



**NORTHSTAR
STUDENT
ENROLLMENT**

Enroll

Re-Enroll

Update Information

Communicate

Automate



How to:

Sign-in to Student Profile

Enroll New Student

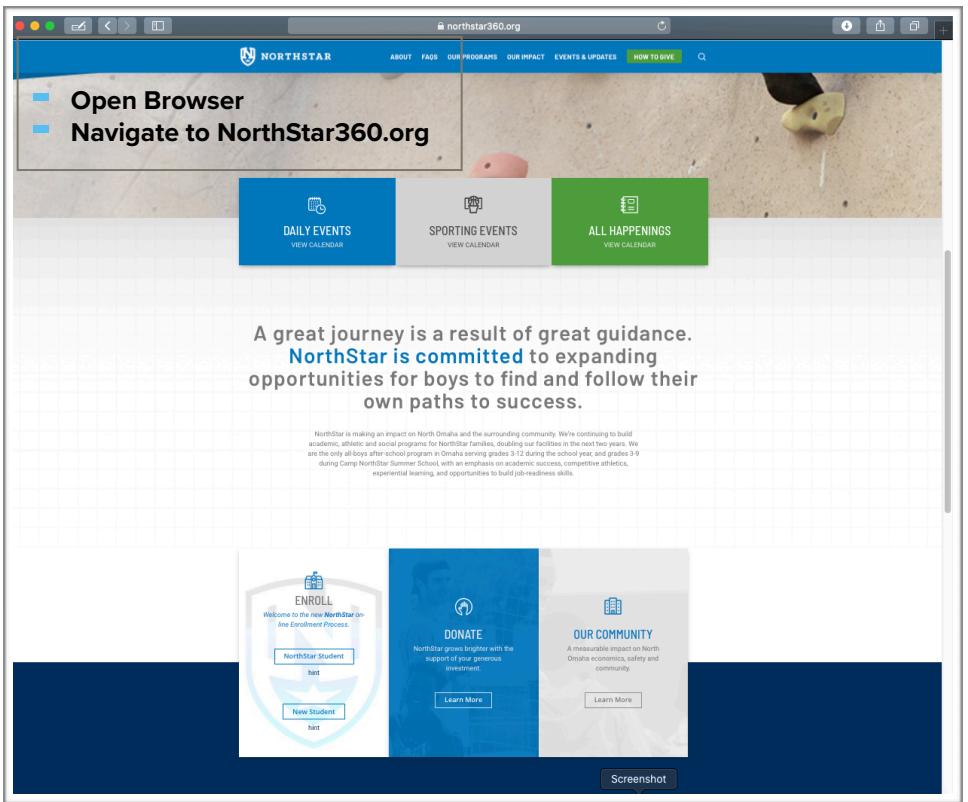
Fill out Enrollment Information

Provide Medical Information

Provide Contact and Pickup Authorizations

Navigate the student Profile Page

Make on-line payments

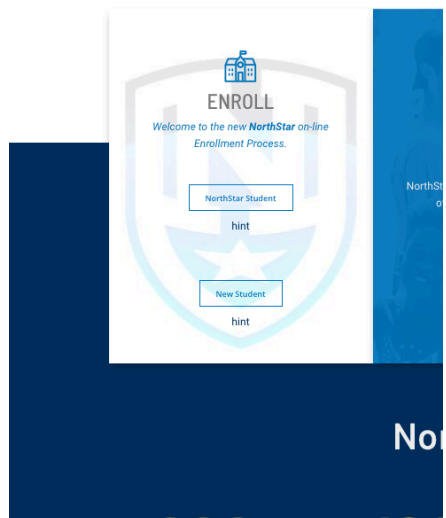


– Select NorthStar Student if:

- Student is returning
- Student is already enrolled
- You have additional students to Enroll
- To go to the Student Profile

– Select New Student if:

- Student has never attended NorthStar



New Student

- To get started we need:
 - Parent/Guardians Email address
 - Set up a password for your profile
 - The Students Name
 - Click the Submit Button



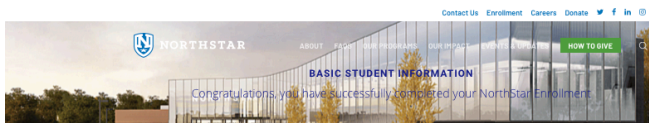
Email * StudentNorthStar@icloud.com

Password
 Enter password again *

Student First Name Bruno

Student Last Name Karbowski

Submit



BASIC STUDENT INFORMATION

While every NorthStar boy does not participate in every opportunity, each boy has a chance to interact in activities and experiences that are of interest to him. Your registration process will open the door to opportunities in all three areas.

A full NorthStar experience consists of these four areas:

- Academics** - supporting classroom learning
- Programming** - Providing experiences that are both enriching and remedial
- Athletics** - offering both competitive and non-competitive sports opportunities
- Outward Bound** - discovering adventure through experiential learning

Basic Student Information

- You will automatically be directed to the Basic Student Info Page
- Some fields will already be filled from information you have already entered
- The “ * ” symbol indicates a required field, you will not be able to move on if required information is missing.

Email * StudentNorthStar@icloud.com

NorthStar Assigned Student ID user id auto populate

Click on the appropriate statement below to access the Release of Information form.

This Student attends an OPS School.

This Student attends a Private or Parochial School.

Current School * [Empty field]

Current Grade Level * K-12

Student First Name * Bruno

Student Last Name * Karbowski

Student Address

Address Line 1 * [Empty field]

Address Line 2 [Empty field]

City * [Empty field] State or Region * [Dropdown menu]

Zip [Empty field]

Student Phone Number (000) 000-0000

Next

Click on the appropriate statement below to access the Release of Information form.

When selecting the response to this question an additional page will open with correct Release of information form.

This Student attends an OPS School.

This Student attends a Private or Parochial School.

After submitting the Release form, you will be returned to the Basic Information page to continue where you left off.

Level *	11
Name *	Bruno
Me *	Karbowski
Address Line 1 *	4242 North 49th Street
Address Line 2	
City *	Omaha
State or Region *	Nebraska
Zip	68104
Number	(402)-651-8787

Student Demographics

Financial Info

Home - NorthStar Foundation | Demographics - NorthStar Foundation

Contact Us | Enrollment | Careers | Donate | f | in | @

ABOUT | FAQs | OUR PROGRAMS | OUR IMPACT | EVENTS & UPDATES | HOW TO GIVE

STUDENT DEMOGRAPHIC

Great Start 30%

Student Demographics

Email *

Student First Name

Student Last Name

Student Gender * Male Female

Student DOB *

Student Race *

Meal Plan * Free Reduced Full Pay

Student Lives with *

PRIMARY PARENT/GUARDIAN INFORMATION

Primary Relationship to Student *

Primary Parent /Guardian First Name *

Primary Parent /Guardian Last Name *

Primary Parent/Guardian Addr

Address Line 1

Address Line 2

City State or Region
State or Region

Zip

Primary Parent/Guardian Email

Primary Parent/Guardian Home Phone

Primary Parent/Guardian Cell Phone

Note: There is a status bar on this page and every other page after to show progress towards completion.

- First we collect some additional Student information
- Then they switch to Parent/ Guardian information

Contact Us | Enrollment | Careers | Donate | f | in | @

STUDENT DEMOGRAPHIC

Great Start 30%

Financial Information

Employment Full Time Part Time Unemployed

Family Income: Under \$10,000 \$10,000-\$15,000 \$16,000-\$20,000 \$21,000-\$25,000 \$26,000-\$30,000 \$31,000-\$35,000 \$36,000-\$40,000 \$41,000-\$45,000 \$46,000-\$50,000 OVER \$50,000

Other Dependents

Special Situation (check all that are applicable) Student Resides in a Shelter Student is Living in Public Housing Family receives Section 8 Student is in Foster Care Student is a ward of the State Student has a current 504 English is the Student's Primary Language Student is in Special Ed Student is in a Gifted Program Other

Prev Next

- Now lets collect a bit of financial information
- Also any special living situations or programs we should know about.
- If you need to change something on a previous page, you can now use the prep button

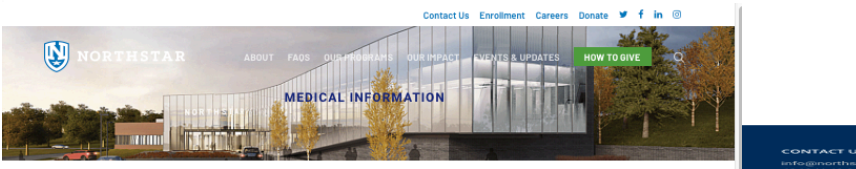


Medical History Submitted

Redirecting you to
OB Acknowledge

Navigation

- You may have noticed when you move on to another page a message pops up to tell you where you are being directed.



Email *

Student First Name

Student Last Name

MEDICAL HISTORY PAST AND PRESENT

Please put a check next to any medical conditions, past or present that the student has experienced, please provide details below if the medical condition causes any restrictions, limitations, current medications, etc..

- Medical History Past and Present**
- High Blood Pressure
 - Heart Disease
 - Heart Murmur
 - Irregular Heartbeat/Palpitations
 - Chest Pain/Pressure
 - Circulation Problems
 - Frostbite
 - Heatstroke
 - Frequent Dizziness/Fainting
 - History of Altitude Sickness
 - Severe Headaches/Migraine
 - Head Injury with neurological impairment
 - Tuberculosis/Positive TB test
 - Asthma or COPD
 - Active or History of Hepatitis
 - Lyme Disease
 - Seizure Disorder/Epilepsy
 - Seizure within past 6 months
 - Bleeding/Blood Disorder
 - Sickle Cell Anemia
 - Sickle Cell Trait
 - Hypoglycemia
 - Diabetes
 - Cancer
 - Thyroid Problems
 - Gastro-intestinal Problems
 - Special Diet
 - Food Allergies
 - Kidney Problems
 - Urinary Tract Problems
 - Bedwetting
 - Orthopedic Problems
 - Broken Bones within past year

- The Medical Information page is very important given the physical nature of some programs at NorthStar and Outward Bound
- These pages also contain Student information because they may be used offsite

ALLERGIES

List all Allergies this student has, include Medicine, foods, insect bites/stings, environmental, etc.

(Please click the Add button beneath the field to enter additional items. To remove an item you can use the delete located below the field.)

Allergies This Student has no Allergies.

Allergies

ADD DELETE

Reaction

ADD DELETE

Medication

ADD DELETE

Immunizations This Student is current on all Immunizations.

— In an effort to capture all information on Allergies — Medications etc you can add as many boxes as needed by clicking the “ADD” button for each field.

MEDICATION

Please list all medications taken or changed within the past 3 months. Also list OTC, inhalers, herbal supplements etc.

Current Medications This Student does not currently take any Medications.

Please click the Add button located beneath the field to enter additional items. If you need to remove an item you can use the delete located below the field.

Current Medication

ADD DELETE

Medication Taken For

ADD DELETE

Dosage

ADD DELETE

Date Started

ADD DELETE

Please click the Add button located beneath the field to enter additional items. If you need to remove an item you can use the delete located below the field.

Current Medication

ADD DELETE

Medication Taken For

ADD DELETE

Dosage

ADD DELETE

Date Started

ADD DELETE

Side Effects

— You can also remove these fields using the

HOSPITALIZATIONS/EMERGENCIES

List any hospital p-ychiatric, or urgent care visits within the past year.

Hospitalized This Student has no Emergency visits in the past year.

Please click the Add button located beneath the field to enter additional items. If you need to remove an item you can use the delete located below the field.

Hospital Date of Visit

ADD DELETE

Hospital Reason

ADD DELETE

Hospital Length of Stay

ADD DELETE

Next



You are past the half way mark!

60%

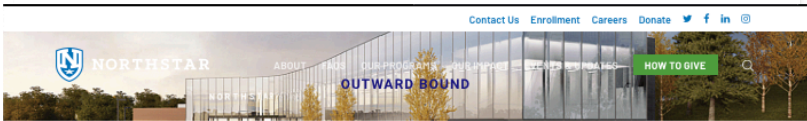
OB Acknowledge Submitted

— Note another progress bar

Redirecting you to
NS Consents

Up next

— Some reading and
signatures are next!



You are past the half way mark!

60%

Email *

StudentNorthStar@icloud.com

PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and

LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Outward Bound Omaha, LLC, and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, and Charter Schools, (collectively referred to as "OB"), participant (and parent or legal guardian of a minor participant) acknowledges and agrees as follows:

Acknowledgment and Assumptions of Risks

I understand that participant (and parents) share(s) the responsibility for participant's safety, for managing the risks and for determining the participant's suitability for the program in which he/she will participate. I have accurately completed any required OB application and medical forms and have reviewed all OB program information provided to me. I agree to obey all OB rules, regulations, and policies (and have my child obey them). I have (or my child has) no mental or physical problems or limitations that might affect my (or my child's) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I (or my child) will participate.

I understand and acknowledge that the program(s) in which I (or my child) will participate has risks and may be physically strenuous. It is impossible to anticipate every activity in which I (or my child) will engage. Outward Bound offers numerous courses with a wide variety of activities. The list below includes many of those activities. The activities in my (or my child's) course will depend on the program in which I am (or my child is) enrolled but may include: hiking, backpacking, skiing, snowboarding, dog sledding, and/or snowshoeing (on and off trail); camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); rock, wall or tower climbing; physical problem-solving activities; water activities including flat water or white water boating, rafting, canoeing or kayaking; ocean sailing or sea kayaking; surfing, snorkeling, or swimming; river crossing; bicycling (including mountain biking); mountaineering (snow, glacier or ice travel or travel at high altitude); horseback riding; jogging or stair climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios (real or simulated); community and other service projects that may involve using tools, power equipment, ladders, or construction materials. I understand that I (or my child) may engage in other activities not listed above. The program plan may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions. Activities may take place in the United States or in foreign countries and may be supervised or unsupervised. In particular, participants may have time alone in remote areas. Participants may also be in urban or other areas with exposure to individuals who are not under OB's supervision or control.

It is impossible to know or list every risk associated with every activity. Risks will depend on the program. Some, but not all, of the risks I (or my child) may encounter include: unpredictable or harsh weather; earthquakes; lightning; exposure to extreme temperatures (high heat or extreme cold); exposure to high altitude, avalanches and rock fall; rapidly moving water including whitewater and rough seas; drowning; wild animals and marine life; disease carrying or poisonous plants, insects, animals, and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants or other individuals, and other natural or man-made hazards. Another risk is the potential misjudgment by OB instructors, volunteers, other staff members, co-participants or contractors related to my (or my child's) participation, including but not limited to decisions regarding my (or my child's) physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in my OB program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risk, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that OB cannot ensure my (or my child's) safety and does not seek to eliminate all of these risks, in part, because they facilitate the educational and other objectives of the program. I agree to assume all of the risks of the activities of my (or my child's) OB program, whether inherent or not and whether described above or not.

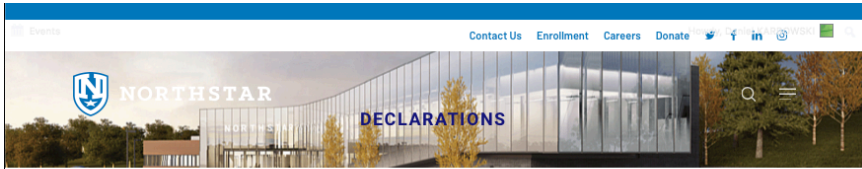
Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge OB, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively referred to as "the Release Parties") from and agree not to pursue a claim or sue the Released Parties for any liability, claim, or expense in any way associated with my (or my child's) enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child's) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse the Released Parties for money they are required to pay, including attorney's fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, a co-participant, or any other person for any claims related to my (or my child's) enrollment or participation in the program or my (or my child's) use of

NORTHSTAR DECLARATIONS

PLEASE READ AND ACKNOWLEDGE



Email *

InfoTechNorthStar@icloud.com

Release and Agree

My child is joining NorthStar with my consent. I hereby release NorthStar, its Board of Directors, agents, contractors, and employees from an and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from a) my child taking part in and or assisting with any NorthStar activities, or b) designated NorthStar personnel administering emergency medical treatment as authorized in the Emergency Medical Treatment section.

Declaration *

I have read and understand the Release and Agreement Information

Declaration

I disagree or do not understand the Release and Agreement section.

Transportation Consent

NorthStar provides transportation from targeted area school or Outward Bound.

Declaration *

I have read and conse

Declaration

I do not understand or

Evaluation Consent

I give permission for my son to participate in evaluation activities skill development and/or knowledge, discussion groups, rec informal activities designed to evaluate the effectiveness of

Declaration *


I have read and under

Declaration

I disagree or do not ur

- Enrollment is contingent upon acceptance of policies and rules, you will see the errors on the right if not checked. Please contact Administration for additional information if needed.

[Contact Us](#)
[Enrollment](#)
[Careers](#)
[Donate](#)
[f](#)
[in](#)
[@](#)



NORTHSTAR

[ABOUT](#)
[FAQS](#)
[OUR PROGRAMS](#)
[OUR IMPACT](#)
[EVENTS & UPDATES](#)

HOW TO GIVE

EMERGENCY CONTACT AND PICKUP AUTHORIZATION

Only 2 more forms! 80%

Email *

Student First Name

Student Last Name

EMERGENCY CONTACT INFORMATION

Emergency Contact: In case of an emergency regarding the student, we will always call the numbers associated with the adults in the student's home first. If we cannot reach one of the listed adults, please list 3 the family members or friends we can contact.

1. Contact Name

1. Contact Phone #

1. Relationship to Student

2. Contact Name

2. Contact Phone #

2. Relationship to Student

3. Contact Name

3. Contact Phone #

3. Relationship to Student

PICKUP AUTHORIZATION

Pickup Authorization: We are not authorized to release a student to anyone other than an authorized parent or guardian of the child. In the event that someone other than an authorized parent or guardian will be picking up your child, please fill in the information below.

We understand that situations arise that cannot be anticipated, if it becomes necessary for you to designate a person for a specific period of time to pick up the student, please specify a starting and ending date.

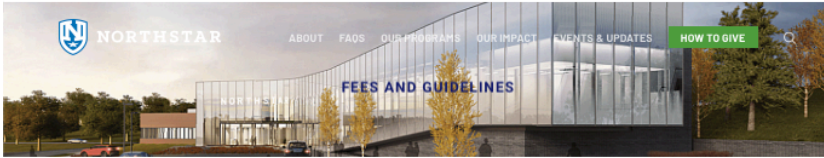
1 Authorized Person First and Last Name

1. Phone Number

1 Relationship to Student

1 Effective Date

- Provide Emergency Contacts and Pickup Auth.
- This form can be updated on your profile page for special situations or one time changes.



Email *	<input type="text" value="StudentNorthStar@icloud.com"/>
Student Last Name	<input type="text" value="Karbowski"/>
Student First Name	<input type="text" value="Bruno"/>

AFTER SCHOOL PROGRAM

Students safety is one of the highest priorities at NorthStar. For the reasons we are concerned when any student is still here after our 7 PM dismissal, NorthStar is not and cannot be staffed to provide supervision for students in these situations. Having extra personnel to supervise is beyond our financial resources, late pick up fees must be paid before the student can return.

AFTER SCHOOL PROGRAMS

Dismissal time is 7:00 P.M.

Late Fees begin at 7:30 - \$20.00 fee

Late Fee 7:45 - \$25.00

8:00 P.M. OPD will be contacted

CAMP NORTHSTAR

Dismissal time is 5:00 P.M.

Late Fees begin at 5:30 - \$20.00 fee

8:45 - \$25.00 P.M.

6:00 P.M. OPD will be contacted

Declaration I have read, understand, and agree to the Late Pick Up guidelines

CAMP REGISTRATION GUIDELINES

To reserve a summer spot in Camp NorthStar a parents registered in the after-school program will need to complete a confirmation form during the month of April if you register and do not have an outstanding balance at that time there will be no additional charge to attend.

The deadline to register for camp NorthStar is April 30. If you register after April 30, you will be placed on a waiting list and the additional fee of \$25 will be required if accepted.

Declaration I have read understand and agree to the Camp NorthStar deadlines.


[Submit](#)

- Fees and Guidelines
- This is the last form in the enrollment process.
- Next you will be taken to your Student profile Portal.

STUDENT PROFILE PAGE [Enroll](#) - [Re-Enroll](#) - [Update](#) - [Programs](#) - [Events](#)



[Utilities](#) [2020 NorthStar360 Handbook](#) [Programs](#) [NorthStar Activities](#) [Program Faqs](#) [Enrollment Faqs](#) [Payments](#) [LogOut](#)

Account Details	Username* <input type="text" value="InfoTechNorthStar"/>
Change Password	First Name <input type="text" value="Daniel"/>
Verify	Last Name <input type="text" value="KARBOWSKI"/>
Payment History	Email* <input type="text" value="InfoTechNorthStar@icloud.com"/>
Inbox Mail 	<input type="submit" value="Submit"/>

Student Profile Page

- This page is your access point to all your students information. You have links across the top and along the side to access information or update information.
 -
 - View Payment information.
 -
 - Make payments for Registration Fees or other Fees.
 -
 - Check out the Events Calendar
 -
 - Update your students information
 -
 - Access the Handbook and much more
- and much more

Coming Soon! PayPal on-line payments!

(Until PayPal payments are implemented, contact a NorthStar staff member for current payment options, we can still process Credit Cards and Cash payments)

The screenshot shows a web browser window with the URL northstar360.org. The page title is "Payments - NorthStar Foundation". The navigation menu includes "Contact Us", "Enrollment", "Careers", "Donate", and social media icons for Facebook, LinkedIn, and Twitter. The main header features the NorthStar logo and navigation links: "ABOUT", "FAQS", "OUR PROGRAMS", "OUR IMPACT", "EVENTS & UPDATES", and "HOW TO GIVE". A "PAYMENTS" banner is visible in the background. The form fields are as follows:

NorthStar 360 Foundation
4242 North 49th Street
Omaha, NE 68104

Payment Method Selection:
PayPal
MasterCard
VISA
Discover

NorthStar 360

Date *

Email *

Student First Name

Student Last Name

Fall Enrollment Fee *

Total Price: \$10.00

Payment Type
 Cash
 Credit Card Debit/Credit with PayPal
 ACH Electronic Funds Transfer
 Other

Admin Cash Payment Accepted

Select a payment method *
 PayPal
 Pay Offline

Total Price: \$10.00