

Operating Schedule for After School Program 2011-2012

Days Closed- No Camp Offered During School Year

September 05 - Labor Day
October 21 - Staff Development Day
November 11 – Veteran’s Day
November 23-25 – Fall Break
December 19-30/Jan 2 - Winter Break
January 12 - Teacher Workday Day
January 13 - Staff Development Day
January 16 – Martin Luther King Jr. Day
February 17 – District Staff Development Day
February 20 - Presidents’ Day
March 23 - Staff Development Day
April 09-13 - Spring Break
May 28 - Memorial Day

½ Day Camp Offered-During School Year (No additional charge)

September 14 - Early Dismissal
October 5 - Early Dismissal
October 28 - Conference Day ½ Day for Elementary/Intermediate/Middle
November 09 - Early Dismissal
December 07 - Early Dismissal
March 07 - Early Dismissal
March 29 - Conference Day- ½ Day for Elementary/Intermediate/Middle
April 25 - Early Dismissal
June 04 - Last Day for Students ½ Day All Students

Summer Camps will begin on Monday, June 4, 2012

Payment Policy

Tuition for Choice After School Program is \$65.00 a week. Tuition (\$130) will be collected by direct debit from your checking account every other Monday. *Your full tuition is due regardless of attendance and holidays.* **No refunds or credits will be given if your child does not attend!!!** Direct debit will be stopped with your written 2-week notice of intent to stop attending.

We will have “partial day camps” held on half days of school at no additional charge. We will be closed on the days that school is out for a full day.

Pick Up Policy

School busses will transport to Choice Gymnastics from Sangaree Elementary and Sangaree Intermediate schools. Currently we are unable to pick up from any other school.

Our program ends promptly at 6:00 pm.

Children must be picked up prior to 6:00 pm.

1 to 15 minutes late: If you are late picking your child up three times within the school year your child will be removed from the after school program.

15 minutes or more late: If you are late picking your child up twice within the school year your child will be removed from the after school program.

You will be asked to sign a Late Pick Up Form that will be filed with your child's records.

No refunds will be given.

Late Pick Up Form

Name_____ Date_____

Time_____

1-15 minutes late

15+ minutes late

Instructor_____

Parent_____

Discipline Policy

It is our policy to provide a healthy, fun and safe environment for all the children in our care. Gym safety rules must be followed. Classroom rules will be followed to maintain an environment conducive to homework. Rules will be posted and taught to all students. If rules and procedures are not followed consequences will be applied fairly and consistently. These consequences may include:

Reminder

Warning

Time out

Call to parents

Parent conference

Written action plan

Removal from program

In serious cases involving fighting, stealing, swearing, vandalism, or violence, we reserve the right to remove the child from the program without any of the above steps being taken. The child will be removed from the program immediately at the discretion of the director of the program. No refunds or credits will be given for payment received for days not attended due to discipline issues.

Medication Policy

We cannot dispense any prescription medication to a child unless it is prescribed specifically for that child by a physician. We reserve the right to call the physician and confirm any medication and dosage. The medication must be in the original container with the original label. It must be a current prescription with the child's name on the original label. We will only dispense the dosage on the original label. Parents must fill out authorization form with dosage and time of medication to be taken.

All over-the-counter medication must be in the original containers and will only be dispense according to the directions on the bottle. Parents must also fill out an authorization form with dosage and time of medication to be taken.

All medications will be kept in the office and will be dispensed by authorized personnel only.

Medication Authorization Form

Name of child _____ Date _____

Name of Physician _____

Physician Phone _____

Medication Name _____

Dosage and Time to be given _____

Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent's Signature _____ Date _____

Medical Information

Name _____ Date of Birth _____

Allergies _____

Routine Medications _____

Dietary Restrictions _____

Disabilities _____

Physician's Name _____

Address _____

City _____ State _____

Zip Code _____

Phone _____

Dentist's Name _____

Address _____

City _____ State _____

Zip Code _____

Phone _____

Parent's Signature _____ Date _____

Authorization for Emergency Contacts and Pick up

Name of child _____ **Date of Birth** _____

Emergency contacts to be called in case parent/guardian are
unable to be reached.

Name _____

Relationship to Child _____

Address _____

City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Hours _____

Name _____

Relationship to Child _____

Address _____

City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Hours _____

Name of child _____ **Date of Birth** _____

Persons authorized to pick up child. All authorized persons will be required to show photo id to pick up the child.

Name _____

Address _____

City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Hours _____

Name _____

Address _____

City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Hours _____

Name _____

Address _____

City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Hours _____

Parent Signature _____ **Date** _____

Additional names on back

Child_____

I hereby acknowledge that I have received and understand the following policies as outlined in my enrollment package.

Operational Schedule of After School Program

Payment Policy

Pick Up Policy

Late Pick Up Form

Discipline Policy

Medication Policy

Medical Authorization Form

Signed and returned the following:

Registration Form

Automatic Credit Card Billing Authorization

Medical Information

Authorization for Emergency Contacts and Pick Up

Copy of Medical Insurance Card

Parent _____ Date_____