

RISING STAR ACADEMY

Welcome To Our School

Rising Star Academy is a school where young children receive an exciting, creative and nurturing experience that will provide them with the foundation to grow educationally, socially, and personally. We offer a comprehensive educational curriculum developed by professionals, in a well equipped environment, meeting the needs of each child.

Philosophy

At Rising Star Academy, we provide for the physical, intellectual and emotional growth of the children through activities that are child directed and teacher guided. Children are encouraged to use their senses to explore, experiment, and use their imagination to the fullest.

Our classes are held in a warm and friendly environment that fosters learning and creative expression. We believe each child learns best in a setting that is rich with hands on experiences. We utilize an extensive supply of developmentally appropriate toys, games and manipulatives to give our children the hands-on experiences that they need to expand their intellect and develop their motor skills.

All of our classes are theme based and centered managed. These thematic units of learning are presented to the children in learning centers throughout the classroom. In a center managed classroom, the teacher can work with small groups of children to insure individualized attention. Our staff works closely with each child to help develop their self esteem through problem solving, encouraging self- expression and offering positive reinforcements.

Environment

Rising Star Academy is located on 1.2 Acres of land and is housed in a beautifully, new constructed facility. We have spared no expense to fill the building the most developmentally appropriate materials and the highest quality supplies to insure that your child has the best opportunity to learn. Our media room and library are equipped with computers and books so that your child can have experience with different types of media. We have an indoor playroom, a gymnasium, and an outdoor play area that have all been designed and equipped to challenge and entertain children safely.

Staff

Our teachers are carefully chosen not only for experience and credentials, but for their warmth and caring demeanor. Our teachers model, guide, and encourage children to discover the world around them. They are committed to the education of children, meeting individual needs, and nurturing their natural love for learning.

Payment Agreement

- Rising Star Academy currently accepts cash, check, money order or cashier's check as forms of payment. Tuition payments are made on a bi-weekly basis only. If you have special circumstances and need to make an adjustment to your payment, approval from the Director is required, and the below policy is in place for late payments.
- I understand that tuition payments are due every other Monday. If the school is closed on a Monday that tuition is due, it will be due on the 1st day the school reopens.
- I understand that if I fail to pay the tuition due by 6pm on the Tuesday after the Monday the tuition is due, I will be assessed a \$25 fee on Wednesday morning and an additional \$5 fee per day thereafter; tuition is not paid by the following Monday, my child will be automatically discharged from Rising Star Academy unless I have made prior arrangements with the director.
- I understand that there will be no tuition refunds, discounts or deductions for holidays, illnesses, vacations, teacher in-service days, bad weather, or other reasons that the school may be closed.
- I understand that my child's enrollment will be terminated if I am late paying my tuition more than three times, (unless other arrangements have been made and approved by the Director)
- I understand that if I arrive after my child's dismissal time (12:00pm, 3:00pm or 6:00pm), I will be charged \$5.00 plus \$1.00 for every minute that I am late.
- I understand that in the case of withdrawal, one month's notice is required at the 1st of the month. In order to receive prorated tuition, a withdrawal letter must be on file in the school's office. Deposits, registration fees and supply fees are never refunded.
***Student records will only be released if all financial obligations have been satisfied.**

Tuition that is paid in full for the entire year will be discounted by 5%. The discount will be given to those enrolled for a 12 month year and those enrolled for the 9 month school year. This discount does not apply to Afterschool Special Programs, registration, supply fees, or deposits.

Your child has been assigned to the _____ classroom.

The weekly rate is \$ _____.

You will receive a discount: ___ NA 5% KISD 5% Sibling ___ Employee

I have read and agree to the above Payment Agreement.

Parent Signature: _____ Date: _____

Discipline and Guidance/Conduct Policy

(Texas Administrative Code, Title 40, Chapters 746 & 747, Subchapter L, Discipline and Guidance)

Discipline must be individualized and consistent for each child, appropriate to the child's level of understanding and directed toward teaching the child acceptable behavior & self-control.

A caregiver may only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction, which include at least the following:

- Using praise and encouragement instead of focusing on unacceptable behavior
- Reminding a child of behavior expectations daily, using clear positive statements
- Redirecting a child using positive statements
- Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- Corporal punishment or threats of corporal punishment
- Punishment associated with food, naps, or toilet training
- Pinching, shaking or biting a child
- Hitting a child with hand or instrument
- Putting anything in or on a child's mouth
- Humiliating, ridiculing, rejecting, or yelling at a child
- Subjecting a child to harsh, abusive, or profane language
- Placing a child in a locked or dark room, bathroom, or closet with the door closed
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age

The following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant in the program. In accordance with the severity of the infraction and the number of times an infraction has occurred, a child may lose the privilege of participating in a specific activity, be denied field trip privileges, or be suspended from the school or be terminated from the program for:

- Repeatedly using foul language and being repeatedly rude and discourteous to staff and/or peers
- Defacing RSA property or the property of facilities visited during excursions
- Repeatedly engaging in fighting as the only means of resolving an issue
- Biting (when the child has the cognitive ability to know it's wrong and/or hurtful)
- Repeatedly refusing to follow basic rules of safety
- Stealing or defacing other children's property
- Refusing to remain with his/her group in specified area or on outings

I have read and understand the RSA Discipline and Guidance/ Conduct Policies. I understand that the offenses listed in the conduct policy are considered serious infractions and may be grounds for my/my child's dismissal from the school.

Date: _____ **Parent Signature:** _____

SUPPLEMENTAL INFORMATION

This form will remain confidential for the teacher's use. Your answers will provide me with an initial understanding of your child and help make me aware of the concerns that you, as parents, may have. Please feel free to use the back of this form if you have additional comments, or information that you wish to share regarding your child.

Child's Name: _____ Date of Birth: _____

Name you wish us to call your child if different than above: _____

Mother's Occupation: _____ Phone: _____

Father's Occupation: _____ Phone: _____

Would either parent be willing to talk to the classroom about their job and what they do? _____

- **At Home** -The following people live in our home:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there members of the child's extended family with which he/she has a particularly close relationship (e.g., grandparent, aunt, etc.)?

Does your child have a pet(s)? _____ Type and name _____

Is a language other than English spoken in the child's home? _____ yes _____ no

If yes, what language? _____

Please list any religious observances or cultural traditions that your child experiences at home

Typical daily routines (please include the time and usual behavior regarding these routines)

Wakes up: _____

Nap: _____

Bedtime: _____

Favorite Activities: _____

Family Activities: _____

Favorite television shows: _____

Average daily television time _____

Average daily computer/game time: _____

Experience with books: _____

Favorite stories: _____

Has your child had any major changes in his/her life in the past year which would cause anxiety (e.g., major operations, family changes, accidents)? _____yes _____no

If yes, please describe:

Method of discipline used in the home and the behaviors which are exhibited by the child which require the parent to use discipline:

How does your child react to this method of discipline used in your home?

Previous school experience? _____yes _____no

If yes, name of school: _____

Developmental History Have you detected or suspected any difficulties with:

Area of Concern:

If yes, explain:

Adjusting to change in routine ___yes ___no

Nervousness ___yes ___no

Need for security object ___yes ___no

Fears ___yes ___no

Relationship to sibling(s) ___yes ___no

Discipline ___yes ___no

Hearing ___yes ___no

Speech ___yes ___no

Vision ___yes ___no

Overall body coordination ___yes ___no

Language ___yes ___no

Other ___yes ___no

Does your child have any habits or nervous behaviors (e.g., sucking thumb, pacifier, nail biting, etc.)?

Additional Comments

Additional comments/concerns or other pertinent information you may want to discuss:

Parent(s) Signature

Date

Operation Name RISING STAR ACADEMY		Directors Name Christine Spence	
Child's Full Name		Child's Date of Birth	Child's Home Phone #
Child's Home Address			
Date of Admission:	Mother/Guardian Name	Father/Guardian Name	
<i>List numbers below where parent/guardian may be reached while child will be in care:</i>			
Mother's Cell	Mother's Work	Father's Cell	Father's Work
E-mail Address:		E-mail Address:	
<i>Give the name & two phone numbers of 2 people to call in case of an emergency if parent/guardian cannot be reached</i>			
Name:	Cell:	Work/Home:	Name:
			Cell:
			Work/Home:
<i>I hereby authorize the childcare operation to release my child ONLY to the following persons. List name & phone number for each. Children will only be released to parent or person designated by the parent/guardian after ID verification.</i>			
<i>When calling Rising Star Academy to authorize a person other than someone on my child's list of authorized pick-up contacts, I will use the following password to verify my identity and authorization for release.</i>			

CHECK ALL THAT APPLY:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	<i>consent for my child to be transported and supervised by the operation's employees.</i>
1. <input type="checkbox"/> TRANSPORTATION:	<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	<i>consent for my child to participate in field trips.</i>
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	<i>consent for my child to participate in water activities</i>
	<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading <input type="checkbox"/> swimming pools <input type="checkbox"/> watertable play	
4. <input type="checkbox"/> PHOTOGRAPHS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	<i>consent for my child to be photographed for the following:</i>
	<input type="checkbox"/> educational <input type="checkbox"/> website <input type="checkbox"/> advertising	
5. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES	<i>I acknowledge receipt of the facility's operational policies including those for discipline and guidance.</i>	
6. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:	<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	
7. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:	<input type="checkbox"/> MONDAY/WEDNESDAY/FRIDAY <input type="checkbox"/> MONDAY-FRIDAY	
	<input type="checkbox"/> 6:30-6:30	<input type="checkbox"/> 9-3 <input type="checkbox"/> 9-12

<p>VACATION POLICY</p> <ul style="list-style-type: none"> • Each family is entitled to two weeks of tuition-free vacation time during the academic year. ** • RSA required a written notice two weeks in advance when you want to schedule vacation. • The two weeks can be taken consecutively or they can be broken up into one week intervals. • Unscheduled absences will not be accepted as vacation time. • Should a family's plans call for them to be away for longer than two weeks during the academic year, their financial obligation will remain the same. <p>I have read and will abide by this policy</p>
<p style="text-align: center;">(Parent or Guardian signature) _____ Date _____</p> <p style="text-align: center;">**Academic year is from the 4th week in August – 1st week in June</p>

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In an event I cannot be reached to make arrangements for emergency medical care, I hereby authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone:
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Choose a medical care center: **Christus St. Catherine**701 S. Fry Rd.
Katy, TX 77450 **Memorial Hermann Katy Hospital**23900 Katy Freeway
Katy, Texas 77494I give consent for the facility to secure any and all necessary
emergency medical care for my child._____
(signature of parent or legal guardian)

List any special problems your child may have, such as allergies, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's need to be aware of:

SCHOOL AGE CHILDREN:

My child attends the following school:

ADDRESS:	PHONE #:
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 His/Her immunization record is on file at the school and all required immunization and/or tuberculosis test are current. Vision and hearing screening records are also on file

My child has permission to:

 ride a bus walk to and from school be released to the care of his/her sibling(s) under 18 yrs. Old

Name of sibling(s):

IMMUNIZATION RECORD: I have provided the childcare operation with a copy of my child's most current immunization record**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or with-in one week of admission.

Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he/she is able to take part in the day care program._____
(Health-care professional's signature)_____
Date2. A signed and dated copy of a health care professional's statement is attached.3. Medical diagnosis and treatment conflict with the tenets and practices of a religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.4. My child has been examined in the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professionals signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature of Parent or Legal guardian_____
Date