

# Thomas Gymnastics

## Summer Camp Program

### Arrival and Departure

Thomas Gymnastics Summer Camp opens at 7:00am and closes at 6:00pm. Upon arrival, make sure your child has already been served breakfast and has a **non microwaveable** lunch daily. Make sure your child has the necessary attire for gymnastics and field trips planned for that day, and any extra spending money necessary for field trips.

There will be a sign in/sign out sheet that must be signed daily upon arrival and departure. We offer drive thru pickup on the volleyball court side of the building from 5:00 - 6:00. A staff will be there at this time to make sure your child is safely escorted to their vehicle.

### Enrollment Procedures

Parents are required to fill out the attached registration form for each child being enrolled in the Summer Camp program. At the time of enrollment, **make sure all documents, including waivers are signed before processing.**

Thomas Gymnastics Summer Camp will seek to establish and maintain a good relationship and to facilitate communication and cooperation. Parents are welcome to visit the program at any time, especially on birthdays and special occasions. Information on any special field trips will be posted.

### Fees and Payments Process

Cost of the program will be **\$99.00 a week or \$30.00 a day**. A \$10.00 deposit to hold your spot each week. Payments will be accepted in the form of credit, debit, automatic draft, check or cash. If you are planning on using automatic draft, please see the front desk for payment setup.

**Payments must be made each week on Monday**, the week in which your child is attending. If payment is not made that week or day, your child will not be able to return until payment is made for the week(s)/day(s) missed.

## Field Trips

We will have **three field trips every week**. Our field trip days are every **Tuesday, Thursday and Friday**. Our special field trips will be posted (please see monthly calendar for more details). On special field trip days, we will be eating lunch at the field trip destination.

If you would like to bring extra money for snacks and games for each field trip, please bring money enveloped and leave it at the front desk for safe keeping.

## Personal Belongings

Thomas Gymnastics' staff members will not be held responsible for lost, broken or stolen items. Please leave all valuables at home. All personal belongings need to be properly labeled and placed in a cubby.

## Snacks

Snacks will be provided for the children at 10:00am and 3:00pm. During an event of a field trip during those times, snack may be earlier or later depending on the current circumstances.

## Summer Camp Weeks

Please circle the weeks your child will be attending summer camp 2012.

<b>Week 1</b> (June 4 <sup>th</sup> - 8 <sup>th</sup> )	<b>Week 2</b> (June 11 <sup>th</sup> - 15 <sup>th</sup> )	<b>Week 3</b> (June 18 <sup>th</sup> - 22 <sup>nd</sup> )	<b>Week 4</b> (June 25 <sup>th</sup> - 29 <sup>th</sup> )	<b>Week 5</b> (July 2 <sup>nd</sup> - 6 <sup>th</sup> )
<b>Week 6</b> (July 9 <sup>th</sup> - 13 <sup>th</sup> )	<b>Week 7</b> (July 16 <sup>th</sup> - 20 <sup>th</sup> )	<b>Week 8</b> (July 23 <sup>rd</sup> - 27 <sup>th</sup> )	<b>Week 9</b> (July 30 - Aug. 3 <sup>rd</sup> )	<b>Week 10</b> (Aug. 6 <sup>th</sup> - 10 <sup>th</sup> )
<b>ALL WEEKS</b> (June 4 <sup>th</sup> - August 10 <sup>th</sup> )			<b>NOT SURE</b>	

## **Supervision and Discipline**

Our goal is to make summer camp a fun and safe environment for everyone. We strive to teach our children self-discipline and self-respect. If circumstances do occur privileges will be limited or taken away until the child can participate appropriately.

## **Health Policies**

Children attending the program should have school insurance or by private coverage. If a child becomes ill during the day, he will be isolated from the group and parents will be notified immediately and must make arrangements to pick up the child as soon as possible. If the child is in need of emergency care and the parents cannot be located, they will be taken to the doctor who is authorized by the parents on the enrollment application. In case of a serious accident requiring emergency treatment, the emergency room of Piedmont Medical will be used.

The staff will not administer medicine without special permission and specific instructions from the child's doctor. Prescription medicine must be sent in the original container with instructions on the label.

Contact: For any further information regarding summer camp, please contact us at (803) 327-4332 or email at [thomasafterschool@gmail.com](mailto:thomasafterschool@gmail.com)

# **Discipline and Behavior Management**

## ***Rules***

- **Students must keep hands, feet and objects to himself/herself.**
- **Students must show respect for ALL staff and other students.**
- **Students must use appropriate language.**
- **Students must use movement and voice levels that are acceptable for the setting.**
- **Students must respect program's grounds and refrain from damaging property.**

## ***Consequences:***

**First offense: a warning is given**

**Second offense: time out from activities**

**Third offense: time out from activities, written documentation and/or parent contact.**

**Repeated offenses: After three offenses have been documented, dismissal from program is possible.**

**\*\* If behavior is severe, regardless of the offense, parent will be contacted immediately.**

**Dismissal of a child from the program will occur at any time that a child's behavior is determined to be detrimental to his or her own well-being or to the well being of others in the program. Automatic dismissal will also occur when a child is habitually left after scheduled closing time (over two times in a one month period) or by failure to promptly pay for the services.**

**I, THE UNDERSIGNED PARENT OR GUARDIAN OF \_\_\_\_\_  
(CHILD'S FULL NAME), DO HEREBY STATE THAT I HAVE RECEIVED AND  
DISCUSSED WITH MY CHILD A COPY OF THE THOMAS GYMNASTICS Discipline  
and Behavior Management Policy.**

**Date of child's summer camp enrollment: \_\_\_\_\_**

**Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_**

# Thomas Gymnastics Summer Camp 2012

## Membership Registration Form

Student's name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Mom's name \_\_\_\_\_ Dad's name \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

School Attending: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Mom's Employer \_\_\_\_\_ Work phone: \_\_\_\_\_

Dad's Employer \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

### INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies (such as dust, drugs, plants, food, etc) If yes, please be specific, what are they? \_\_\_\_\_

Please give any information concerning your child which will be helpful in His/her experience in group living (such as play, eating, sleeping habits, special fears, like or dislikes. \_\_\_\_\_

I agree that the program director has the authorization to use Piedmont Medical Center to obtain emergency care for my child in the event that neither I nor the family physician can be contacted immediately.

Family physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Parent \_\_\_\_\_

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

If your child is to be picked up by anyone other than the person(s) listed below, you must send a written note. Otherwise, the child will not be permitted to leave

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Gymnastics Waiver and Release 2012**

The staff of Thomas Gymnastics recognizes gymnastics and dance to be dangerous sports. Any activity which involves height and/ or motion can cause injury. All instructors are Thomas Gymnastics take every precaution to ensure the safety of each student. While safety is our number one priority, students may suffer injury, possibly minor, serious or catastrophic in nature. Thomas Gymnastics coaches and staff members and not liable for injuries sustained by students or spectators during the course of or in transportation to and from events. With this in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child/children participate in the programs offered by Thomas Gymnastics. In an unlikely event of injury I waive and release all claims and liability I or my child may have against Thomas Gymnastics. I understand that Thomas Gymnastics produces promotional material about their program. I understand that my son or daughter may be included in video tape or photography taken during after school hours. I hereby grant Thomas Gymnastics, its successors, assignees, sponsors, and all other commercial exhibitors the exclusive right to photograph and/or videotape my son or daughter and further to utilize my son or daughters name and face as part of advertising and promotion of Thomas Gymnastics without reservation. In granting this, I understand that Thomas Gymnastics is under no obligation to exercise any of its rights and privileges hereby granted.

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**Signature of Parent or Guardian**

**Date**

**Summer Camp Field Trip Waiver 2012**

The undersigned hereby releases Thomas Gymnastics Summer Camp, its respective directors, teachers and staff of and from any and all claims whatsoever arising or which may arise by reason of the Child's participation in the Field Trips including any claims due to personal injuries or illness excepting any such claim resulting from and/or arising out of the gross negligence of Thomas Gymnastics, its respective directors, teachers or staff.

Should the Child suffer injury or illness while on the Field Trips, the undersigned hereby authorizes any representative of Thomas Gymnastics and, in particular, any teacher accompanying the Child to authorize such medical attention for the Child as may be deemed appropriate by said representative of Thomas Gymnastics in any circumstance. The undersigned agrees to bear the costs of all medical care and procedures required by the Child. The undersigned also agrees to maintain appropriate medical insurance coverage for the Child while on the Field Trips.

The undersigned hereby releases Thomas Gymnastics, its respective directors, teachers and staff from any claim arising out of any medical treatment the Child may require.

The undersigned acknowledges that should the Child fail to keep and obey all rules and regulations prescribed by Thomas Gymnastics, its respective directors, teachers and staff, while participating in the Field Trips, Thomas Gymnastics may, in its sole and absolute discretion, terminate the Child's participation in the Field Trips without refund for the cost of the Field Trips. Any additional costs incurred by reason of the termination of the Child's participation in the Field Trip and/or as a result of the Child being sent home will be the responsibility of the undersigned.

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**Signature of Parent or Guardian**

**Date**

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**Signature for Swimming Trip(s)**

**Date**