



## 2019-20 After School Care Registration Packet:

### General Information:

- After School Care is offered for students ages K through 5<sup>th</sup> grade.
- Care is offered Monday through Friday. Care hours are 2:30-5:45 daily. In the event of a school closing due to inclement weather, after school care will not be held. On days when the LRSD is scheduled to be 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 one dollar per minute, per child. All late fees are due at time your child is picked up from care and will be billed to the account on file.
- Care questions may be emailed to **coachgrady75@gmail.com**.

### Fees:

- Care tuition will be automatically drafted from your checking account or the credit/debit card of your choice. Monthly tuition will be charged on the 1<sup>st</sup>, 5<sup>th</sup> or 10<sup>th</sup> of the month.
  - Full Time Monthly Rate: \$260.00/monthly.
    - Monthly charges are based on attending full-time care during a four-week month and will vary based on the total number of school days.
  - Daily fee: \$17.00/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. This discount does not apply to families who are enrolled part-time.
  - **Students who are enrolled part-time and are scheduled to attend specific days of the week may not change days from week to week.**
  - Tuition is based on enrollment, not attendance. Tuition will not be adjusted for days missed due to illness or participation in after school activities.

### When Registering:

- Complete and return the following forms and items.
- \*Families who were enrolled in the 2019 Summer Camp only need to complete the 2019-20 After School Care Registration Form (page 4).
  - **2019-20 Care Program Information Sheet (including pictures)**
  - **2019-20 Care Registration Form**
  - **2019-20 Care Travel Form (including picture)**
  - **2019-20 Payment Information Sheet**
  - **2019-20 After School Care Registration Form**

### 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:

**A two-week notice must be submitted in writing in order to drop from the program.**

### Absentee/Sick Policy:

**Please call River City before 2:00 p.m. if your child will not be riding our after school care bus.** 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 or any other sickness within 24 hours. Enrollment in River City's after school care program is continuous. If your child is absent due to illness or vacation, you will still be responsible for tuition. **All changes to your after school care enrollment must be made one month in advance.**

**2019-20 Care Registration Form:**

Date of enrollment: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_  
(office use only)

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

**Family Contact #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Family Contact #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Family Billing Address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell 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: \_\_\_\_\_  
Does your child use a car seat? \_\_\_\_\_ While at camp, will we need to administer any medication? \_\_\_\_\_  
If so, please instructions: \_\_\_\_\_

**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: \_\_\_\_\_  
Does your child use a car seat? \_\_\_\_\_ While at camp, will we need to administer any medication? \_\_\_\_\_  
If so, please instructions: \_\_\_\_\_

**Medical Emergencies:**

The undersigned gives permission to River City Gymnastics, Inc., 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 camp deposit of one week's tuition is due at the time of enrollment and will be applied to your first week of camp. Camp deposits are non-refundable but are transferable if another week is available. In order to avoid camp tuition and fees, all cancellations/changes must be made in writing 30 days in advance. If your child is absent for any reason, including illness, you will still be responsible for camp tuition for days missed.

**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 weekly/monthly. 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 Gymnastics, Inc., 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, Inc., 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 Gymnastics, Inc.'s 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 Gymnastics, Inc.

I also give consent for my child to travel with River City Gymnastics, Inc.'s After School Care Program as well as their Summer Camp and School's Out Day Camp's weekly field trips. I have read and understand the rules and guidelines for traveling with River City Gymnastics, Inc.'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 hereby give the River City Gymnastics, its agents and/or assignees permission to use the photographs taken of my child for publicity and promotional purposes as well as on social media. I relinquish all rights, title, and interest I may have in the finished pictures and hereby release the River City Gymnastics from any and all claims or demands for damages of any kind whatsoever arising from the use of said material. I am of legal age and freely sign this release, which I have read and understand.

**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: DCCECE/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 permissible 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:** \_\_\_\_\_

# 2019-20 River City Gymnastics After School Care Registration Form:

**Family Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

## **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: \_\_\_\_\_

Draft Date:

Please circle your monthly draft date: 1<sup>st</sup>, 5<sup>th</sup> or 10<sup>th</sup>

\_\_\_\_\_  
Initial

Enrollment in River City's after school care program is continuous. If your child is absent due to illness or vacation, you will still be responsible for tuition. All changes to your after school care enrollment must be made one month in advance. A two-week notice must be submitted in writing in order to drop from the program.

\_\_\_\_\_**I've read the above and agree.**

Initial



## 2019-20 Care Travel Information Form

(please **PRINT** clearly)

\*Please  
Attach  
First Child's  
Current  
School  
Picture  
Here

\*Please  
Attach  
Second Child's  
Current  
School  
Picture  
Here

### First Student Information:

Student's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student Gender: \_\_\_\_\_  
Student Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ If age 6 or older, does your child use a car seat? \_\_\_\_\_  
Disabilities/Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

### Second Student Information:

Student's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student Gender: \_\_\_\_\_  
Student Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ If age 6 or older, does your child use a car seat? \_\_\_\_\_  
Disabilities/Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

### Family Contact #1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Family Contact #2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Emergencies:

The undersigned gives permission to River City Gymnastics, Inc., 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

I also give consent for my child to travel with River City Gymnastics, Inc.'s After School Care Program as well as their Summer Camp and School's Out Day Camp's weekly field trips. I have read and understand the rules and guidelines for traveling with River City Gymnastics, Inc.'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.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**2019-20 Care Payment Choices:**

\*Camp 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 weekly on the first day camp.

**\*\*If you are current student with us you do not need complete this form. If you are a returning student please update your billing information.**

Family Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Automatic Credit Card Payment:  
(VISA or MasterCard only)**

Credit Card Type: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Month: \_\_\_\_\_ Year: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Automatic Checking Draft:**

Bank Name \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Name as it appears on Account: \_\_\_\_\_

# 2019-2020

## River City Gymnastics

### Care Program Information Sheet

Family Name: \_\_\_\_\_

1st Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies/Needs: \_\_\_\_\_

2nd Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies/Needs: \_\_\_\_\_

#### **Family Contact #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Family Contact #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Emergency Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please attach a  
color copy of  
Family Contact #1's  
Driver's License.

\*Please attach a  
color copy of  
Family Contact #2's  
Driver's License.

