



Kinship Academy

Enrollment Packet

Student's Name _____
School Year 2022-2023

Enrollment for _____ Grade

Student's Legal Name _____

Nickname _____

Date of Birth ____ / ____ / ____ Gender _____

Home Phone _____

Address _____

City _____ Zip Code _____

With whom is child living? _____

To whom should correspondence be sent? _____

Who is responsible for all tuition and fees? _____

This section for staff use only.

Payment Rcvd (Amount): _____

Cash Check #
 NPS

Parent / Guardian Name _____ **Occupation** _____

Address (if different) _____ Home Phone _____

Email _____ Cell Phone _____

Employer _____ Business Phone _____

Parent / Guardian Name _____ **Occupation** _____

Address (if different) _____ Home Phone _____

Email _____ Cell Phone _____

Employer _____ Business Phone _____

Other children living in your home (names/ages) _____

Primary language spoken at home _____

Other Language(s) spoken _____

PERMISSION SLIP

Permission to participate in school activities and to receive emergency care as granted by the parents of enrollment of the child at Kinship Academy.

Yes No

- I grant permission for my child to use all of the play equipment and to participate in all school activities for the 2022-2023 school year.

- I grant permission for my child to participate in school-sponsored off-campus activities under the direct supervision of authorized school personnel. I acknowledge that I will be notified as to the specific date, time, place and purpose of the activity at least one week before my child attends such events. I also acknowledge and agree that if my child's behavior does not meet minimum standards, then he/she will be detained from attending the off-campus trip but will attend school.

- I grant permission for my child to be transported in a school or staff vehicle understanding that proper licensing, seat belts and liability insurance have been secured by school personnel and validated by Kinship Academy for the 2022-2023 school year. I further acknowledge that should my child cause a vehicle to become unsafe to operate, then intervention up to suspension from transportation may occur.

- I grant permission for my child to be **(Check only the ones you give permission for):**

Photographed Interviewed Videotaped Audio Taped

By a representative from: - Kinship Academy

For the purposes of:

Internal training, Web site Photos, year book, flyers and marketing.

- I grant permission for an authorized school staff member to dispense prescription medication from a valid prescription container only and with the full expectation that all conditions on the prescription label will be strictly followed.

- I grant permission to the school or agent of the school to obtain emergency medical care if warranted. I understand these steps will be followed but may not be limited to:
 - Attempt to contact parent or guardian
 - Attempt to contact child's physician
 - Attempt to contact you through any of the persons listed on your emergency medical care form completed.
 - If we cannot contact either you or your child's physician and the situation warrant emergency medical attention we will (a) call another physician or the paramedics, (b) call for an ambulance, or (c) have the child taken to the hospital emergency room accompanied by a school staff member**Please note: Any expense incurred do not necessarily become the responsibility of Kinship Academy.**

- I grant permission for any outside professional involved in my child's case to have access to my child's file. A list of persons who have access to my child's file will be provided upon request. I also understand that I have the right to review my child's school file 48 hours upon sending a written request to do so.

- I grant permission for my email address and telephone number to be included in a school directory to be distributed to the staff and parents of Kinship Academy students.
- I grant permission for a Kinship Academy staff person to release my telephone number, and/or E-mail address, to another KINSHIP ACADEMY parent if so requested.
- I grant permission for my child to consume the food provided at a Kinship Academy sponsored special even or celebration
- I grant permission for the display for my child's artwork or other school work to be publicly displayed at a Kinship Academy sponsored showing, special events, and/or for advanced training purposes.

The school is not responsible for anything that occurs as a result of (false information given to the school on! his or any other record at the lime of enrollment.

Signature of Parent or Guardian

Date

Health History

To be filled out by parent/guardian. Attach separate sheet if more space is needed.

Child's name _____ Date of Birth _____ Age _____

Allergies: Food, medicines, insects, plants: **None** **Yes** **If Yes, please explain:**

List any **medications, dosage, and frequency**. Indicate if any of these medications will need to be taken during a school day:

Special Needs: list any physical, medical, or behavioral conditions that may affect or limit full participation. List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Immunizations (give date of last inoculation and provide copy of child's Immunization Record as proof of immunization):

Age 5 and over:

Diphtheria, Tetanus, and Pertussis (DTaP, DTP, or DT) _____ Polio (OPV or IPV) _____

Measles, Mumps, and Rubella (MMR) _____ Hepatitis B _____

Varicella (Chickenpox) _____

Note: Children entering 7th Grade require an additional Tetanus, Diphtheria, and Pertussis (Tdap) immunization.

Kinship Academy

Medical Emergency Form

Student Name:DOB

Emergency Contact Persons: Please list persons whom we can contact should we be unable to reach you during regular school hours:

Name of Emergency Contact #1 Home phone Alternate Phone work cell

Name of Emergency Contact #2 Home phone Alternate Phone work cell

Emergency medical information for your child:

Medical Insurance Company: _____

Medical Insurance Number: _____

Primary Care Physician Work Phone Alternate contact number

Psychiatrist Work phone Alternate contact number

Kinship Academy

CLASS STAFF AGREEMENT

Child's Name Date:

The alliance between caregivers, student and staff is important for your child's success at the Kinship Academy. In order for our program to fully support you and your child, parents and caregivers are expected to:

Educational:

- Contact their transportation provider **and** Kinship Academy (408-559-7500) should your child need to be absent from school
- Understand and accept that your School District will be active members of your child's IEP team
- Attend the three scheduled parent/guardian conferences each school year
- Provide written consent for your child's team to consult with your child's previous teacher(s) and school staff to obtain information and educational records if requested.
- Ensure that we will be able to reach a live person via the emergency numbers given who is an authorized decision maker.
- Drop off and pick up your child at the scheduled times
- Ensure your child is at school daily to help support routine and progress unless sick.
- Abide by the recommended actions (incentives and consequences) of your team's specialist
-

Kinship Academy will endeavor to ensure the safety of each child, but does not assume liability or responsibility for injuries incurred accidentally or when there is neither negligence on the part of the supervising staff member.

The Kinship Academy accepts children into their program with the expectation that the child will exhibit measurable benefit from educational, behavioral and therapeutic services. Kinship Academy does not guarantee outcomes. Kinship Academy reserves the right to determine that if the program is neither appropriate nor eliciting tangible educational benefit for the child and reserves the right to initiate early transition and/or termination.

I understand and accept the conditions outlined in the agreement:

Signature of Legal Parent/Guardian _____ Date: _____

Kinship Academy

Special Education Team Agreement

Communication:

- Notify your child's team of significant events that occur outside of school

Attendance:

- Your child's attendance at school is mandatory.
- Multiple absences will affect your child's secured placement at Kinship Academy

Consultation:

- Give permission for your child's therapist to consult with the previous and/or current therapist, psychiatrist and/or other providers of mental health services
- Give permission for periodic and general updates to your child's Mental Health Coordinator, if applicable

Your child's mental health services at KINSHIP ACADEMYS

Type of services:

- Individual, family and/or group therapy may be provided

Goals:

- Goals will be reviewed with you periodically
- Regular updates of your child's progress will be provided at your child's annual Individualized Education Plan (IEP) and in regular consultations with his/her team.

Collaboration among KINSHIP ACADEMYS multidisciplinary members:

- Staff work collaboratively with all disciplines at Kinship Academy
- Collaboration is confidential
- Written consent to be obtained to consult with personnel outside of Kinship Academy

I understand and accept the conditions outlined in this agreement.

Signature of Legal Parent/Guardian _____ Date: _____

Student Name (Please print): _____

Kinship Academy Computer Use and Internet Access

Technology Use Policy

Students and a parent or guardian should read this page together.

All students are held to these guidelines when using computers at school.

The Internet links thousands of computer networks around the world, giving students access to a wide variety of computer and information resources. No matter where the computer is located, at school or at home, it is important for parents to supervise a student's use of the Internet.

Kinship Academy encourages parents or guardians to locate computers with Internet access in areas of the home where the student can be supervised while using the computer. The Internet is essentially a huge library where useful information is located right next to pornographic or other inappropriate material. This includes chat rooms, where your children may interact with strangers who have unknown motives.

Kinship Academy does not have control of the information on the Internet; however, we do use a software filter that restricts students from getting to objectionable material. Due to the constantly changing nature of the Internet, no filter is foolproof.

The use of the schools' computers and computer network is a privilege - not a right, which may be revoked at any time. Violating the Acceptable Use Policy may result in restrictions on or loss of computer privileges, disciplinary, or even legal action.

In addition to the Kinship Academy Technology Acceptable Use Policy, the National Center for Missing and Exploited Children (NCMEC) has produced a set of guidelines regarding Internet use for children entitled "Kids' Rules for Online Safety." These guidelines are attached to this document for your reference and are available at the following URL: <http://www.safekids.com/kidsrules.htm>.

Network and computer administrators may review files and communications to maintain system integrity and insure responsible use. Students should not expect that their files and folders are private.

Though Kinship Academy will do everything possible to ensure that students abide by established regulations and procedures while they are at school, Kinship Academy is not responsible for managing computer activity your child may engage in from your home computer unless it impacts computer access and/or information displayed on our school computers.

Kinship Academy Technology Use Regulations

The following actions will result in consequences ranging from temporarily withholding computer use privileges to making a police referral based on the severity of the violation as determined by KINSHIP ACADEMY School staff.

1. Messaging intended to harm, blackmail, slander, or spread rumors about another person
2. Messaging that includes directed profanity, threats, cyberbullying, abusive or otherwise objectionable language.
3. Unsanctioned use of or stealing another's person's password, or any attempt to hack another individual's password or account.
4. Plagiarizing other individual's work which infringes on copyright laws.
5. Displaying and/or sending racially, ethnically, sexually or disability-related offensive messages or pictures.
6. Purposeful or neglectful damaging a computer including unauthorized access or hacking of computer systems or computer networks.
7. Accessing non-approved chat lines.
8. Disclosing any personal and/or confidential information about self or others.
9. Accessing any website considered illegal for a minor to be on. This includes, but is not limited to, sexually explicit sites explosive making sites, and hacker sites (sites that provide information how to break into, steal, and/or harm computers, cell phones, or software).

In order for students to receive an Ushered and password to enable them to access the Internet, the student and a parent must sign a permission note stating that they have read and understand this document, and agree to abide by these guidelines.

Parent/Guardian Signature

Student Signature

Parent/Guardian Printed Name

Student Printed Name

Date

Date



Safe eKids.Com

Kids' Rules for Online Safety

1. I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school without my parents' permission.
2. I will tell my parents right away if I come across any information that makes me feel uncomfortable.
3. I will never agree to get together with someone I "meet" online without first checking with my parents. If my parents agree to the meeting, I will be sure that it is in a public place and bring my mother or father along.
4. I will never send a person my picture or anything else without first checking with my parents.
5. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do, I will tell my parents right away so that they can contact the service provider.
6. I will talk with my parents so that we can set up rules for going online. We will decide upon the time of day that I can be online, the length of time I can be online and appropriate areas for me to visit. I will not access other areas or break these rules without their permission.
7. I will not give out my Internet password to anyone (even my best friends) other than my parents.
8. I will check with my parents before downloading or installing software or doing anything that could possibly hurt our computer or jeopardize my family's privacy.
9. I will be a good online citizen and not do anything that hurts other people or is against the law.
10. I will help my parents understand how to have fun and learn things online and teach them things about the Internet, computers and other technology.

Rules one through six are adapted from the brochure [Child Safety on the Information Highway](#) by SafeKids.Com founder Larry Magid. (© 2004 National Center for Missing and Exploited Children). Rules 7 through 10 are copyrighted by Larry Magid (© 2005)

KINSHIP ACADEMY Policy for Transportation Refusal

In the event a student repeatedly refuses to access scheduled afternoon transportation following school dismissal, Kinship Academy staff will attempt to contact a parent/guardian for student pick-up. KINSHIP ACADEMY expects that all parents and guardians will answer telephone calls from school staff, respond to missed calls/messages, and/or arrive on campus as needed within a timely manner.

If a parent/guardian cannot be reached, or the parent/guardian is otherwise unavailable for a child's pick-up by **4:00 PM**, KINSHIP ACADEMY staff will contact the Police Department and provide a release of custody to maintain the child's safety and supervision until a parent/guardian can be contacted.

I, _____, acknowledge awareness and understanding of Kinship Academy's Policy for Transportation Refusal.

Name of Student: _____

Parent/Guardian Signature: _____

Date: _____



Kinship Academy

Confidentiality and Disclosure Statement

The need to protect the confidentiality of our students and families is paramount. All confidential information is kept in the student's chart, which are stored in locked file cabinets in the school chart room adjacent to the office. Dissemination of information regarding child and family issues is strictly limited to authorized KINSHIP ACADEMY School personnel. Confidential information is released to outside agencies or persons only after written consent of the parent or legal guardian has been obtained. The only legal exceptions to this confidentiality are as follows:

1. If a client or family member or collateral person states an intention to seriously harm him/herself or another person or persons, we may have a legal obligation to warn the individual's family, the intended victim, and/or the police.
2. If we have a reason to believe there may be abuse or neglect of a child or vulnerable adult. State and Federal laws require us to report this to appropriate agencies.
3. If there is an emergency, we will need to communicate the condition to a family member or other appropriate person.
4. If it is court-ordered.
5. If a non-custodial parent requests information, they may receive information about our services to their child.
6. If outside agencies (i.e., third party payer, insurance companies) require certain information to make payment for services.

California State Law authorizes that a minor has the right to request that private data about them be kept from their parents or legal guardian. This request will be honored if we believe it will protect a child from serious physical or psychological harm, or if the clinician believes such confidentiality is necessary in the best interest of the child. However, parents and legal guardians nonetheless have a legal right to information about services to their child, and every effort will be made to engage parents and families as full partners in the mental health treatment plan for their child. If you feel any information about your child or family is inaccurate or incomplete, you may file a formal grievance or discuss the matter with Kinship Academy staff and/or administration and/or file a formal grievance.

Your signature below indicates you have read and understand the information in this statement and agree to abide by those conditions in order for the student to participate in the KINSHIP ACADEMY School program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ Date: _____

Kinship Academy

Email Authorization Form to Utilize Unencrypted Email to Communicate Protected Health Information

We want to make sure you know that email communications between us are not encrypted and therefore are not secure communications. If you elect to communicate with Kinship Academy from your workplace computer, you also should be aware that your employer and its agents may have access to email communications between us. Finally, email communications may become a part of your Kinship Academy file and be accessible to Kinship Academy and staff as needed for our operations.

Incoming email communications will be reviewed and responded to as soon as possible. If you have not heard from us and are concerned, we may not have received the message, please call the office during regular business hours. **Email communication should never be used in the case of an emergency or for urgent requests for information.**

If you agree to the foregoing terms, please indicate by signing this form that you accept the terms and conditions outlined herein.

Signature: _____ Date: _____

Printed Name: _____ E-mail: _____