Gymnastics Plus

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1816 Allison Ave. Panama City Beach, Florida 32407 / 249-1155
License # C14BA0033

www.gymnasticsplus.com
Facebook: gymnasticsplus

Gymnastics Plus Summer Camp Agreement Form 2019

I have read and understand the policies to the Gymnastics Plus Summer Camp program and agree to the terms therein.

Child's Name_____ Date_____

Parent/Guardian Signature_____

Printed Name of Parent or Guardian_____

School_____ **Start Date** _____

Email Address _____

YOU MUST HAVE A CREDIT CARD ON FILE IN ORDER TO REGISTER IN OUR PROGRAM

Reg fee $50 Date paid_____ CK CC CH#_____ **First week paid in advance** _____

The registration fee is non-refundable or transferable

Work Phone Number _____ Cell Number_____

This portion to be filled out by Gymnastics Plus Staff

Enrollment Form _____ Credit Card Authorization _____

Helpful Info Form _____ Copy of 4 year old Shots/Physical _____

Discipline Policy _____ Copy of Driver's License _____

Medical Treatment Form _____ Food Related Activities _____

Initial Sheets (5) _____ Flu Paper (Aug & Sept only) _____

Initial of Staff person who checked packet _____

State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ___ Date of Enrollment:_____
Full Name:_____
Last First Middle Nickname
Child's Physical Address:_____
Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____
Mother's Name:_____ Father's Name:_____
Address:_____ Address:_____
Home Phone:_____ Home Phone:_____
Employer:_____ Employer:_____
Address:_____ Address:_____

Work Phone: _____/Cell:_____ Work Phone: _____/Cell:_____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:
I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.
Doctor:_____ Address:_____ Phone:_____
Doctor:_____ Address:_____ Phone:_____
Dentist:_____ Address:_____ Phone:_____

Hospital Preference:_____
Please list allergies, special medical or dietary needs, or other areas of concern:_____
_____

Contacts:
Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

_____
Name Address Work# Home#
_____
Name Address Work# Home#
_____
Name Address Work# Home#
_____
Name Address Work# Home#

Helpful Information About Child:

_____
_____
_____
_____
_____

• Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
• Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
• Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

_____ _____
Signature of Parent/Guardian Date

Discipline/Expulsion Policy

- Children will not be subjective to harsh or cruel treatment, abusive language, punishment or punishment associated with work, food or napping.
- No spanking of any child will ever be allowed or permitted in our center.
- No touching, tickling or mishandling is ever permitted in our center.
- The time out method will be used for disciplining of children. If this method fails parents will be notified. If a child's behavior cannot be controlled, the parents will be notified and the child will have to be removed from the center.
- Outside playtime will not be taken away as a disciplinary measure.
- 1st and 2nd offense your child will receive a parent alert/Incident Report and write sentences.
- 3rd offense your child will receive 3 days suspension in which you are still required to pay their fee.
- 4th offense your child will receive 1 week suspension in which you are still required to pay their fee.
- 5th offense your child will be terminated from our program.

I have read, agree with and have received a written discipline policy for Gymnastics Plus.

Parent's Printed Name_____ Parent's Signature_____

Child's Name_____ Date_____

Discipline/Expulsion Policy:
I have read and explained the discipline policy to my child and we agree to the terms therein.

Parent Signature: _____

Child's Name: _____ Date: _____

Authorization to Consent to Medical Treatment for Minor Child

I (we) _____and _____
(Name) (Name)
_____, _____,_____ do hereby state
(City) (County) (State)
that I am (we are) the natural parent(s) and legal guardian(s) having legal custody of
_____, a minor, age _____,born_____
(Child's name) (age) (date of birth)
resides with me (us) at _____
(address)
I (we) authorize Director or any Adult employee of ___Gymnastics Plus_____
(name of center)
in the city of_____, county of ___Bay____, State of__FL__, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of ____Florida_____when need for such treatment is immediate and life threatening, and when efforts to contact me (us) are unsuccessful.

Dated this _____day of _____, 20_____

Child's doctor _____ Child's allergies:_____

Regular medicines child is taking: _____
_____

_____ _____
(Signature of parent/guardian) (Signature of parent/guardian)

Gymnastics Plus Summer Camp 2019

Parents,
Please read each statement and initial that you agree to and understand the terms therein.

Hours:

Our operating hours for Summer Camp are Monday – Friday from 7:00am-6:00pm**.** _____

Overtime Fees
All children must be picked up by 6:00pm to avoid the $1 per minute per child late fee. Back door will be locked promptly at 6:00pm. Children can be up picked up in the main office after that time. An overtime fee of $1.00 per minute will incur from 6:01p. The staff member who stays late with your child will record the time and you will be required to pay the overtime fee no later than pick up the following business day. The director will be notified of the late pick up. _____

Arrival/Departures
During our Summer Camp program we have a 7:00am-9:00am drop off time. That means you can drop your child off anytime between those hours. In order for our day to be organized it is required that you have your child(ren) here by 9:00am or we will be unable to accept them that day. If your child has a doctor's appointment and will be late please inform us in advance and the child(ren) may return with a doctor's note. Children are creatures of habit and they must have some sort of routine. If your child has tutoring and needs to be brought in at a later time, we will accommodate you. Please inform us of that when you are registering. _____

Gymnastics/Tumbling Class
Children enrolled in full-time care at our center receive a free gymnastics or tumbling class once a week. These classes are assigned by the center. You may request a specific day or time, however, we cannot guarantee requests will be met. _____

I (we) have read and understand policies regarding hours, overtime fees, arrival/departures, and gymnastics/tumbling classes.

Sign _____ **Date**_____

Sign _____ **Date**_____

Signing In and Out:

It is MANDATORY that you or another adult authorized to pick up your child(ren) sign your child(ren) in and out every day. Children will only be released to persons included on their pick-up list and who show proper photo ID. _____

The only person who can make changes to a child's pick-up list is the Parent(s)/Guardian(s) who filled out and signed the enrollment packet with Gymnastics Plus.

I (we) have read and understand policies regarding signing in and out.

Sign _____ **Date**_____

Sign _____ **Date**_____

Lunch/Snack:

Lunches from home must be ready to consume items. Drinks, napkins, plates, and any utensils they might need must be provided for them in their lunch. We are NOT able to refrigerate or microwave lunches brought from home. Please make sure lunches will stay fresh until lunchtime and are able to be stored in your child(ren)'s cubby. _____

Children who bring a lunch from home that requires preparation (refrigerated, microwaved, needing drink, needing utensils, etc.) will have their lunch prepared ONE time. After one prepared lunch, any child who brings a lunch from home that requires preparation will be given a lunch from our center and the card on file for the child will be charged $6 ($5 for the cost of lunch plus a $1 processing fee). _____

Lunches are available for purchase throughout the week. Daily options are as follows: peanut butter and jelly sandwich with chips and juice, macaroni and cheese with chips and juice, or corn dog with chips and juice. In addition, there are days when we may order outside food (Little Caesars, Dairy Queen, Chick-fil-a, etc.) These prices vary and will be listed on the weekly reader each week. _____

All snack and lunch money must be paid in cash or included on tuition payment and paid at drop off prior to lunch time. _____

We provide an afternoon snack and also sell snack at the concession stand and vending machines. You may leave money at the desk for your child. It will be in an envelope with their name on it. _____

Children who do not have a lunch from home and who have not paid for a lunch will be provided with a lunch from our center. The $5 lunch fee and a $1 processing fee will immediately be charged to credit card on file for your child. _____

We are not responsible for any lost or stolen money. Please leave your child's money with a staff member at the front desk. _____

I (we) have read and understand policies regarding lunch and snack.

Sign _____ **Date**_____

Sign _____ **Date**_____

Dress Code/Storage:

Children must be dressed comfortably and appropriately for each day's activities and weather. Each day your child rotates to different activities including outside and shoes must be worn to our program every day. We do not play in the gym every day. _____

Children will be provided with a cubby to store their things. Anything left at the end of the day will be moved to the lost and found table outside the after school lobby door. If your child is missing something please look there. Items will remain in the lost and found until the last Thursday of each month, at that time they are donated to the local thrift store. _____

Children registered full time in our program and receive their free gymnastics or tumbling class should wear proper attire on their gym day. (Nothing with buttons or snaps) _____

I (we) have read and understand policies regarding the dress code and storage.

Sign _____ **Date**_____

Sign _____ **Date**_____

Electronic Devices/Toys:

Cell phones, trading cards, Nintendo DS, PSP's, Game Boys, Ipods , Ipads, tablets,or any other toys are not allowed at the gym. We have had several items get broken or gone missing. We cannot be responsible for these items. *It is advised that children not bring these items at all* _____

Cellphones

Cellphones are not accepted in our program. If your child is using one it will be stored at the front desk until they are picked up during the day. _____

I (we) have read and understand policies regarding electronics and toys.

Sign _____ **Date**_____

Sign _____ **Date**_____

Tuition Policies:

It is required that a credit card or checking account be on file with your child(ren)'s account while enrolled in our program and will be charged every Thursday if payment is not made by close of business. A $20 late fee will be applied to delinquent accounts if payment does not process and balance must be paid in full before childcare can resume. _____

The following policies will apply to weekly tuition payments:

*Tuition is paid in advance and is due on Thursday for the following weeks care. _____

*Tuition is due in the full amount whether your child(ren) will be in attendance or not, absences will not constitute a reduction in tuition. _____

*When this day falls on a holiday or your child will not be in attendance, your child(ren)'s tuition is expected on the last day your child(ren) is in attendance that week. _____

*If you go away on vacation, please arrange to have tuition paid before you leave. _____

*In cases of illness, tuition is still due. _____

*If we close due to emergencies such as a hurricane, ice day, etc. tuition will be due on your child(ren)'s first day back in childcare. _____

*There will be a $20.00 late fee if tuition is not received by close of day on Friday. Child care will not continue on delinquent accounts. Repeated late payments may be grounds for termination of childcare services. _____

*Payments may be paid in cash, check, credit card, or auto-pay. _____

*No postdated checks will be accepted. _____

*Return checks will be charged a $35 fee and will be due as well as the tuition within 24 hours upon notification of the returned check. Returned checks can be paid with cash or credit cards only. _____

I (we) have read and understand policies regarding tuition.

Sign _____ **Date**_____

Sign _____ **Date**_____

Weekly Fees:

After School Care: Regular operating hours are 2:00pm-6:00pm *Registration still applies.

$65 per week with a $5 discount for additional child.

$25 drop in per day per child. Fees for drop in care must be paid the day of. _____

Full-Day Care: Summer Camp operating hours are 7:00am-6:00pm

$105 per week with a $10 discount for additional child.

$40 drop in per day per child. Fees for drop in care must be paid at drop off. _____

(examples of non-regular hours are; teacher work days, some school holidays, stagger start)

Weekly Fees are paid a week in advance. NO EXCEPTIONS. _____

Drop In payments are due upon drop off. NO EXCEPTIONS. _____

A $20 late fee is automatically added to all accounts not paid. _____

If tuition is not paid by 6:00pm on Friday, your child will be dropped from the program. In order for your child to re-enroll in our program you must pay all past due fees including late fees, the present week's fee and a $25 re-instatement fee. _____

I (we) have read and understand policies regarding weekly fees.

Sign _____ **Date**_____

Sign _____ **Date**_____

Holidays/Closures/Vacations:

Our Summer Camp program will be closed on Independence Day.
Tuition for the week will stay the same. _____

Should the gym need to close for adverse weather or anything else, a message will be left on the answering machine. It will be the parent's responsibility to call for information or you can check our Facebook page. Your tuition will remain the same on these weeks. _____

Vacations

You are provided one (1) vacation week during the Summer Camp program per registration. This is a week where your child(ren) will not be in attendance due to family vacation, illness, etc. and you will not owe any tuition for that week. Your vacation week may not be separated into days and you are responsible for any additional weeks missed past your one (1) vacation week per registration. _____

I (we) have read and understand policies regarding holidays, closures, and vacations.

Sign _____ **Date**_____

Sign _____ **Date**_____

Field Trips:

We try to offer field trip opportunities each week. There may be weeks when field trips are not available for certain age groups. _____

Field trips are completely optional. Field trip fees are not included in weekly tuition. _____

Field trips for the week will be announced no later than the Friday before. It is the responsibility of the parents to obtain the Field Trip Flyer from the Childcare desk. _____

Field trip fees and permission slips are due by Monday night. After Monday night, the field trip is considered 'closed' and no other children will be permitted to sign up. _____

If a field trip does not include a certain age group, it is because the field trip location has set that limitation. There will be no exceptions allowed. (Ex: We will not permit, under any circumstances, a 4 or 5 year old to attend a field trip that has told us that only children 6 and up may participate.) _____

Campers who exhibit unsafe behavior while on field trips may not be allowed to attend future field trips. Unsafe behavior includes, but is not limited to: unbuckling while in the van, refusing to stay with the group, blatant disregard for directions, etc. _____

I (we) have read and understand policies regarding field trips.

Sign _____ **Date**_____

Sign _____ **Date**_____

Record Keeping:

I acknowledge there may be children in this center who may not be up to date or have never had immunizations due to their religious beliefs or personal preference.

Sign _____ **Date**_____

Sign _____ **Date**_____

I acknowledge, that by turning in this paperwork, I release the information contained therein to the Gymnastics Plus staff and that the staff may, at any time, have access to this record.

Sign _____ **Date**_____

Sign _____ **Date**_____

There is a one (1) week noticed required before leaving the child care program.

Sign _____ **Date**_____

Sign _____ **Date**_____

Permission for *Food-related Activities & Special Occasion* food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child _____
(Parent or Guardian) *(circle one)* *(Child's Name)*

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

____My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

____My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

____My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____
_____
_____
_____

____My child DOES have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

_____ _____
(Parent or Guardian) (Date)

November 2013

Important information to remember:
This sheet is for the parent to keep.

Social Media:
Website: www.gymnasticsplus.com

Facebook: Like us on Facebook to stay up to date of things happening at the gym and to look for pictures of the children in summer camp. Our page is: gymnasticsplus.

Instagram: Follow us on Instagram to stay up to date of things happening at the gym and to look for pictures of the children in summer camp. Our IG is: gymnasticspluspanamacity

- Continuous disciplinary issues will result in termination from our program.
- Summer Camp hours are Mon. - Fri. from 7:00am - 6:00pm, with a $1 per minute late charge.
- Children must be signed in and out every day by an adult on their pick up list.
- We do provide a snack in the afternoon and children also have the option to buy snacks.
- Shoes are required and children should be dressed appropriately for the weather and daily activities.
- Any and all toys and electronic devices are not permitted at our center. We are not responsible for lost or damaged items if they are brought into the center.
- Cellphones are NOT allowed in our center. They will be stored at the front desk until the child is picked up that day.
- Credit card or bank account is required to be on file with your registration. Tuition is due in advance and absences do not constitute a reduction in tuition.
- The regular weekly rate is $105 per week with a $5 discount for each additional child.
- Our center is closed on Independence Day.
- You are allowed one (1) vacation week per registration where you will not owe tuition and your child(ren) will be absent.
- Full-time children receive a free gymnastics or tumbling class once a week.