



TWIGS Kids

AFTER SCHOOL PROGRAM REGISTRATION

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Circle Days to Attend: **MON** **TUES** **WED** **THUR** **FRI**

SCHOOL INFORMATION

School Name: _____ Grade in School: _____

School End Time: _____

Teacher's Name (If Known): _____

Please initial each section.

_____ **REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$50.00 shall be paid in advance to enroll my child in the After School Program.

_____ **TUITION:** TWIGS Afterschool Program Tuition is \$100 per week or \$30 per day. I understand that tuition is paid in advance and is due on Monday of each week for the current week. If tuition is not paid in full by Monday at 6pm, your card on file will be charged. Furthermore, **I understand that if my card declines and tuition is not paid by Wednesday of the current week at 6:00pm, I will be charged a \$15 late fee.**

_____ **DRESS CODE:** I understand that it is my responsibility to provide my child with a swim suit for the pool and comfortable clothing (no snaps, zippers, buttons, or jeans) for gym activities everyday for each scheduled activity. If my child doesn't have the correct dress code, they will be asked to sit out for the activity. A swim suit or extra clothes may be left at TWIGS for your convenience.

_____ **CREDIT CARD ON FILE POLICY:** I understand that TWIGS Kids requires a Credit/Debit Card to be kept on file while I am a member of Twigs Kids.

_____ **CHARGES AND PROCEDURES FOR LATE PICK-UP:** TWIGS Kids After School Program ends everyday at 5:15pm, Monday-Friday all school year while school is in session. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$10.00 per every 15 minutes, per child, until the child is picked up.

_____ **HOLIDAYS:** I understand that TWIGS Kids is closed for holidays which are posted in the general information and website. There will be no charge for these closings and tuition will be prorated accordingly.

_____ **ABSENCES/VACATIONS:** I agree to inform TWIGS Kids immediately if my child will be absent on any day. I understand that a make-up/open gym pass will be offered for occasional absences (i.e. sickness). **A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday-Friday)** with advance notice to the Director, if possible. I agree to pay the reservation fee of 50% per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday-Friday). **My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days (this applies to weekly and daily enrollments).** I also understand that if I withdraw my child during vacation, I will be required to pay a new non-refundable registration fee upon return.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER:** I understand that due to inclement weather, natural/national disaster or major building issue may disrupt service from time to time. If my child's school is cancelled due to inclement weather, TWIGS Kids After School Program will also be cancelled. There will be no charge for days on which school is cancelled, and tuition will be prorated accordingly.



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_____ **CODE OF CONDUCT:** Anyone coming on TWIGS Kids' premises must follow its rules and directives. I understand that maintaining a positive learning environment depends on everyone abiding by the rules & directives of TWIGS Kids & its staff, & avoiding any argumentative, derogatory, or disrespectful conduct. I understand and agree that as a condition of my child's participation in any TWIGS Kids program, my child and all family members/guests are required to follow rules and directives from TWIGS Kids and our staff. If there is a failure to comply with such rules or directives, I understand that my child and all family members/guests may be instructed to leave the premises, and may be permanently expelled and barred from the premises in TWIGS Kids' sole discretion. I understand that there will be no refund or other compensation if my child is either temporarily suspended or permanently expelled. I represent that I have notified TWIGS Kids if I am aware of any reason that my child will have difficulty complying with this policy.

_____ **ILLNESS POLICY:** I further understand and agree that it is my responsibility to hold my child out of class if he/she has been diagnosed with any illness that can potentially be transmitted to others including, but not limited to, poison ivy, poison oak, pink eye, flu symptoms, lice, etc. And it is my responsibility to inform TWIGS Kids of such conditions including providing a doctors release if/when the contamination period has ended and my child is released from the care of his/her physician and may return to normal group activity. It is not TWIGS Kids responsibility to attempt to medically diagnose such illnesses and will not be held responsible should a child be brought to TWIGS Kids with such medical conditions.

_____ **WITHDRAW:** I understand that I must provide a one (1) week written notice of withdraw from the program. If this notification is not provided, I agree to pay all tuition and fees for (1) week, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable registration fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child is withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (tuition and registration) are non-refundable.

_____ **PHOTO/VIDEO RELEASE:** I understand and agree that photos/video taken of me or my child by TWIGS Kids may appear in advertisement publication (lobby, website, Facebook Etc.) and/or be available for resale.

_____ **ASSUMPTION OF RISK:** As a parent or legal guardian or having legal authority, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, swimming, and diving. No matter how careful the athlete and coach are, no matter how many spotters are used, no matter what height or landing surface exists, the risk cannot be eliminated, reduced yes, but never eliminated. In addition, swimming or activities in or around water can result in brain damage or drowning.

_____ **WAIVER OF LIABILITY:** Being fully aware of these dangers, I, on my own behalf & the behalf of my child(ren) & our respective heirs, administrators, executors & successors, hereby COVENANT NOT TO SUE FOREVER RELEASE TWIGS Kids, its officers, directors, shareholders, employees or agents from all liability for any & all damages or injuries suffered while under the instruction, supervision, or control of Twigs Kids including, without limitation, those damages or injuries resulting from acts or negligence on the part of its officers, directors, shareholders, personnel & hold TWIGS Kids & its representatives harmless in their execution of this action.

_____ **MEDICAL AUTHORIZATION:** Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as result of any injury sustained by me or my child while in attendance at or participating for TWIGS Kids. I understand that if my child is injured, TWIGS Kids will first attempt to contact the parent(s) and then any other contacts provided on the registration form. I understand that TWIGS Kids staff will defer to parents (or first available contact) in matters pertaining to medical treatment, including but not limited to calling 911 or other assistance in tending to my injured child. I understand that TWIGS Kids reserves the right to not treat or move an injured child if the staff decides said action might further injure the child. I hereby authorize the staff at TWIGS Kids to act according to their best judgment in the event of a medical emergency.

_____ **PERSONAL ITEMS POLICY:** TWIGS Kids is not responsible for any lost/ stolen items that have been left behind, in our facility by you or your child(ren).

_____ **RETURN CHECK / REGISTRATION FEE POLICY:** I understand that a \$20 fee will be charged for any re-run or returned check. I further agree that registration fees, which are paid once a school year for each child, are non-refundable, even if at the time of registration I am aware that I won't be attending for the entire school year.



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Furthermore, I have read and understand the Registration Fee, Tuition/Card on File Policy, Charges and Procedures for Late Pick Up, Holidays, Absences/Vacation Policy, Illness Policy, Emergency Closing and Inclement Weather, Withdraw Policy, Photo/Video Release, Assumption of Risk, Waiver of Liability, Medical Authorization, Return Check/Registration Fee Policy, Code of Conduct/Personal Items Policy and I voluntarily affix my name in agreement. I further certify that I have legal authority to register and enroll the child(ren) due to the following: 1) I am the child(ren) parent with legal authority to register child(ren) 2) if divorced or dissolution, have court ordered authority by the Decree (custodial parent or parenting time) 3) court appointed Guardian 4) legal custody through Juvenile court.

I understand and agree that TWIGS Kids staff and administrators will defer to the registering parent/guardian signing below in the event of any and all directives under which two or more parents/guardians may disagree.

Parent/Guardian: _____ Date: _____

Medication Administration

TWIGS Kids reserves the right to only administer emergency medications to a child with life-threatening medical conditions.

_____ My child **does not** have emergency medication prescribed to him/her. (example: inhaler)

_____ My child **does** have emergency medication prescribed to him/her.**

**Children that have emergency medication for life-threatening medical conditions will need to have the following forms completed to keep emergency medication on site:

ODJFS01217 – *Request for Administration of Medication (signed by a physician)*

ODJFS01236 – *Child Medical Care Plan*

Payment Method

_____ I would like my card on file to be charged on the Monday of each week.

_____ I will be coming in when I pick my child up each week to pay on Mondays or will be calling in or stopping by with payment the Friday or Saturday before.

_____ I will be paying weeks in advance.



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DISCIPLINE POLICY

Our staff at TWIGS Kids would like your child to have the best experience possible here! Thus, all participants must understand and follow the company rules. These guidelines and expectations are in place to provide safety for both; your child and our staff.

1. Listen to all staff and stay in assigned group.
2. Respect TWIGS staff and other children. (Treat others the way you would want to be treated.)
3. Respect yourself.
4. Respect TWIGS property.
5. Respect the bus and bus rules.
6. Keep hands, feet, and all other objects to yourself.
7. Participate in all After School Program activities.
8. Use an inside voice while indoors.
9. Clean up after yourself.
10. Keep your belongings together.
11. Be positive and have FUN!

Should a participant choose not to follow any of these rules, these are the guidelines that each staff will follow to handle the situation:

Step 1: 3 Verbal Warnings

Step 2: Time Out

*Sit away from group for a minute for each year of child’s age (example: 6 year olds will sit for 6 minutes.)

*Child will need to retell what rule was broken and apologize before returning to group

Step 3: After a Time Out and still misbehaving, a **Written Warning** will be sent home for a parent to sign and return with a brief discussion addressing the child’s behavior/ actions.

If negative behavior is unstoppable, uncontrollable, or severely harmful, then a **Conference** with manager, involved staff, parent and child to discuss their future enrollment here at TWIGS. (Probation periods and expulsion may occur depending on severity of the situation.)

Behaviors/ actions that will result in immediate dismissal from the activity that day or further depending on the severity include:

-Stealing, Use of profanity, Causing bodily harm to self, others, staff, or facility property, Violence (hitting, kicking, pushing, biting, spitting, etc.)

Thank you in advance for your cooperation! Thank You!

I have reviewed the discipline policy with my child.

Date: _____

Parents Signature: _____ Child’s Signature _____



TWIGS KIDS AFTER SCHOOL PROGRAM

Name of Child: _____

Below is the 2019-2020 TWIGS Kids After School Program's Class Schedule:

Monday

Cheer or Gymnastics

Tuesday

Swimming or Gymnastics

Wednesday

Tae Kwon Do, Swimming, or Gymnastics

Thursday

Tumbling or Gymnastics

Friday

Swimming or Gymnastics

Upon the start of all school sessions, each child will be evaluated and placed in the correct class assigned to their level. We will distribute as to which class they will be best fit in each day of the week. If there ever is a time this schedule isn't working for your child, communicate the change with the administrator.

TWIGS Kids Class Descriptions:

Gymnastics Classes— Children will learn numerous skills on the Vault, Bars, Beam, Floor, and Trampoline (no experience required). We will separate by age and ability.

Swim— Broken down into two skill levels as swimmer and non-swimmer. We will work on floats, glides, free-style, backstroke, breaststroke, & butterfly. There will be open swim along with their swim class at the beginning and end of each class. We will separate by age and ability.

Tumbling Classes— Working on floor and trampoline skills only, our tumbling classes are broken down into three levels based on skill. Cartwheel Class where we focus on Handstands, Cartwheels, and Round offs. Back-handspring Class is exactly how it sounds; breaking down the skill step by step and teaching the proper technique. Advanced tumbling class for everyone who can independently do a round off back-handspring on the floor.

Cheer— Children will learn basic cheer skills such as jumps, motions, dance, stunts, and some tumbling.

Tae Kwon Do—This class is run through Valor Martial Arts Studio, as their teacher(s) come to TWIGS to teach the disciplines of Tae Kwon Do. This class is only ran on Wednesdays.

Parent/Guardian: _____ Date: _____



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I give permission for my child to participate in their TWIGS Kids class each day they are enrolled from 3:15-4:10pm and/or 4:15-5:10pm for the school year 2019-2020. During this time, they will be under the supervision and care of TWIGS Kids Gymnastics, Swimming, Cheer, Dance, Tumbling or Tae Kwon Do instructors.

Parent Signature

Date

We encourage you to park & come in and watch your child’s class if you can ever arrive earlier than 5:00pm.

Routine Trip Destination: From school to TWIGS Kids

Date of Permission (valid for one year): School Year 2019-2010

Mode of Transportation: TWIGS Kids vehicle and driver

Child’s Name: _____

My child is _____ over 4 years and 40 lbs. _____ not over 4 years and /or 40 lbs.

I give permission for my child to participate in the routine trips described above.

Parent Signature

Date



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SWIMMING POLICIES

Licensing rules 5101:2-12-17 and 5101:2-13-17 require parental permission for the water activities your child will be engaging in:

Before the child swims in water two feet or more in depth.

Before the child participates in activities near water two feet or more in depth– no water activities planned (open swim).

Before school children participate in swimming activities in lakes, rivers, ponds, creeks, or other similar bodies of water.

TWIGS Kids will be providing 1 additional adults above the required staff/child ratios.

TWIGS Kids will NOT be providing additional adults above the required staff/child ratios.
(Required ratio is: 1:18)

I give permission for my child to participate in the following swimming/water activities:

Swim site: TWIGS Kids Dolphin Cove Swim School

Date(s): School year 2019-2020

Child's Name and Date of Birth _____

My Child is a: _____ Swimmer _____ Non swimmer

I will provide swim wear and towel for my child to participate on his/her designated day and ready for the

Parent Signature

Date