



## **Registration Forms and Parent Handbook**

### **JUMPSTART 1 - 3 YEARS**

**Fayetteville Athletic Club  
Kids Fit Fun FACTory  
2920 East Zion Road  
Fayetteville, Arkansas 72703  
Club Phone: 479 - 587 - 0500  
[www.fayac.com](http://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:***

- 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. 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 your 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 your child's name.

### ***Medications and illness:***

- 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 locked box at FAC 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 (attached), the aerosol sunscreen must be labeled with child's name. We are outside often, so expect to provide 1 aerosol can per week, per child.
- For the safety of all campers, we require all children to be fever free for at least 24 hours prior to returning to camp.

### ***Accidents & Incidents:***

- We classify our communication with parents as an incident or accident. Accidents are considered unintentional events requiring first aid. Incidents may be classified when one child hurts another child or when a child's behavior is in violation of our policy. We will **not** provide the name of any other child(ren) involved in an accident or incident on the form(s) that we ask you to sign.
- 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. Children under the age of 2 will be re-directed.
- 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 ZERO tolerance for physical violence or bullying (verbal or physical). Biting is unfortunately, common for children under the age of 3. If biting becomes an issue with your child (as the biter), we will document up to 3 incidents and then schedule a conference.
- If a child does not respond to redirection or clear guidance, the child behavior will be documented.
- If the behavior does not improve the parent will be contacted. Then the following procedure will be followed.
  - 1<sup>st</sup>—Written Warning (Incident Form)
  - 2<sup>nd</sup>—Parent/Guardian Conference, Loss of Special Event Privilege
  - 3<sup>rd</sup>—Suspension for up to 1 week to be determined by Director – a refund will not be given if your child is involved in physical violence or if your child uses inappropriate language.
  - 4<sup>th</sup>—Expulsion from FAC Camp

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.

***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.
- 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.

***Swimming***

State ratios are extremely low for any pool activities for 1-2 year old campers. Therefore, we will not take the campers swimming. We will use water toys in our playground at least once per week. Your teacher will let you know each week which day water day(s) will be.

***Swim Lessons***

Your campers do have the option of attending swim lessons during the camp day. Our swim instructors will come to your camper's class and escort them to their swim lesson. If your child is scheduled for a private, semi-private or group lesson during the summer we ask that you please send you child to camp with their bathing suit under their clothes. This will help the transition go much smoother. Please pack dry clothes to change into after their swim lesson.

**AGES 1 - 3**



**CAMPER NAME:** \_\_\_\_\_

**CAMPER BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_



## CHILD PERSONAL DATA SHEET

<b>Date of enrollment:</b>	month	day	year	<b>Date of discharge:</b>	month	day	year
<b>Child's Name:</b>				<b>Date of birth:</b>			
Primary Caregiver Name:				Relationship to child:			
Home Address:				City		State	Zip
Cell Phone:		Work Phone:		Email:			
Place of employment:				Work hours:			
Secondary Caregiver Name:				Relationship to child:			
Home Address:				City		State	Zip
Cell Phone:		Work Phone:		Email:			
Place of employment:				Work hours:			

### EMERGENCY CONTACT INFORMATION

<b>Name of person to call if parents can not be reached</b>	<b>Relationship to the child</b>		
Home Address:	City		State Zip
Cell Phone:	Work Phone:	Home Phone:	
<b>Is this person authorized to take the child from FAC? CHECK ONE</b>			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

### LIST ALL OTHER ADULTS WHO ARE AUTHORIZED TO TAKE THE CHILD FROM FAC

NAME	PHONE #	RELATIONSHIP:
NAME	PHONE #	RELATIONSHIP:
NAME	PHONE #	RELATIONSHIP:
DAYS ATTENDING (CIRCLE): MON TUE WED THU FRI		TIME:

### MEDICAL INFORMATION

If child is to receive specific medication while in our program, please fill out attached required form

ALLERGIES:	MEDICATIONS	EPI PEN?
PHYSICAL OR EMOTIONAL CONCERNS YOUR CHILD MAY HAVE:		
OTHER CONDITIONS OR COMMENTS		
SPECIAL FOOD NEEDS:	PRESCRIBED DIET:	

### NAMES/AGES OF SIBLINGS

SIBLING NAME	AGE	SIBLING NAME	AGE
SIBLING NAME	AGE	SIBLING NAME	AGE
SIBLING NAME	AGE	SIBLING NAME	AGE

### MEDICAL HISTORY

NAME	YES	NO	NAME	YES	NO	NAME	YES	NO
Measels			Mumps			German Measels		
Chicken Pox			Whooping Cough			Positive TB Test		
Defective Heart			Sun Sensitivity			Feinting spells		
Frequent Ear Infection			Frequent Throat Infection			Frequent Colds		
Diabetes			ADD/ADHD			Temper Tantrums		

### CONSENT

Child's Physician or Emergency Treatment Facility:	Phone #		
Street Address	City		State Zip
Hospital Emergency Room choice is:			

I, \_\_\_\_\_, mother/father/guardian (circle one) of \_\_\_\_\_, do hereby give my consent to the Director of the Child Care Facility, or his/her 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 parent/guardian can not 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:	Date:
------------	-------

Child's Name: \_\_\_\_\_

**CONSENT**

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: \_\_\_\_\_

**CONSENT**

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: DCCCECE/Child Care Licensing Unit: 1100.1101.17

Signature of Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT**

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: DCCCECE/Child Care Licensing Unit: 200.201.4

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

**ACKNOWLEDGMENT**

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: \_\_\_\_\_

**ACKNOWLEDGMENT**

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

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

**ACKNOWLEDGMENT**

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

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

**ACKNOWLEDGMENT**

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

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

Child's Name: \_\_\_\_\_

DISCIPLINE POLICY	
<p>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.</p>	
<p>I, _____, Parent/Guardian of _____, have read, understand, and agree with the Fayetteville Athletic Club Kids Fit Fun FACTory Discipline Policies.</p>	
Signature: _____	Date: _____

BILLING POLICY		
<p>Kids Fit Fun FACTory programs will not admit a participant without Payment Agreement &amp; 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 forfeit of campers space in our program. Memberships, private lessons, personal training, and special programs are not included in fees but discounts may apply.</p>		
<p><b>FAC member discounts are only applicable if the child holds a "Junior Membership".</b> 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. Parents may authorize camp participants to charge accounts for additional luxuries such as water bottles, sports drinks and snacks at the pool side café and/or Cadence Café.</p>		
<p>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.</p>		
Name - please print	Signature	Date

Fayetteville Athletic Club Kid's Fit Fun FACTory Waiver Release Statement		
<p>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.</p>		
Name - please print	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](http://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:** \_\_\_\_\_



Jump Start Preschool and Mother's Day Out Registration Form



Summer 2019 1-3 YEAR OLD CLASS

Child's Name:	Date of birth:	Age:
---------------	----------------	------

PLEASE NOTE: CURRENT SHOT RECORDS MUST BE SUBMITTED WITH YOUR REGISTRATION FORMS

Mother/ Legal Guardian Name:
------------------------------

Father/ Legal Guardian Name:
------------------------------

Street Address	City:	State:	Zip:
----------------	-------	--------	------

MOTHER'S INFORMATION	Email:	Work phone:	Cell phone:
----------------------	--------	-------------	-------------

FATHER'S INFORMATION	Email:	Work phone:	Cell phone:
----------------------	--------	-------------	-------------

EMERGENCY CONTACT NAME:	Relationship:	Email	Cell phone:
-------------------------	---------------	-------	-------------

SUMMER 2019 REGISTRATION FEE: \$35

\$35 REGISTRATION FEE PAYMENT ATTACHED	FAC Child's Jr. Member # _____ Non-member ? (circle one) YES NO
--	---

Start date:	Time:	Days included:	Member Rate per week	Non- Member rate per week
5 Days MON-FRI - FULL DAY	7:30 AM - 6:00 PM	Monday - Friday	\$139.00	\$149.00
3 Days per week - FULL DAY	7:30 AM - 6:00 PM	(circle 3) M T W Th F	\$99.00	\$119.00
3 Days per week - 1/2 DAY	7:30 AM - 2:30 PM	(circle 3) M T W Th F	\$79.00	\$89.00

Notes for our staff regarding your child:
---

Sibling discount for 2nd, 3rd, 4th family members @ \$5 off per week (not available for 3 day per week option) Please list any siblings here:
---

Registration fee and first week of Preschool tuition must paid at the time of registration. If a balance remains unpaid on Tuesday, your child may not be dropped off until payment is current.

LATE PICK UP FEES: If you know that you will be late picking up your child, please contact the Kids FACtory staff immediately. Late pick up penalty is \$5.00 for the first 10 minutes and \$25 for each 15 minute period thereafter until the child is picked up.

METHOD OF PAYMENT:

Credit card type: (circle one)	Credit card #	Name as it appears on the card
VISA MC AMEX DISCOVER	Expiration date:	3/ 4 digit code:

In order to participate in our FAC Jumpstart Preschool and Mother's Day Out program , I understand that I must post a form of payment to be drafted each Friday for the upcoming week of Preschool. I understand that this is a school year program beginning August 14, 2017 with the final week ending June 1, 2017. I also understand that I am required to give a full 30 day written notice if my child will be withdrawing from the program. Payments for tuition will be required during the 30 day notice period. All cancellation notices must be submitting in writing and turned into the Kids FACtory front desk team. On the cancellation, please, list the child's name, age, program that he/she is attending and the reason for the cancellation. Please note that all registration fees are non-refundable.

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 parents, guardians or emergency contact listed above can not be reached.

Signature of Parent or Guardian:	Date:
Parent/Guardian Printed Name:	