



RaRa Foundation's Early Learners Program Enrollment Form

Please complete the following information (Print/Scan or Type).

Date: _____

Child's Name: _____ Gender: _____

Student's Date of Birth: _____ Student's Age: _____

Nationality (Optional): _____

Name of Mother/Guardian: _____

Address: _____

Home Phone Number: _____ Cell Number: _____

Work Number: _____

Name of Father/Guardian: _____

Address: _____

Home Phone Number: _____ Cell Number: _____

Work Number: _____

Note: If any of the above information changes, please notify the RARA office immediately.

EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above:

Name	Relationship	Home Phone	Work Phone
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Name	Relationship	Home Phone	Work Phone
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Medical Problems/Allergies:

MEDICATION AND ILLNESSES POLICY

RARA **will not administer medication** of any type for any child. If child is sick, then parents will be notified for the child to be picked up from the program on that day. A sick child will not be allowed to attend program during his or her illness. Children out sick will only be permitted to return to the program once a doctor's permission slip has been received and placed on file.

Parent/Legal Guardian Signature _____ Date _____

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the RaRa Foundation Inc. to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature _____ Date _____

IMMUNIZATION RECORDS

I confirm that my child's immunization records are kept on file with

_____ and I subsequently give my permission for a copy to be released to RARA or I will provide a copy if requested.

Parent/Legal Guardian Signature _____ Date _____

CHECK-OUT AUTHORIZATION FORM

Student's Name: _____

The following individuals are **AUTHORIZED** to check-out the above-named student from all RARA activities. Note: Add additional names if needed.

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

3. Name: _____

Relationship: _____

Please note if anyone is **PROHIBITED** from contacting or checking-out the student. Specify the individual(s) below:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Parent/Guardian Signature: _____ Date: _____

HOLD HARMLESS RELEASE (On-Site Participants Only)

I hereby waive, release, absolve, indemnify, and agree to hold harmless the RaRa Foundation Inc., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above-named child in any and all activities. I individually, and as a parent/guardian for my child, have read this release and understand all the terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Legal Guardian Signature

Date

AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize the RaRa Foundation Inc. to produce photographs, movies, videotapes, audiotapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand RaRa Foundation Inc Association, Inc. and its employees will not use these materials for compensation.

I understand that this grant of permission shall only be revoked by a written instrument delivered to the Executive Director of the RaRa Foundation Inc. This consent shall remain in effect, unless revoked.

Name of Student

Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

VIRTUAL AGREEMENT (Virtual Participants Only)

The parent/guardian should supervise the child/children for the virtual activities. For children below 13 years old, the parent/guardian will be responsible for handling, maintaining, and supervising their accounts. Most video conferencing may be recorded so by signing this form, you agree for the child/children to be recorded for archive and training matters only. Please avoid absences because the slot is already reserved for the student. The video conferencing app that will be used is via Zoom. If an issue occurs, the next app to use will be Google Meet. Kindly make sure that all requirements are available to fully enjoy the virtual summer camp. Student should have a pencil and paper available. Student will not be allowed to participate if found taking part in any form of cyber bullying. All such will be discussed during first day of Summer Camp during morning opening.

Parent/Legal Guardian Signature

Date

CODE OF CONDUCT

Positive attitudes keep Tutoring fun. Below are some guidelines participants are expected to follow.
Please review these expectations with your student.

- Respect Yourself, the RARA Staff, Other Students, and Their Property.
- Follow the Instructions the First Time
- Play Fairly and Be Honest
- Cheer On the Efforts of Others and Be Positive
- Avoid Inappropriate Language
- Eat and Drink in Designated Areas
- Always keep hands and feet to yourself
- Respect the Facility, Grounds, and Equipment
- Clean Up After Yourself
- Running is Only Allowed in Outside Areas

Child's Name

Parent/Guardian Signature

Date

BULLYING/HARASSMENT/FIGHTING POLICY

Bullying/harassment/fighting has no place at the RaRa Foundation Inc. Early Learners Program. Bullying/harassment/ fighting means more than beating up or pushing people around.

Violation of this policy includes: • Physical assaults (touching in angry ways) • Threats ("Better watch your back", "I'm gonna hurt you", "We're gonna get you", etc.) • Harassment (always bothering someone) • Name-calling • Racial slurs • Intimidation • Sexual harassment – physical or verbal • Spreading rumors • Extortion • Foul language • Taunting • Making insulting remarks about another student's family members • Using the internet to harass, threaten, verbally abuse, intimidate, or spread rumors.

Violation of the intent of this policy by a participant of the RaRa Foundation Inc will not be tolerated. Review of the policy serves as your WARNING. If you are found to be in violation of this policy, you will be suspended from this program. The enforcement of this policy and any judgment on the punishment of a student for violation of this policy will be the decision of the RARA Program Coordinator or Assistant Coordinator or both and is not subject to a hearing or appeal.

Child's Name

Parent/Guardian Signature

Date

DISCIPLINE POLICY

RARA's discipline protocol consists of a color/consequence progression using three increments: green, yellow, and red. All students have name cards that upon arrival are placed under the green "attendance" card. RARA wants students to focus on self-control and positive change, however, students who demonstrate repeated or excessive negative behavior will be asked to move their name to the yellow card representing an "official" warning.

Students do have the opportunity to earn their way back to green through positive behavior. As a final consequence, persistent negative behavior results in moving to the red card requiring an indefinite timeout and communication with parent/guardian. Depending on the circumstances and severity of the behavior, this communication may take place immediately or may wait until pickup. As a last resort and at the discretion of the Program Director students who repeatedly receive red cards may not be allowed to continue to attend the program. There will be a discussion of the decision between parents and RaRa staff.

I understand that my conduct should always be appropriate to the standards of RaRa and that failure to follow these guidelines may result in my dismissal from the program. Staff will counsel students whenever possible to avoid dismissal.

I have read and understand the conditions of this agreement.

Parent Signature _____ Date _____

Child's Name _____

TRANSPORTATION PERMISSIONS

I give my permission for authorized RARA Staff to transport my child to and away from program headquarters, if necessary, I also give permission to RARA Staff to transport my child in a personally owned vehicle.

Please Check: Yes No

My child has permission to walk home from the Early Learners Program accompanied by his or her sister or brother or relative.

Please Check: Yes No

I or an approved relative will be transporting my child to and from the Early Learners Program. Please circle one: Yes or No

Please Check: Yes No

Parent/Guardian Signature

Date

PROGRAMS AND ACTIVITIES RELEASE

Below is a list of the programs and activities offered as a part of RaRa Foundation's Early Learners Program. Please read over the list and check off all activities you would like your child to participate in.

Nutrition Program

I give my permission for my child to take part in nutrition program.

Please Check: Yes No

Karate

I give my permission for my child to take part in hands on classes that teach the basic part of self-defense.

Please Check: Yes No

Bible Study

I give my permission for my child to take part in Bible Study during Early Learners Program hours.

Please Check: Yes No

Theater:

I give my permission for my child to take part in Theater during Early Learners Program.

Please Check: Yes No

Finance

I give my permission for my child to take part in Finance for Youth during Early Learners Program.

Please Check: Yes No

Dance & Music

I give my permission for my child to take part in Dance & Music activities during Early Learners Program.

Please Check: Yes No

Spanish

I give my permission for my child to take part in Spanish during Early Learners Program.

Please Check: Yes No

Arts and Crafts

I give my permission for my child to take part in Arts and Crafts during Early Learners Program.

Please Check: Yes No

Sign Language

I give my permission for my child to take part in Sign Language during Early Learners Program.

Please Check: Yes No

Movies

I give my permission for my child to watch the following rated movies: Rated **G** and Rated **PG**. This Permission and Authorization form will be effective from the date signed below, up to one year. I understand that I may, at any time, revoke this Permission and Authorization form by submitting written notification to RARA staff.

Please Check: Yes No

Indoor/Outdoor activities

I give my permission for my child to take part in various activities including but not limited to (kickball, hopscotch, jump rope, etc.)

Please Check: Yes No

Field Trips

I give my permission for my child to go on field trips away from the premises of the program headquarters (First Fruits Christian Center), in the company of program staff, whether on foot or by vehicle. I understand that my son/daughter is not required to attend any field trips. I agree to release FFCC and RaRa Foundation Inc. and each of their officials, officers, and employees from liability for any and all claims of injury which might occur while my son/daughter is participating in the field trip activities.

Please Check: Yes No

Parent/Guardian Signature

Date

(Optional) Reading Mastery Program

The Pre-K and Kindergartners of RaRa Foundation will begin the Reading Mastery Program to help with alphabet recognition and phonic sounds. The Program is taught via Direct Instruction. Students will be grouped according to results of his or her placement test scores. Teachers will be recorded during teaching of lessons. These recordings will be a part of an Action Research Proposal proving that the Reading Mastery Program can be used with Pre-K and Kindergartners, as well as, first and second graders, to increase comprehension skills when accompanied with decoding skills, phonics, vocabulary, phonemic awareness and other basic reading skills. Student's comprehension skills will be measured, tracked and recorded.

Please note that recordings will be used as Professional Development Tapes for teachers also. Recordings will take place within the classroom during reading time for the student. Each recording will be approximately 35 to 60 minutes.

Please sign below giving RaRa Foundation permission to record your child during reading class time when using the Reading Mastery Program.

I _____ give RaRa Foundation permission to record my child,
(Printed Name of Parent or Guardian)

_____ as part of An Action Research Proposal, to prove that
(Child's Printed Name)

the Reading Mastery Program can be used to increase the comprehension skills of students when students have, or are being taught decoding skills, vocabulary, phonics, phonemic awareness, and other basic reading skills.

Parent/Guardian Signature

Date