
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\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/ Guardian's Signature

\_\_\_\_\_  
Date



I have received and read the 2018-2019 Champions Parent Handbook (online contracted term)

\_\_\_\_\_  
Parent/Guardians Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

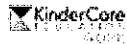
He recibido y leído el Manual para Padres de Campeones 2018-2019 (término contratado en línea)

Firma del padre / tutor

El nombre del niño

Fecha





Parents Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Anything I need to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# EDUCATION

## TRAVEL AND ACTIVITY AUTHORIZATION

- Special one time permission for this activity only       Blanket permission for all given activities

I, \_\_\_\_\_ parent/guardian of  
Name of Parent/Guardian

\_\_\_\_\_ give my permission  
Name of Child

\_\_\_\_\_ for my child to  
 participate in the following activities:

**Trips in the van/automobile (facility or parent - owned)**

\_\_\_\_\_ Explain planned activity - where and when

**Field trips away from the facility**

\_\_\_\_\_ Explain planned activity - where and when

I understand that the facility will use the appropriate child restraint devices and abide by all District of Columbia safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child participate in an activity that would involve transportation.

In addition, if the facility has planned activities outside the fenced area of the facility,

- I will allow my child to play outside the fenced area; or  
 I will not allow my child to play outside the fenced area.

This authorization is valid from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

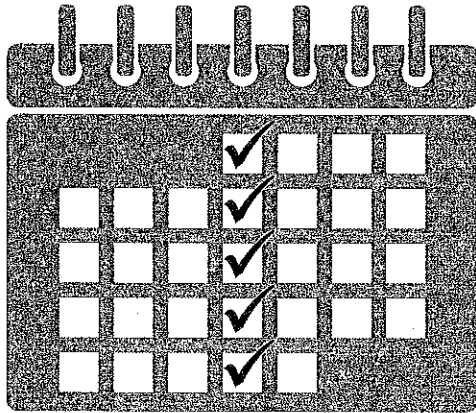
\_\_\_\_\_  
 Date Signed

**PLEASE KEEP A COPY IN THE CHILD'S FILE.**

# FRIENDLY REMINDERS

for **OUR FAMILIES**

## SCHEDULING

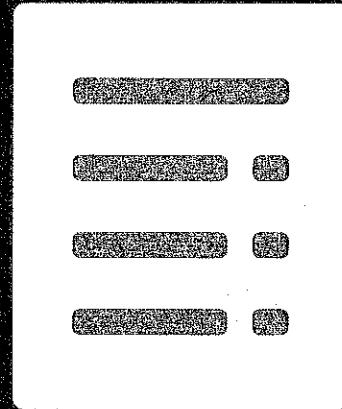


Wednesday is the last day to change next week's schedule

Tuition is based on your online schedule (not attendance)

Use "custom schedule" for any one-time schedule changes, like vacation

## BILLING



Wednesday is the last day to pay this week's tuition to avoid late fee (\$10)

If account is 'pending disenrollment' re-enroll by Friday to avoid disruption and fee

Auto-disenrollment will happen if tuition is not paid for two weeks

Pay tuition with debit, credit or electronic checks

*Please use a computer to manage your account including schedule changes and payments.*

### Questions?

**Call:** 1-800-246-2154, we are available M-F 6am-5pm PST

**Email:** [ChampionHelp@KCeducation.com](mailto:ChampionHelp@KCeducation.com)

**Live Chat:** [www.DiscoverChampions.com/about/contact-us](http://www.DiscoverChampions.com/about/contact-us), identify yourself as a parent, and click "Start Chat" during M-F 7am-4pm PST

**CHAMPIONS**

**DiscoverChampions.com**

## STEP BY STEP GUIDE TO CHANGE SCHEDULE

You can always update your schedule using our online portal. But you must make any changes by the Wednesday prior to the week you're scheduled—that way we'll only charge tuition for the days you're here! You can either make a recurring change (repeats every week) or a custom change (occurs on a one-time basis).

### **Custom Schedule Change:**

1. Log into your online account (<https://connect.klcschoolpartnerships.com/>) and click on "Dashboard" at the top of the screen.
2. From the dashboard, find the "Custom Schedule" section and click "Show Schedule."
3. Use the arrow buttons to navigate to the week you wish to change.
4. Select or deselect the days you'd like to change. Use the legend to the right of the screen to confirm your enrollment status for each day.
5. After you've confirmed everything is correct, click "Apply Changes." A confirmation message will display that says "Schedule Updated Successfully."

### **"Recurring Schedule Change:**

1. Log into your online account (<https://connect.klcschoolpartnerships.com/>) and click on "Dashboard" at the top of the screen.
2. From the dashboard, click on "Change recurring schedule."
3. Check or uncheck each day you'd like to change.
4. Enter a new start date. This must be set for a Monday.
5. After you've confirmed everything is correct, click "Save."

\*If your child attends care that is not scheduled online by the Wednesday prior, you may be charged a drop-in fee at a higher rate.

Families can always call or email Family Support for help.