

ACAC After School 2011-2012 Registration

200 Four Seasons Drive Charlottesville, VA 22901

(434) 978-7529 or FAX: (434) 817-1749



An ACAC After School Registration Form must be completed for EACH child

Participant's Full Name: _____ Nickname: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Gender: Female Male Birth Date: _____ Rising Grade: _____ Email: _____

Previous Child Care Programs/Schools Attended(ing): _____

Allergies, medications, other concerns: _____

Pediatrician: _____ Location: _____ Phone: _____

My child may participate in pool activities: Yes or No

Swimming Recognition: Non Swimmer, unsafe in water above shoulders Swimmer, safe in water above shoulders

Family Information

Parent/Guardian Name: _____ Address & Phone: _____

Employer Name and Address: _____

Work Phone: _____ Cell Phone/Pager: _____

Custodial Parent Non-Custodial Other _____ Authorized to pick-up camper

Parent/Guardian Name: _____ Address & Phone: _____

Employer Name and Address: _____

Work Phone: _____ Cell Phone/Pager: _____

Custodial Parent Non-Custodial Other _____ Authorized to pick-up camper

Emergency Information

Emergency Contacts/Authorized to pick-up camper (two needed, other than parents)

Name #1: _____ Address: _____

Home Phone: _____ Work Phone: _____

Name #2: _____ Address: _____

Home Phone: _____ Work Phone: _____

Person(s) NOT Authorized to pick up Child*: _____

** Appropriate paperwork such as custody papers must be attached if a parent is not allowed to pick-up the child*

Parent/Guardian Consent and Agreement

I am requesting that the above child be admitted to the program and I understand the nature and scope of the program listed above and will adhere to all policies and procedures of the program. I understand that there are risks and dangers associated with the program. I understand that it is not the function of the Atlantic Coast Athletic Clubs of Virginia, Inc. (ACAC), its employees, agents, operators, or instructors to guarantee the safety of participants with respect to the program. I also understand that each participant has the responsibility to exercise due care in the performance of the program for the safety of himself/herself and the other participants. I furthermore understand that 1) a medical and immunization form no more than two years old must be filled out and signed, and 2) a copy of child's birth certificate or passport be submitted with registration form in order for a child to attend. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel, selected by the Director, to provide medical treatment deemed necessary by such personnel. I also give permission for the named child to be included in photos or videos for promotional use. Also my signature below signifies that I give permission to my child to be transported to the ACAC After School Facility if needed.

In consideration of the participant being permitted to enroll in the program I hereby release, indemnify, and hold harmless ACAC, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in After School.

I HAVE READ, AND I UNDERSTAND, THE ABOVE LIABILITY RELEASE.

Parent/Guardian Signature

Date

ACAC After-School Schedule and Payment

	<u>Family Members</u>	<u>Members</u>	<u>Non-Members</u>
5 Days per week	\$173 per session	\$184 per session	\$200 per session
4 Days per week	\$159 per session	\$174 per session	\$180 per session
3 Days per week	\$119 per session	\$127 per session	\$139 per session
2 Days per week	\$84 per session	\$95 per session	\$103 per session

Payment Policy

All payments must be done through an Electronic Funds Transfer (EFT) or paid in full at the beginning of your initial session. EFT's must be completed during registration.

Transportation

Transportation will be available from select schools. If transportation is needed, your child will be transported in an ACAC School Bus driven by a qualified ACAC driver. Please call to find out more information. Parents are required to write a letter to the school notifying them of the arrangement for your child.

Will you be using ACAC Transportation? (Please Circle) **YES** **NO** Name of School _____

Family Members: \$26 per session Members: \$28 per session Non-Members: \$30 per session

Electronic Funds Transfer (EFT) Required

Checking/Savings Debit Information

Bank Name: _____
Checking Account Number: _____
Savings Account Number: _____
Routing Number: _____

Credit Card Information

Card Type: _____
Card Number _____
Expiration Date ____/____/____

I understand that my account will be debited the monthly amount of \$_____ on or about the first day of each month according to the schedule below:

	<u>Days Attending (please circle)*</u>	<u>Session Dates</u>	<u>Debit Dates</u>
<input type="radio"/> Session 1	M T W Th F	Aug. 24 – Sept. 21 (2011)	Sept. 1 (2011)
<input type="radio"/> Session 2	M T W Th F	Sep. 14 – Oct. 20	Oct. 1
<input type="radio"/> Session 3	M T W Th F	Oct. 21 – Nov 21	Nov. 1
<input type="radio"/> Session 4	M T W Th F	Nov 22 – Jan 5 (2012)	Dec. 1
<input type="radio"/> Session 5	M T W Th F	Jan. 6 – Feb. 6	Jan. 1
<input type="radio"/> Session 6	M T W Th F	Feb. 7 – Mar. 7	Feb. 1
<input type="radio"/> Session 7	M T W Th F	Mar. 8 – Apr. 12	Mar. 1
<input type="radio"/> Session 8	M T W Th F	Apr. 13 – May 10	Apr. 1
<input type="radio"/> Session 9	M T W Th F	May 11 - June 8	May 1

*Once days are selected during a particular Session they may not change. This allows ACAC to properly staff, transport and create a safe environment for every child. Any Session to Session schedule change must be made in writing two weeks prior to the beginning of the next Session.

I/We hereby authorize Atlantic Coast Athletic Club to effect payment for approved member/program charges for the duration of my enrollment through electronic funds transfers. This authorization is to remain in full effect until ACAC has received WRITTEN NOTIFICATION from either of us of cancellation by certified letter, return receipt requested THIRTY DAYS IN ADVANCE OF THE MEMBER'S NEXT PAYMENT DATE.

Signature: _____ Date: _____

Signature: _____ Date: _____

Total Amount to be paid:
\$ _____



ACAC After School 2011 – 2012 Policies and Procedures

Dear Parents,

Thank you for the opportunity to share a wonderful experience with your child through ACAC's After-School program. This letter is intended to communicate the rules and guidelines of ACAC's After-School program. We ask that you please return all confidential information (i.e., medical papers, application, and a copy of the birth certificate) in an envelope. When ready to register please hand in all forms of the Application to ACAC Fitness & Wellness Centers, including this letter with the appropriate signatures. We look forward to meeting you and your child! If you have any questions, please feel free to call (434) 978-PLAY (7529).

ACAC After-School Policies and Procedures:

I. Check-In Procedure: Children arrive at ACAC's Adventure Central;

- A) Each child will check-in with their appropriate instructor at Adventure Central.
- B) If a child is absent from ACAC's program, we cross check our absentee list. If a child is not on the bus or the absentee list, we then proceed to check for any written notice from the parents of the child's absence.
- C) If the child is not on the bus or the absentee list, we then proceed to check for any written notice from the parents of the child's absence.
- D) If there is no written absence by the parent, we will then proceed to call the schools and call the parents to ensure that the child should not be at ACAC's After-School and is safe!

II. Pick-Up:

- A) Each parent will need to enter the facility through the main entrance of the Arena at Adventure Central.
- B) The Front Desk will guide them to their child's group.
- C) Each parent or guardian will then sign-out their child with the appropriate instructor.
- D) Parents and children must exit through the main entrance of the Arena at Adventure Central.
- E) For safety reasons, it is our staff's policy to ask for a valid photo identification card, such as a driver's license, if someone other than the parent arrives to pick a child up from ACAC's facility. Please park your vehicle in a designated parking spot and turn the motor off before entering the building to pick up your child.

III. Late Pick-Up/No Pick-Up: As indicated on each child's application, there is a specific pick-up time, 6:00 pm. There is a late fee of \$1.00 per minute thereafter. If you know that you are running late, please call to notify ACAC's Adventure Central staff at (434) 978-7529. If a child has not been picked up within ten minutes after the specific pick-up time and ACAC has not been notified by the parent, ACAC will attempt to contact the parent(s). If the parent(s) are unreachable, the emergency contacts will then be contacted. If no one can be contacted, and ACAC has still not been notified of a late-pick up, ACAC will contact the Department of Social Services.

IV. Illness: ACAC reserves the right to release a child if he or she appears too ill to participate in the After-School program or is considered contagious. ACAC will notify the child's parent/guardian or emergency contact that the child be picked up within a half hour. If the child has not been picked up within the allotted time frame, ACAC reserves the right to take any action necessary to ensure the health and safety of the child. If a child has been diagnosed with a fever in or outside of the center, the child is not permitted back to the program for 24 hours after the fever has subsided.

V. Disease: Parents must inform ACAC within 24 hours or the next business day after the child or any member of the immediate household has developed any reportable communicable disease as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

VI. Communicating an Emergency: In an emergency, ACAC will attempt to contact the participant's parent or guardian. If the parent or guardian is unavailable, ACAC will attempt to notify the emergency contacts listed on your child's After-School application. ACAC will take necessary actions in the child's best interests until the parent, guardian or emergency contact has been reached.

VII. Medicine: ACAC must receive an 'Authorization to Give Medication' form from a parent or guardian for any medicine that is to be administered during program hours. If medicine is to be administered for a period of 10 days, the prescribing doctor's signature is required. All medications should be labeled with your child's name, the name of the medication, the dosage amount, and the time or times to be given. Medication shall be in the original container with the prescription label or direction label attached. Authorization to Give Medication forms are available at the front desk.

VIII. Reporting Child Abuse and Neglect: ACAC is responsible for reporting any and all signs of child abuse or neglect. This report will be completed by the Director and forwarded to Social Services in accordance with state policy.

IX. Acceptable/Unacceptable Behavior:(Child) ACAC expects participants to respect others and their space, harmoniously participate in games, cooperate with ACAC employees, and be enthusiastic. Unacceptable behaviors include profanity, disrespecting others and their space, failure to comply with a staff members' directions, excessive horseplay, inappropriate or violent physical contact, or possession/use of a weapon. ACAC may report incidents of unacceptable behavior to the parents/guardians of all children involved. ACAC reserves the right to release a child for unacceptable behavior.

X. Acceptable/Unacceptable Behavior Guidance:(Staff) Behavioral guidance conducted by an ACAC Team Member shall be constructive in nature and intended to redirect children to appropriate behavior through conflict resolution. ACAC Team Members shall interact with the child and one another to provide needed comfort, support and a sense of well being. The following actions are forbidden of the ACAC Team: Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, exercise as punishment, punishment conducted by another child, the withholding or forcing of food or rest, verbal remarks which are demeaning to the child, punishment for toileting accidents and

XI. Snacks: ACAC's After-School program will provide a time for snack for each child during the program. The price is \$1/day

XII. Visiting: ACAC has an open door policy regarding parent visits. We strive to foster a child's independence and growth while allowing parents the opportunity to observe their child at play. ACAC is committed to the safety of our children at our After-School program; we therefore require all visitors to check-in at the Front Desk and be escorted by an employee. If you wish to accompany your child at any time during his or her day, please notify the Director.

XIII. Safety Policy: During any unforeseen crisis, such as natural disaster or similar events, ACAC will cease regular activities. ACAC will evacuate the premises if necessary. Parents will be contacted if the children are to be released early from the program. ACAC will notify the proper authorities in the event of any emergency. The Adventure Central emergency preparedness plan is available for your review. If you would like to see it please ask the Director.

XIV. Medical Records: As stated on the After-School Registration Application, required medical papers (a copy of the Virginia School Health Entrance form), and birth certificate must accompany the child's application. Because this is a requirement of the Virginia Department of Social Services, your child will not be allowed to attend the After School program until his/her file is complete.

XV. What to Bring: Please bring sneakers, wear comfortable clothing and bring a snack, if needed. Also, please label your child's belongings. ACAC is not responsible for lost items and/or money. **We ask that your child does not bring games and toys from home.**

XVI. Sunscreen: ACAC must receive written consent from a parent or guardian for any sunscreen or skin product that is to be administered during After-School hours. This written consent must note any potential adverse reactions. Skin products shall be in the original container and labeled with the child's name.

XVII. Confirmation: ACAC will mail a letter to each child's parent/guardian confirming payment and attendance schedule as well as receipt of all required documents. Participants will not be permitted to attend the program until all necessary documents are complete and on file.

XVIII. Hours: The ACAC After-School Program will be open from 2:30 pm to 6:00 pm and will run during school days presented by the Albemarle County School System. The program will not run when county schools are closed or there are emergencies constituting early dismissal. Payment will not be prorated during these circumstances.

XVIII. Contact Information: If you need to contact the center please call the Adventure Central phone, (434) 978-7529.

XX. Lines of Authority: The ACAC After School Team is comprised of Group Counselors and Team Leaders, supervised by the Program Director who reports to the General Manager.

XXI. Payment Policy: All payments must be done through an Electronic Funds Transfer (EFT) or be paid in full at the beginning of your initial session. The EFT agreement must be completed during registration.

XXII. Transportation: Transportation will be available from select schools. If this service is needed, your child will be transported in an ACAC School Bus driven by a qualified driver. Parents are required to write a letter to the school notifying them of the arrangement for your child. Please see registration form for the prices.

XXIII. We hereby grant to ACAC Fitness & Wellness Centers permission for (child name) _____ to:

- A) be transported from public school;
- B) participate in aquatic activities on ACAC Fitness & Wellness Centers premises;
- C) take part in all programs facilitated during ACAC's After-School program including the use of all indoor and outdoor equipment.
- D) have sunscreen applied by an ACAC Camp staff member. (known adverse reactions):

Parent or Guardian Signature

Date