



2011-12 After School Care Information Packet

General Information:

- After School Care is offered for students ages Pre-K through 5th grade.
- Care is offered Monday through Friday. Care hours are 2:30-5:45 daily. In the event of inclement weather, we follow the Little Rock School District's schedule and after school care will not be held. On days when the LRSD is closed, we will offer School's Out Day Camp as an alternative care choice. Enrollment in After School Care does not automatically enroll you in day camp.
- Students left after 5:45 p.m. will be charged a \$5.00 late fee. All late fees are due at time your child is picked up from camp.
- Care questions may be emailed to **coachgrady75@yahoo.com**.

Fees:

- Care tuition will be automatically drafted from your checking account or the credit/debit card of your choice. Charges will be processed on the first day of each week.
 - Full day care fees: \$50.00/weekly
 - Part-time camp fees: \$10.00/day
- A weekly, \$5.00 second child discount will be offered for families with more than one child enrolled in full-time after school care.

When Registering:

- Complete and return the following forms and items.
 - **2011 Care Registration Form (unless you were enrolled in 2011 Summer Camp)**
 - **2011-12 After School Care Registration Form**
 - **Payment Information Sheet**

Food and Snacks:

- River City is a peanut-free zone.
- We will provide a nutritional snack every afternoon.
- Please notify us if your child has any food allergies or special dietary requirements.

Medication Procedure:

Medication can only be administered with a signed parental permission that includes date, type, name and dosage. The appropriate dose of medicine should be in the original container and be labeled with the child's name. All medication must be left at the front desk and be removed from the gym by the parent at the end of the day.

Cancellation Policy:

You must notify River City Gymnastics of any cancellations/changes to your original enrollment obligation in writing one week in advance to avoid being charged daily/weekly tuition.

Absentee/Sick Policy:

Please call River City if your child will be absent. Any child who becomes sick shall be separated from the other children and supervised until pickup. Parents will be notified immediately and need to pick up the child within one hour of being called. Children cannot attend after school care if they have had fever, diarrhea, vomiting, sore throat or any other sickness within 24 hours. If your child is absent for any reason, it is understood that the parents are still responsible for the fees for that day/week.

www.river-city-gymnastics.com

5310 S. Shackelford, Suite A ~ Little Rock, AR 72204 ~ 407-8000



2011 Care Registration Form:

Date of enrollment: _____
(office use only)

How did you hear about River City? Friend: _____ Former Student: _____ Phone Book: _____ Birthday Party: _____
Kid's Directory: _____ Playgroup: _____ Web Site: _____ Mail: _____ If other, please list: _____

Family Contact #1:

First Name: _____ Last Name: _____

Type: Mother _____ Father _____ Guardian _____ Other _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Work hours: _____

Family Contact #2:

First Name: _____ Last Name: _____

Type: Mother _____ Father _____ Guardian _____ Other _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Work hours: _____

Emergency Contact:

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

List of Additional persons authorized to pick up my child: (Other than parents)

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

***Please notify us in writing of any changes that need to be made to your alternate pick-up list. Anyone other than a parent or guardian will need to present a photo ID at the time of pick-up.**

First Student Information:

Student's First name: _____ Last Name: _____ Student Gender: _____

Student Birth date: _____ (mm/dd/yyyy) Student Age: _____ School: _____ Grade: _____

Disabilities/Medical Conditions: _____ Current Medications: _____

If age 6 or older, does your child use a car seat? _____ Shirt Size: _____ Special Interests: _____

Second Student Information:

Student's First name: _____ Last Name: _____ Student Gender: _____

Student Birth date: _____ (mm/dd/yyyy) Student Age: _____ School: _____ Grade: _____

Disabilities/Medical Conditions: _____ Current Medications: _____

If age 6 or older, does your child use a car seat? _____ Shirt Size: _____ Special Interests: _____

Medical Emergencies:

The undersigned gives permission to River City Gymnastics, its owners and operators to seek medical treatment for the participant, in the event they are not able to reach a parent or guardian. I hereby declare any physical or mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician _____ be called at _____ and that my child be reported to _____ hospital. Our insurance company is _____ and our policy number is _____.

Preferred Doctor's Address: _____

Preferred Hospital's Address: _____

I've read the above and agree.

Initial _____

Payment Information:

A deposit of one week's tuition is due at the time of enrollment. Deposits are non-refundable however are transferable to another week. In order to avoid care tuition and fees, all cancellations/changes must be made in writing one week in advance. If you child is absent due to illness, you will still be responsible for tuition.

I've read the above and agree.

Initial _____

I authorize River City Gymnastics, Inc. to initiate debit entries to my checking or credit card account and to debit the same account monthly and to credit it in the event of error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until River City has received 30 days written notice of its termination in such time and in such manner as to afford River City and the bank/credit institution a reasonable time to act upon it.

I've read the above and agree.

Initial _____

_____ has my permission to attend River City Gymnastics for instruction and to use its facilities. I confirm that he/she is in good health. River City Gymnastics, Inc. may call a doctor or the person listed on the previous page in the event of an emergency if I cannot be reached. I also give River City Gymnastics Inc., its' owners, directors, officers, and agents permission to obtain emergency medical treatment for my child if it is needed, and I cannot be reached. I have been informed by River City Gymnastics, Inc. via this release form, and I fully understand that any activity involving motion or height necessarily including the activities for which my child is enrolled, create the possibility of serious injury or death from landing or falling on the head or neck. I fully assume this risk on behalf of my child and myself. I acknowledge that this risk can be significantly reduced by properly following the River City rules and policies. In consideration for the services received and the risks assumed by me on my own behalf and that of my child, River City Gymnastics Inc. and its owners, directors, officers, agents, employees, contractors, instructors, attendants, and assigns are fully and absolutely released and discharged from all claims for injury, disability, disease, damage, loss and expense (past, present, and future) arising out of or connected in any manner with any accident or injury sustained by my said child and his or her heirs, executors, assigns, and representatives, while said child is engaged in any activity directed, sponsored, conducted, or maintained at or by River City Gymnastics Inc. its owners, directors, officers, agents, employees, instructors, attendants, and assigns. This release is executed of my own free will as consideration for access to the services, facilities and equipment of River City.

I also give consent for my child to travel with River City's Care Program, which includes Summer Camp, School's Out Day Camp and After School Care. I have read and understand the rules and guidelines for traveling with River City's Care Programs. I have also read and fully understand the rules and policies of River City's Care program. I will review necessary rules with my child and will comply fully. I understand that photographs of my child may be taken that can possibly be used for future advertisements for River City's Care Program as well as other programs offered through River City Gymnastics, Inc. If I do not wish for my child's photograph to be used, I understand that I am to notify River City Gymnastics, Inc. in writing.

I fully understand everything contained in this release and agree.

Parent's Signature: _____ **Date:** _____

Interviewing Children:

This is a statement of verification that I have been informed that Child Care Licensing/Investigators/Law Enforcement may possibly interview my child. This is in accordance with Minimum Licensing Requirements: DCCED/Child Care Licensing Unit: 200.3.

Parent's Signature: _____ **Date:** _____

Suntan/Sunscreens:

I give written permission for the use of suntan lotions/sunscreen for my child in permit able weather. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1101.16.

Parent's Signature: _____ **Date:** _____

Discipline Policy:

River City directs children toward positive, acceptable behavior by using positive reinforcement and negative behavior modification. All camp activities are structured to keep children engaged and interested. After a reasonable number of verbal warnings to stop inappropriate behavior, the following steps will be taken.

Step 1: The student will be temporarily removed from the group's activity.

Step 2: A meeting with the camp or gym director to discuss the inappropriate behavior. If needed, the parents will be notified of the behavior.

Step 3: A meeting with the parents and the gym or camp director.

Step 4: Removal from camp.

I have read and understand the discipline policy for River City Gymnastics, Inc's After School Care, School's Out Day Camp and Summer Camp Programs. I will review necessary rules with my child and will comply fully.

Parent's Signature: _____ **Date:** _____

2011 Care Payment Choices:

****Tuition will be automatically drafted from your checking account or the credit/debit card of your choice (VISA and Mastercard only.) Charges will be processed on the first day of each week. Please complete all banking information and indicate which account you wish to be the primary source of funds. The secondary account will be used for any past due balances that have exceeded 30 days.**

Student Name: _____

Parent Name: _____ Contact Number: _____

Automatic Credit Card Payment: (Primary _____ Secondary _____)

Credit Card Type: _____ Name as it appears on card: _____

Credit Card #: _____ Exp Month: _____ Year: _____

Billing Address: _____ City, State, Zip: _____

Automatic Checking Draft: (Primary _____ Secondary _____)

Bank Name _____ Bank Routing #: _____

Bank Account #: _____ Type of Account: _____

Name as it appears on Account: _____



2011-12 After School Care Registration Form

Family Name: _____

First Student Information:

Student's First name: _____ Last Name: _____

Student Gender: _____ Student's Age: _____ School: _____

Classroom/Teacher's Name: _____

Second Student Information:

Student's First name: _____ Last Name: _____

Student Gender: _____ Student's Age: _____ School: _____

Classroom/Teacher's Name: _____

Full Time _____

Part Time: _____

*If attending part-time, please list days attending: _____

A deposit of one week's tuition is due at the time of enrollment. Deposits are non-refundable however are transferable to another week. In order to avoid care tuition and fees, all cancellations/changes must be made in writing one week in advance. If you child is absent due to illness, you will still be responsible for tuition.

I've read the above and agree.

Initial