



Camp Arrr-kansas 2016



Registration Forms and Parent Handbook Summer Camp Program

Fayetteville Athletic Club
Kids Fit Fun FACTory
2920 East Zion Road
Fayetteville, Arkansas 72703
(479) 587-0500
www.fayac.com



Kids Fit Fun FACTory Parent Handbook

Mission Statement

On behalf of the Fayetteville Athletic Club (FAC), we would like to welcome you to the Kid's Fit Fun FACTory. Our goal is to nurture the development and growth of healthy children and families. We seek to offer young children a developmentally appropriate curriculum that focuses on each child's unique development while considering the needs and dynamics of the entire group. Experiences and activities will contribute to each child's age appropriate development. We strive to enrich children's lives through fitness concepts, positive social engagement, community service and educational concepts all while preparing them for a happy, healthy future. The following policies and procedures are designed to help your family become more familiar with our program. Please read these guidelines and return the attached form.

Admission Policies

Kid's Fit Fun FACTory admits children of any race, religion or national origin. To ensure the most supportive setting possible, children with special needs and children with physical handicaps will be considered on an individual basis. Prior to enrollment, parents should meet with the Director and provide the staff with the results of any developmental or educational assessments.

Arrival & Pick-up:

- Unless otherwise specified, all students must arrive on time. Each student will be signed in by a parent or legal guardian, and then checked-in by FAC teacher/counselor.
- All children must be signed out by a designated parent or guardian each day. Please notify the Director in writing if someone other than a previously authorized adult will be picking up your child. We ask that every adult authorized to pick up a child bring a photo I.D. Also, if your child is to be absent, please call and notify the Director.
- If your child remains at FAC longer than 10 min past their scheduled pick up without prior arrangements a \$5.00 charge followed by a \$25/15min charge will be applied and payment is expected at pick up. If a child remains at FAC for over 1 hour past their scheduled time without notifying the Director, or we are unable to contact the parent or other authorized adult, we are required to notify Social Services. Remember that your child as well as our staff worries about you when you are late!

Meals & Snacks:

- Snacks will be provided by FAC in accordance with USDA and DHS guidelines.
- If you child has allergies to specific foods, we will work with you to provide appropriate snacks
- You are required to provide a nutritious lunch that includes all food groups. Preschool students are required to have a liquid milk or milk substitute available every day.
- FAC is a PEANUT FREE FACILITY. Please double check pre-packaged lunches (Lunchables) for peanut products. Peanut items will be thrown away, and if a replacement item is necessary you will be charged for any item provided by FAC.
- For sanitary purposes, please pack all lunches in an insulated lunch box and a refillable drink container labeled with child's name.

Medications:

- If your child has prescribed medication that must be administered during the hours of their program, please arrange with the Program Director prior to the beginning of camp. Only non-temporary medications will be administered.
- Medication must be kept in lock box at facility and taken home at end of each day. Medications will only be accepted if accompanied by doctor detailed instructions, and medication release form signed by parent/guardian.
- Sunscreen is considered a medication. Please apply sunscreen to your child before s/he comes to FAC. If you wish to have sunscreen reapplied to your child, a permission slip must be signed, the aerosol sunscreen must be labeled with child's name. We are outside often, so expect to provide **at least 1** aerosol per week, per child.

Accidents & Incidents:

- We use two forms in the Kids Fit Fun FACtory to notify parents of injuries. Accident Forms are used for unintentional events requiring first aid. Incident Forms are used when one child hurts another child, or for other behavioral incidents. We will NOT give out the name of any other child(ren) involved in an accident or incident.
- If the injury is serious in nature requiring more than basic first aid, we will call emergency medical services.

Behavior Guidance Policy:

- Discipline shall be individualized and consistent for each child. It shall be appropriate to the child's level of understanding and directed toward teaching the child acceptable behavior and self control.
- Physical Punishment SHALL NOT be administered to children, by staff or parents.
- The length of time a child is placed in Time-Out shall not exceed one minute per year of child's age.
- The following methods of behavior guidance are practiced:
 - Praise
 - Clear Guidance
 - Redirection
 - Time-Out
- For the well-being and safety of ALL children there will be NO tolerance for physical violence or bullying (verbal or physical).
- If a child does not respond to redirection or clear guidance, the child will be written up using an Incident Form. Physical Incidents will immediately be written up.
- If the behavior does not improve the parent will be contacted. Then the following procedure will be followed.
 - 1st—Written Warning (Incident Form)
 - 2nd—Parent/Guardian Conference, Loss of Special Event Privilege
 - 3rd—Suspension to be determined by Director
 - 4th—Expulsion from Program

Please review this policy with your child. Thank you in advance for supporting our program in ensuring we put the safety and welfare of the children first and foremost.

Electronics Policy:

- ALL FACTORY PROGRAMS ARE ELECTRONICS FREE! Children are not permitted to have cell phones, Ipods (MP3 Players), gaming devices, etc. while they are participating. We ask that you leave ALL valuables at home; FAC is not responsible for lost, damaged, or stolen items. There is a "Lost & Found" located in the Kids FACtory, in the main club and near the pool for your convenience in retrieving lost items. These items will be donated/discarded in a timely manner.

Arkansas Department of Human Services (DHS):

- FAC's Kids Fit Fun FACTory Summer Camps, After School, & Jump Start Programs are licensed by DHS, and adhere strictly to all licensing requirements.
- Mandated Reporter—It is a requirement of DHS that any signs of suspected child abuse be reported to the Division of Children and Family Services (DCFS). If an employee suspects any child abuse or neglect he/she is required to file a report and call the Crimes Against Children Hotline at 1-800-482-5964. The proper authorities will then intervene and conduct an investigation. Our licensing also stipulates that any staff member or child enrolled in the licensed program may be subject to an interview by DHS officials.
- All children who enter the program are subject to backpack searches per DHS regulations. Backpacks are not allowed in our preschool age programs.
- FAC hires only qualified staff over the age of 18, drivers are required to be 25 or older. We perform background checks on all employees working in licensed programs. Staff members will be certified in CPR and First Aid and must complete 15 hours of professional development annually.

Summer Camp Age Groups – Kindergarten through 6th grade

- During the summer, we separate children based on the grade that they will be attending in the fall of the upcoming school year. These groups are designated by color. The number of children that enroll in each group varies from week to week. Therefore, there is a chance that your child may be placed in a different color group from week to week depending on the total number of children in each age group.

K/1 st Grade	Red
1 st /2 nd Grade	Green
2 nd /3 rd Grade	Blue
3 rd /4 th Grade	Purple
4 th /5 th Grade	Yellow
5 th /6 th Grade	Orange



Date of enrollment: _____
Date of discharge: _____

Child's Personal Data Sheet

Child's Name: _____ Date of Birth ____/____/____

Primary Caregiver: _____ Relationship to child: _____

Home Address: _____ City, State, Zip: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Place of employment: _____ Work Hours: _____

Secondary Caregiver: _____ Relationship to child: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Home Address: _____ City, State, Zip: _____

Place of employment: _____ Work Hours: _____

Emergency Contact Information

Name of person to call if parents cannot be reached: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is this person authorized to take the child from the center? Yes ____ No ____

List all other adults who are authorized to take the child from the center:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Days Attending (circle applicable days)

Monday Tuesday Wednesday Thursday Friday Times: _____

Medical Information

Allergies: _____ Medications: _____ (Epi-Pen?) _____

If child is to receive specific medication while in our program, please see director for the additional required form.

Physical or emotional concerns child might have: _____

Other conditions or comments: _____

Special food needs: Formula: _____ Prescribed Diet: _____

Is child toilet trained: Yes _____ No _____ Words used in toileting _____

Siblings? Yes _____ No _____ Name(s) of siblings: _____

Immunizations: I have provided a copy of my child's Immunization Record: Yes _____ No _____

(Not required for school age children attending a public/private school)

Medical History:

Measles Yes ___ No ___	Mumps Yes ___ No ___	German Measles Yes ___ No ___
Chicken Pox Yes ___ No ___	Whooping Cough Yes ___ No ___	Positive TB Test: Yes ___ No ___
Defective Heart Yes ___ No ___	Sun Sensitivity Yes ___ No ___	Fainting Spells Yes ___ No ___
Frequent Ear Infections Yes ___ No ___	Frequent Throat Infections Yes ___ No ___	Frequent Colds Yes ___ No ___
Seizures Yes ___ No ___	Diabetes Yes ___ No ___	ADD/ADHD Yes ___ No ___
Temper Tantrums Yes ___ No ___	Biting Yes ___ No ___	

Consents:

Child's Physician or preferred emergency treatment facility Phone Number

Address City, State, Zip

• I, _____, mother/father/guardian (circle one) of _____, do hereby give my consent to the Director of the Child Care Facility, or his/her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature of caregiver Date

• I hereby give _____/do not give _____ the Director of the Child Care Facility or his appointed representative permission to give my child, _____, Acetaminophen. I understand I will be notified if that medication has been administered.

Signature: _____ Date: _____

• I hereby give _____/do not give _____ written permission for the use of suntan lotions/sunscreen for my child in permit able weather. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1100.1101.17

Signature: _____ Date: _____

Acknowledgments

This is a statement of verification that I have been informed that child care licensing/ child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. This is in accordance with Minimum Licensing Requirements: DCCED/Child Care Licensing Unit: 200.201.4

Signature: _____ Date: _____

This is to acknowledge that I have received a list of Kindergarten Readiness Skills for my child (3 and 4 year old children only) This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit 200.201.5

Signature: _____ Date: _____

This is to acknowledge that I have received and will comply with the rules as stated in the Kids Fit Fun FACTory Parent Handbook.

Signature: _____ Date: _____

This is a statement of verification that I have been informed of the behavior guidance policy practiced.

Signature: _____ Date: _____

I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature: _____ Date: _____

I, _____, verify that this form is complete in its entirety and that the parent handbook was given.

FAC Staff Witness: _____ Date: _____

Fayetteville Athletic Club Kid’s Fit Fun FACTory Waiver Release Statement

No child will be admitted into any FAC program if this form is not signed by a parent/legal guardian. By signing this form, you are releasing all claims for injury you or the participant might sustain through any of our programs.

I agree to assume full risk and to waive, relinquish, and release all claims I and or the participant may have against, indemnify, hold harmless, and defend the Fayetteville Athletic Club. This release includes as well FAC officers, agents, servants, and employees from such claims resulting from injury, damages, or loss sustained on account of participation in this FAC program or event. I understand that I am responsible for all personal insurance and the participant’s family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

The hospital emergency room of choice is: _____

Child’s Name: _____

Parent/Guardian Signature: _____ Date: _____

Discipline Policy

The discipline policy of the Fayetteville Athletic Club Kids Fit Fun FACTory will be that anytime a child’s behavior jeopardizes the safety of him/herself, others, or is acting in a disruptive manner the child will be removed from the class or program.

The FACTory uses a timeout situation to encourage good behavior. A child who has to take a time out will be taken out of class participation and must sit alone quietly under staff supervision for 1 minute for each year of age. After the second offense another time out will be given. Following a third offense the child is sent home for the remainder of the day. Also, the parents and the child will have to schedule a conference with the director to discuss the problem. Continuous or more serious behavioral problems may result in termination from the Kids Fit Fun FACTory program.

I, _____, Parent/Guardian of _____, have read, understand, and agree with the Fayetteville Athletic Club Kids Fit Fun FACTory Discipline Policies.

Signature: _____ Date: _____

Billing Policy

Kids Fit Fun FACTory programs will not admit a participant without Payment Agreement & Registration forms completed by bill payer and registration fees are paid. Each program may have separate and different fees and policies. Program costs are not affected when children cancel or miss days for which they are registered. No substitutions can be made for missed days. Drop in days are not available and children can only attend camp on days which they are registered and paid for. Payment must be made before child can attend camp. Non-payment by due dates will result in forfeiture of campers space in program. Memberships, private lessons, personal training, and special programs are not included in fees but discounts may apply. FAC member discounts are only applicable if the child holds a “Junior Membership”. Any other discounts must be arranged with Director in writing prior to start of camp. FAC member discounts are void and additional charges will occur if membership is canceled during the time of camp attendance. The non-member rate will be charged to your account retroactively. Changes or cancellations in any registration must be made in writing to the director. This does not guarantee refund or credit of payments that have been made or cancellation any outstanding balances. A \$25 fee is charged to any returned payments. Any payments made after a returned payment must be in cash or money order form. Failure to comply with payment will result in suspension of the participant. Non-payment after 60 days of billing date may be subject to collection agencies. Fayetteville Athletic Club accepts cash, money order, checks, Visa, Master Card, Discover, American Express. FAC will not accept any temporary checks. Monthly auto draft and FAC club account charge is not available for weekly programs such as camp. For your convenience, a weekly draft may be set up on credit/debit card only. Camp participants are not authorized to charge accounts for additional luxuries such as water bottles, sports drinks, pool side café, Cadence Café, etc.

I agree to abide by the Billing Policy that has been presented to me by the Fayetteville Athletic Club. I hereby acknowledge that all information provided by the undersigned is accurate and that I have read and understand the preceding prior to the signing and agree to all terms outlines above. I understand that the policy may change under the discretion of the billing office and/or director of the program.

Printed Name: _____ Date: _____
Signature: _____ Date: _____

PHOTOGRAPHY DISCLAIMER AND RELEASE FORM (MINOR CHILD)

We will be taking pictures throughout the year to catch the overall action and adventure of our Kids FACtory programs. Whenever possible, we will make these images available to the parents/guardians. Please read and sign the following release form for your child(ren)

1. For good and valuable consideration received to my satisfaction, including but not limited to the ability of my minor child to appear in one or more videos or pictures to be displayed on the www.fayac.com website (the "Website") in furtherance of one or more projects in which he or she is participating (each a "Project"), I hereby grant, on behalf of myself and my minor child, to **Fayetteville Athletic Club**, 2920 East Zion Road, Fayetteville, AR 72703 (the "FAC"), and their respective officers, directors, agents, employees, licensees, successors and assigns the following: (a) The right to use my minor child's picture, likeness, images and other visual or audio reproductions by film, photograph or otherwise (collectively referred to as the "Images and Reproductions") in connection with any videos or photographs to be posted on the Website in connection with any Project.

(b) All rights of every nature whatsoever in connection with use of the Images and Reproductions in the Project including without limitation all copyrights therein, and the exclusive right to reproduce, exhibit, distribute, and otherwise exploit the Images and Reproductions in whole or in part, in perpetuity throughout the world in any and all media, whether now known or hereafter devised, in connection with, the marketing, publicity and promotion of FAC, the Website or any of the Projects. In this respect, I agree that FAC may edit, alter, reproduce or otherwise change the Images and Reproductions for any such purpose. I acknowledge that my minor child and I shall have no ownership, authorship or moral rights in the Images and Reproductions or any part thereof. I hereby waive any and all rights to inspect or approve the use of the Images and Reproductions for any reason.

2. On behalf of myself and my minor child, I hereby release FAC and their respective officers, directors, agents, employees, licensees, successors and assigns from any and all claims, losses, damages or liabilities of any kind, which my minor child and I, or any of our heirs, representatives, successors and assigns, may now, or at any time in the future, have or claim to have arising out of or relating to the filming, recording, broadcasting, distribution, exhibition, advertising, or other exploitation of the Images and Reproductions, including but not including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. In this respect, I hereby waive any privacy rights, publicity rights or rights to compensation that I or my minor child may have in connection with the Images and Reproductions.

3. I understand that the consideration received by me pursuant to this disclaimer and release constitutes the full and final consideration for all uses and re-uses of the Images and Reproductions in accordance with its terms.

4. I represent that I am eighteen years of age or older and have read and fully understood the terms hereof.

5. This disclaimer and release shall bind me and my minor child's respective heirs and personal representatives. FAC shall not be obligated to utilize any of the rights granted hereunder. FAC will have the complete artistic and creative freedom, discretion and control of the Images and Reproductions on its Website. This disclaimer and release constitutes the entire understanding with respect to the subject matter hereof and it cannot be amended except by a written instrument signed by the undersigned and FAC.

Parent or Guardian Signature

I represent that I am the parent or legal guardian of the minor child who's images and reproductions are the subject of this release and disclaimer. I hereby consent to the use of the Images and reproductions pursuant to the terms herein:

Minor Child Name: _____

Address: _____ City: _____ State: _____ Zip _____

Date: _____ Email address: _____ Phone Number: _____

Parent Guardian Name (please print) : _____

Parent/Guardian Signature: _____ Date: _____



2016 Jumpstart Summer Program 2016 Registration Form



CHILD'S NAME (and nickname if applicable)			Date of birth:		Please circle one: Male Female		
Child's T-shirt size: (circle one)		3T X-SM SIZE 2-4 SM SIZE 6-8 MED SIZE 10-12 LG SIZE 14 - 16			Child's age:		
Child's Street Address			City:		State:		
Primary Caregiver Name:		email:		Relationship		Work phone:	
Secondary Caregiver Name:		email:		Relationship		Work phone:	
Emergency Contact Name:		email:		Relationship		Work phone:	
Medical Emergency Information - please check all that apply and indicate any special instructions needed for our staff to properly care for your child.		Special instructions:		<input type="checkbox"/> Rescue Inhaler		<input type="checkbox"/> Diabetic insulin	
				<input type="checkbox"/> Epi-Pen/Epinephrine		<input type="checkbox"/> Antihistamine	

Check the camp weeks you will be attending **Check all that apply. Your first week of camp must be paid in full at the time of registration. Each additional camp week will be reserved by placing a \$20 deposit on that week.**

Week #	Dates:	Field trip location	FAC Junior Member ?	Non-member?	
\$30 REGISTRATION FEE PAYMENT ATTACHED					
Week 1	May 31 - June 3, 2016	Fast Lanes and Golf Mountain - Holiday - No camp Mon., Memorial Day	Deposit: n/a	Full week - Member Rate: \$127	Full week - Non-Member rate \$151
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 2	June 6 - 10, 2016	High Rise	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 3	June 13 - 17, 2016	Amazeum/ Mellow Mushroom	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 4	June 20 - 24, 2016	Roller City/ Ozark Lanes	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 5	June 27 - July 1, 2016	Razorback Malco Theater and Shogun!	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 6	July 5 - 8, 2016	Turpentine Creek Holiday - no camp Mon. July 4th	Deposit: \$20	Full week - Member Rate: \$127	Full week - Non-Member rate \$151
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 7	July 11 - 15, 2016	Art Location/ Gator Golf	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 8	July 18 - 22, 2016	Botanical Gardens & Chuck E. Cheese	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 9	July 25 - 29, 2016	Crystal Bridges/ Art Walk and Splash Park	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 10	August 1 - 5, 2016	Lokomotion	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119
Week 11	August 8 - 12, 2016	Gentry Zoo	Deposit: \$20	Full week - Member Rate: \$159	Full week - Non-Member rate \$189
			Circle days M T W TH F	Choose 3 days Member Rate: \$99	Choose 3 days Non-Member Rate: \$119

Sibling discount for 2nd, 3rd, 4th family members @ \$5 off per week, one discount per child (circle applicable weeks) 1 2 3 4 5 6 7 8 9 10 11	
Swim Lesson/Swim Team Discount	Tennis Lesson Discount

METHOD OF PAYMENT:

Name on credit card	Card #	Expiration date:	Credit card amount paid \$
Name on check	Check amount: \$	Check #	Cash amount paid: \$
Card on file for weekly balance: on card	Name Card #	Expiration date:	Card CVV:

Initial I understand that in order to reserve my child's place in camp, I must pay my first week in full and each subsequent week I must place a \$20 deposit to hold my child's reservation in camp. I understand that I must place a credit/debit card on file to draft the balance each week. Cancellations within 7 days of the camp start date and any unpaid balances by Friday prior to the camp start date will result in forfeiting my deposit and my child's reservation in camp.

Initial I understand that the draft for my child's weekly balance will occur each Wednesday prior to the camp weeks that I have indicated above. The credit/debit card that I have placed on file will be drafted for the upcoming week's balance each Wednesday prior to the start of the camp week.

Notes for FAC staff:

Your child must be checked in by 9:00 AM daily. We reserve the right to deny any late drop offs.

Please bring a peanut-free lunch, a refillable water bottle and sunscreen daily. All items need to be labelled with your child's name. Please ensure that your child is dressed appropriately for any weather conditions and for physical activity (tennis shoes, comfortable clothes). We will spend time outdoors. Please apply waterproof sunscreen to your child daily, prior to leaving home. Please leave all electronic devices at home. We are not responsible for lost or stolen items.

I agree to assume full risk and release all claims I and/or the participants may have against the Fayetteville Athletic Club (FAC), The Kids Club Fit Fun FACTORY including it's agents, servants and employees, from such claims resulting from injury, damages or loss sustained during participation in any FAC off site parent program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any cost incurred. I also understand that every precaution is taken to protect the safety of all participants. I agree to any emergency treatment by a physician or hospital in the event that the emergency contact listed above can not be reached.

Signature of Parent or Guardian:	Date:
FAC team member name:	Date: