



403 Scammel Street, Marietta, OH 45750
(740) 376-9533

**S.U.N.S.H.I.N.E. Learning Station
TUITION AGREEMENT 2023 - 2024**

Date: _____
Student Name: _____ Birth Date: _____
Address: _____ City: _____ Zip: _____
Parent's Names: _____ Phone: _____
E-Mail Address: _____
School: _____ Grade: _____

This student is **New or** **Returning**

Registration Fee For Each Student: \$ 20.00

Attendance Full Week - 5 Days After School Fee \$60.00 Per Week

Tuition Agreement

PLEASE READ CAREFULLY

- | | |
|---|---|
| 1 | Payment is due on the beginning of the month/week according to this payment schedule. |
| 2 | Parents/Guardians do not pay for scheduled school holidays/closings as indicated by the Marietta City School Calendar. These days off have already been figured into the payment schedules. Credit is not given for individual absences or snow days. |
| 3 | Payments should be given to the program Administrator/Business Manager. Please get a receipt so the payment can be credited properly. |
| 4 | Make checks payable to ECEF and list the student name(s) in the memo. |
| 5 | Any payments that are more than one month behind will result in termination of services. |

Payment Schedule Choice: (Please Circle One)

[\$60.00] Weekly

I agree to pay the Tuition and Fees indicated on the front of this Tuition Agreement according to my student's schedule. If tuition is not paid by the end of the month a late fee of \$20.00 will be charged per month and services will be withheld.

Should I wish to change any option on this form or should my student's schedule change due to sports or after-school activities, I understand that a new Tuition Agreement Form must be completed.

Parent/Guardian Signature:

Date:



Enrollment Agreement

1. I understand that I am enrolling my child: _____ in the SUNSHINE Learning Station (SLS) or Sensational Summer Camp (SSC) program.
2. I understand that my students may not start the program until the enrollment forms are complete.
3. I understand that the SLS program is open according to the Marietta City School calendar and may be closed during vacations or inclement weather. SSC is open during the summer months according to the schedule determined each spring. SSC is closed on the official celebration of Independence Day.
4. I understand that I am responsible for payment of weekly fees according to the separation **tuition agreement form. Weekly fees are for time reserved**, not actual time spent at the program. I understand that I am not responsible for fees during individual absences and days the program is closed for inclement weather.
5. I will give 7 days' notice in writing and/or orally to the director of the program before withdrawing my child from the program or changing his or her schedule. During this time, I am responsible for all required fees.
6. Extremely important: I understand that if my child is absent on his / her day I will inform the program as soon as possible.
7. For SLS parents: failure to notify the program may result in a \$5.00 charge especially if the failure results in an unnecessary trip to a school or a delay and a return of students to the ECEF facility due to the staff searching for the student.
8. ECEF staff will have full responsibility for my child for the time he/she arrives at the program or is picked up by an ECEF vehicle until my child is signed out of the program.
9. I understand that if my child is attending another program in the building that starts during or after SLS/SSC he/she will be signed out of the SLS/SSC program at the requested time. Children will be escorted to the activity by the staff. Should the student return to SLS after the program finishes, he/she will be signed back into the SLS/SSC program at that time.
10. If a medical emergency arises, the SLS/SSC staff will first attempt to contact me, then the emergency contact I have given. If no one can be reached the staff will contact my child's doctor.
11. I will update my students' emergency information as required by ECEF and/or as changes occur.

I agree to adhere to the stated policies and procedures of the SLS/SSC as stated here and, in the Parents/Guardian handbook, and give my student permission to participate fully in the program.

Parent/Guardian Signature _____
Date

Reviewed and acknowledged on _____ (date) by _____ (Initials/Signature)

Reviewed and acknowledged on _____ (date) by _____ (Initials/Signature)

403 Scammel Street, Marietta Ohio 45750 740-376-9533

A United Way Agency



Address: 403 Scammel Street
Marietta, Ohio 45750

Phone Number: 740-376-9533



LIABILITY WAIVER

Child's Name: _____

Address: _____

Phone Number: _____

I have enrolled my child in the following program(s) of the Ely Chapman Education Foundation Center in Marietta, Ohio. I have read each programs' Parents/Guardian's Handbook or rules of conduct and agree to abide by all policies and procedures set forth within. I understand that appropriate supervision will be provided to my child while he/she is participating in this program. I also understand that the possibility of accidents exists with any program, especially those involving children. I hereby acknowledge such possibilities and accept those risks. I have submitted ALL information necessary to enable the Ely Chapman Education Foundation staff to provide most effectively for the welfare of my child. To save trees and parent/guardian time this form will be valid for 3 years provided it is updated, checked and initialed annually.

The undersigned agrees to indemnify and hold harmless the Ely Chapman Education Foundation and the following program against any and all claims of injury or liability, which may be incurred through participation in this program.

Name of Program(s): _____

Dates Program runs: _____

Name of Program(s): _____

Dates Program runs: _____

Parent/Guardian

Date

Witness

Date

Reviewed and acknowledged annually on _____ (date) by _____ (initials)

Reviewed and acknowledged annually on _____ (date) by _____ (initials)





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BEHAVIOR POLICY

Student/participants are entitled to a pleasant and harmonious environment while at the any program of the Ely Chapman Education Foundation(ECEF). We believe that the goal for discipline is self-control, learning to see the consequences of the choices we make and learning alternative positive behaviors. Discipline should be constructive and educational in nature, including such measures as limitations, redirection, separation from problem situations, talking with the student/participant about the situation, or praise for appropriate behavior. Remember that the ECEF Program listed below is intended to be learning while having fun, yet structured.

Disruptive Behaviors

The ECEF programs cannot serve student/participants who display chronically disruptive behavior. Students/participants who display any chronic disruptive behavior are subject to suspension or termination without reimbursement. Chronically disruptive behavior is defined as verbal and/or physical activity which may include but is not limited to actions that:

1. Require constant attention from staff member.
2. Inflict physical or emotional harm to other student/participants.
3. Abuse staff members verbally or physically.
4. Ignore or disobey the rules that guide behavior during the program time.
5. Cause the student/participant to not adjust to the program setting.
6. Consist of repeated foul or disrespectful language.

Unacceptable Behaviors: In order for each program to run smoothly, the following is unacceptable and could result in suspension or termination:

1. Non-Participation in the program or activity
2. Disrespect (talking back, ignoring/not following directions, not listening)
3. Lack of Responsibility for ECEF staff or other students/participants
4. Lack of Responsibility for ECEF or other student's/participant's belongings.
5. Inappropriate Language
6. Inappropriate Touching
7. Poor Sportsmanship
8. Intentional hitting, biting or kicking of any staff member
9. Any joking around or pretending to shoot people or animals

Violations to the above behaviors will be handled using the following consequences:

All consequences after the second incident may be referred to the Program Director or ECEF Administrator.

- | | |
|-------------------------------|---|
| 1st Offense | Verbal warning and possible time out |
| 2nd Offense | Student must write a letter of apology and/or complete a "Think About It" form, which becomes part of the participant's permanent file. |
| 3rd Offense | Student may be suspended from the program for a period of at least one day and a student-parent/guardian conference with the Program Director/Administrator and other involved staff members must be completed |
| 4th Offense | Student will automatically be expelled from the program. |

Three violations in one day will result in an immediate suspension. The parents or guardians will be called and expected to collect their student/participant immediately. Before the participant may be readmitted to the program, the participant, parent/guardian, Program Director and an ECEF Administrator or Board Member will meet and discuss the value of the program for this participant and his/her continuation in the program

If any violation is severe enough that it could endanger the safety of the student/participant, other student/participants in the program and/or the SLS staff, suspension/expulsion will be effective immediately after the Program Director consults with the ECEF Administration or Board of Directors. At that time the Program Director may make such recommendations to the ECEF Administration as are appropriate, including discharge without right of reinstatement. Upon prompt receipt of these recommendations the ECEF Administration or Board of Directors will decide upon the continuation of the student/participant in the program. No fees will be refunded during the period of suspension.

NOTE: ECEF will make every effort to make sure that the student/participant understands the importance of what they are saying/doing before taking severe disciplinary actions. Children often repeat what they hear in the media/home/school/local play areas and often do not understand the words they are using or their importance in today's culture.

Immediate Expulsion Behaviors*:

- Fighting or any violent behavior
- Sexual Harassment
- Use of Alcohol, Drugs or other illegal substances
- Use of Tobacco
- Use of any weapons

* Please review the Ely Chapman Education Foundation's Zero Tolerance Policy.

ECEF Program(s) for which this form is signed (circle): SLS MSP SSC Karate PA TAG

ACCEPTANCE OF THE BEHAVIOR POLICY: This must be signed by both parent/guardian and student/participant.

By signing below I, _____, acknowledge that I have read

PARTICIPANT'S NAME

and understand the *Discipline Policy*.

Student's Signature

Date

Parent/Guardian Signature

Date

Reviewed on _____ (date) by _____ (parent)

Reviewed on _____ (date) by _____ (child)

Reviewed on _____ (date) by _____ (parent)

Reviewed on _____ (date) by _____ (child)



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Zero Tolerance Policy

Ely Chapman Education Foundation prohibits any intentional threats made by students against another student, a staff member or a visitor. Such actions will result in immediate suspension. Staff members shall report all serious threats against another student, a staff member or a visitor to the Administration as soon as possible. Incidents that will be construed to a threat of severe bodily harm include but are not limited to the following:

1. Threats to kill another person
2. Threats to cause serious bodily harm or injury to another person
3. Threats to cause serious destruction ECEF or private property
4. Threats to bring a dangerous weapon to ECEF
5. Repeatedly drawing pictures of weapons after being informed that it is not allowed according to Federal law.
6. Repeated defiance of the ECEF rules and behaviors that cause a threat to others in the program

Reinstatement into the program from which he/she was suspended will require a meeting of the parents/guardians, student (if appropriate), the director or head of the program and an ECEF Board Member.

By signing below I, _____, acknowledge that I have
Student's Name
read and that I understand the **Zero Tolerance Policy**.

ECEF program: _____

Dates of start & end of Program: _____

Student's Signature

Date

Parent/Guardian's Signature

Date

Reviewed on _____ (date) by _____ (parent)

Reviewed on _____ (date) by _____ (child)

Reviewed on _____ (date) by _____ (parent)

Reviewed on _____ (date) by _____ (child)





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PHOTOGRAPHY RELEASE AND PERMISSION

Occasionally Ely Chapman Education Foundation (ECEF) has photographers from outside their programs, such as the news media, who come to take pictures or videos of the students doing interesting activities. The ECEF program staff members often take pictures of the students doing exciting activities for the ECEF photo albums. Our fund-raising brochures may have photographs of the students, or the photos may be used when we speak to organizations that might donate money to our endeavors.

Please indicate here if you object to having your student photographed for any of the purposes below. Please note that a head shot of each child is taken at the beginning of the program to become a part of the student's file. This photo is used for identification purposes only.

My student, _____, may be photographed or videotaped for the following purposes during his/her participation in the program(s) listed below (circle all applicable):

List of programs: SLS MSP SSC **Other (specify):** _____

Photograph Purposes:

- 1. Internal ECEF Use – such as pictures for parent/guardian gifts, pictures with Santa. Yes [] No []
- 2. News media photographs that might appear either in the paper or on TV. Yes [] No []
- 3. Pictures or videos by students from either Marietta College or Washington State as part of their academic work. Yes [] No []
- 4. Ely Chapman Education Foundation Fund-raising activities – such as the brochure Annual campaigns, our large bulletin board in the main hall, or social media – no names will be used for any of these purposes – just possible faces interacting with other students/staff. Yes [] No []

Parent/Guardian Signature

Date

Reviewed and acknowledged annually on _____ (date) by _____ (initials)

Reviewed and acknowledged annually on _____ (date) by _____ (initials)



FAMILY INFORMATION SHEET

Student's Name: _____

Preferred Name _____ Date of Birth: _____

Brothers and/or Sisters (ages): _____

Pets: _____

Fears: _____

Student's Activities and Interests: _____

Student's Food Likes: _____

Student's Food Dislikes: _____

How does this student get along with other students? _____

What discipline techniques do you find work with your student? What techniques must be avoided?

Please give any further information (such as custody issues) you believe will be helpful to the Learning Station staff to better understand and care for your student.

Please list the names and descriptions of any person who **MAY NOT** pick up your child

Please list the names of persons other than those listed below who **MAY** pick up your child. Photo identification (Drivers license) will be requested.

In case of emergency or if your student is not at the school for pick-up, **please list in order of preference the following contact information:**

1. Name: _____ Number: () _____ home cell work

2. Name: _____ Number: () _____ home cell work

3. Name: _____ Number: () _____ home cell work

Reviewed and updated on _____ (date) by _____ (signature/initials)

Reviewed and updated on _____ (date) by _____ (signature/initials)

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Copies: Records Control Officer
Student File
Parent

**PARENT/GUARDIAN/STUDENT
CONSENT FOR RECORDS RELEASE**

TO: Ely Chapman Education Foundation
(Name)

(School Name)

Program name: _____

403 Scammell Street
(Street Address)

(City, State, Zip Code)

FROM: _____ (Name of school)
Child Study Office/Child Record Office or (school name)

(Address) (city) (State zip)

Re: _____ AGE: _____ BIRTHDATE: _____
(Student Name)

We are: (Check) requesting releasing requesting consultation
the following information/records for the above – named student: (Check)

All personally identification data on file

The following records only: (please specify)
Test Scores/ Most Recent Report Card/MFE/IEP

Permission to discuss my child’s academic progress with the school staff including teachers,
 principals, and school counselors or other school staff.

Reason for request: (Check)

To aid in making present and future educational decisions.

Other: (please specify)
To help maintain an active communications between all persons working with this student.

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above – named student in the manner indicated.

(Date)

(Signature of parent/guardian or student, if 18 or older)

(Address)

(City, State, Zip Code)

FOR OFFICE USE ONLY
Date Data Released _____ by _____ (Name/Position)
Date Copies Mailed _____ by _____ (Name/Position)



Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child		Telephone Number	
Relationship to Child		Relationship to Child			
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on file.
 N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section)
 No (If no, fill out the following:)

The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	Do Not Give <u>Permission</u> to Transport	
Program or Home Name			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s)	
Date of Permission (<i>valid for one year</i>)	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>)	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date