



## Emergency Information Form / Enrichment Program Policies

Student's Complete Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Birth Date \_\_\_\_\_ Grade Level \_\_\_\_\_

Allergies (type) \_\_\_\_\_

Medication (type and schedule) \_\_\_\_\_

Special Circumstances (please explain): \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Dentist's Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### Waivers/Permissions

1. I permit my child to participate in activities the Endeavor Charter School Enrichment Program ("ECS Enrichment") conducts, including those activities taking place outside the fenced-in play areas at the Endeavor facility.
2. **Transportation** – I understand and agree that I am responsible for providing transportation to ECS Enrichment.

### Program Policies

3. Student Behavior – ECS Enrichment will follow the existing Endeavor Charter School policies outlined in the [Student and Family Handbook](#) available on [www.endeavorcharterschool.com](http://www.endeavorcharterschool.com). (You must be logged in to view this document.)
4. **Inclement Weather** – I understand that ECS Enrichment is not available when school is closed due to inclement weather.
5. **Waiver and Indemnity** – I understand that ECS Enrichment activities have inherent risks and I hereby assume all risks and hazards incidental to my participation/my child's participation in all activities. I further waive, release, absolve, indemnify and agree to hold harmless Endeavor Charter School, ECS Enrichment, and any employees, organizers, volunteers, supervisors, officers, directors, participants, coaches and referees from any legal claims, liabilities, damages and costs for any injury sustained by myself or my child during my child's use of Endeavor's facilities and/or my participation/ my child's participation in any ECS Enrichment activities. Should my child bring any legal claims against Endeavor Charter School, ECS Enrichment, or any of the above-listed individuals for any injury sustained at Endeavor's facilities and/or during my child's participation in any ECS Enrichment activities, I hereby agree to indemnify the named defendants to such lawsuit for the amount of any judgment entered against them, as well as any and all attorney's fees and other costs incurred in defense of the actual or threatened lawsuit.
6. I understand that ECS Enrichment is not responsible for any personal items lost or stolen during its programs.

7. **I understand that students must be picked up on time.** Parents who arrive late to pick up their child will be charged a late fee of \$5 for the first 10 minutes, and an additional \$1 for every minute thereafter. Cash or checks made payable to Endeavor Charter School are acceptable forms of payment, to be collected upon your arrival.
8. I understand that I will be asked to wait outside of the front door of the school for my child at 4:45pm. Students will be escorted out by their instructors.
9. **I understand that I am expected to get out of my car to escort my student** across the parking lot to my car upon dismissal of classes.

**Payment Policies**

10. I understand that payment for ECS Enrichment is due prior to the start of classes, and that payment may be made with cash or personal check.
11. **Insufficient Funds** – If my bank returns a check due to insufficient funds, immediate payment is required to keep my child’s account up to date. I understand that I will be charged \$25 for each returned check or draft. I agree to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from ECS Enrichment personnel that my check has been returned. I understand that in the event my check is returned, ECS Enrichment will no longer accept payment by personal check for my child.
12. **Refunds** – I understand that ECS Enrichment makes staffing decisions for the entire quarter based on the total number of participant commitments it receives. For this reason, I understand that once the quarter begins, nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when ECS Enrichment is cancelled due to inclement weather. I understand that no refunds or adjustments will be made if a student is expelled or suspended from the program pursuant to the existing student behavior policies of Endeavor Charter School outlined in the [Student and Family Handbook](#).

**Medical Treatment Policies**

13. **Accident Insurance** – Participants are responsible for their own accident insurance when using the Endeavor facility as part of ECS Enrichment.
14. **Medication** – ECS Enrichment does not normally administer any medication and will do so only when directed in writing by the child’s parent or guardian. Notice: The staff of ECS Enrichment will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is EpiPen® injections. When special circumstances exist, personnel from ECS Enrichment will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure my child’s medication requirements are met.
15. **Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of ECS Enrichment, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, ECS Enrichment will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, ECS Enrichment will provide the name and telephone number of the child’s attending physician to the staff member. In order to ensure the safety of all ECS Enrichment participants, I specifically authorize ECS Enrichment to release the name and telephone number of my child’s physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.
16. **Emergency** – I understand that in the event of an emergency involving my child, if I cannot be contacted and no other parent or guardian for my child can be contacted, ECS Enrichment will contact emergency medical personnel and, pending their arrival, take those actions that are in ECS Enrichment’s judgment to be in the best interests of my child.

**I have read, understand, and accept all the policies above.**

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

Academic School Year \_\_\_\_\_

\*\* This Emergency Information Form will be kept on file for the entire academic school year, and will apply to any Enrichment Class or Program taken during the year by this student. Once you have submitted this paperwork, you will not have to fill it out again. However, if any information listed here changes at any time throughout the year, it is your responsibility to update the form with the Enrichment Coordinator.