



2020 – 2021 SCHOOL YEAR
STUDENT REGISTRATION PACKET
AND PARENT HANDBOOK

Fayetteville Athletic Club
2920 East Zion Road
Fayetteville, AR 72703
(479) 587-0500 extension 7

HOG WILD KIDS AFTER SCHOOL PROGRAM REGISTRATION FORM



STUDENT'S NAME (and nickname if applicable):	Circle one: Male Female	Student age:	Birthdate:	Grade:
--	-------------------------------	--------------	------------	--------

Child's Street Address	City:	State:	Zip:
------------------------	-------	--------	------

Please circle your child's school: Butterfield Root Vandergriff McNair Happy Hollow Holcomb Washington Leverette

CIRCLE DAYS:
MON/WED TUE/THU

Primary Caregiver Name:	Email:	Relationship	Work phone:	Cell phone:
-------------------------	--------	--------------	-------------	-------------

Secondary Caregiver Name:	Email:	Relationship	Work phone:	Cell phone:
---------------------------	--------	--------------	-------------	-------------

Emergency Contact Name:	Email:	Relationship	Work phone:	Cell phone:
-------------------------	--------	--------------	-------------	-------------

Medical Emergency Information - please check all that apply and write any special instructions needed for our staff to properly care for your child.	<input type="checkbox"/> Rescue Inhaler	<input type="checkbox"/> Diabetic insulin
	<input type="checkbox"/> Epi-Pen/Epinephrine	<input type="checkbox"/> Antihistamine

Special instructions:

<input type="checkbox"/> \$35 REGISTRATION FEE PAYMENT ATTACHED	<input type="checkbox"/> FAC Junior Member	<input type="checkbox"/> Non-member/guest
---	--	---

<input checked="" type="checkbox"/>	PROGRAM NAME	INCLUDES:	TIME:	# OF DAYS/ WEEK	<input checked="" type="checkbox"/>	MEMBER RATE PER WEEK	<input checked="" type="checkbox"/>	GUEST RATE PER WEEK
	ACTIVE AFTER SCHOOL PROGRAM	Pick up from Fayetteville Schools and dropoff at FAC for an afternoon of fun, games and sports.	3:00 - 6:30 PM	5		\$45.00		\$55.00

In the event that Fayetteville Schools transition to 100% virtual in the fall, FAC will provide a program that allows parents to continue to work. We will offer a program that is divided into 2 portions. The morning portion is virtual learning from FAC. We provide staff supervision/ assistance with student's school work, WiFi access and a morning snack. Students do their virtual learning from FAC via their school Chrome books. The 2nd half of the day includes the fun stuff . . . sports, art, swimming, gym games, Nintendo Switch® and more!

	PIVOT PROGRAM - PLAN "A"	Virtual learning from FAC in the morning through your Chrome book. Assistance provided by FAC staff 7:30 AM - 1:10 PM. 1:30 - 6:30 PM Sports, gym games, art, Nintendo Switch, swimming and more	7:30 AM-6:30 PM	5		\$139.00		\$149.00
--	--------------------------	--	-----------------	---	--	----------	--	----------

	PIVOT PROGRAM - PLAN "B"	Hog Wild Kids Club 5 days, Mon - Fri. Fun afternoons of sports, games and art after virtual learning at home	1:30 - 6:30 PM	5		\$79.00		\$89.00
--	--------------------------	--	----------------	---	--	---------	--	---------

Sibling discount for 2nd, 3rd, 4th family members @ \$5 off per week -one discount per child.

METHOD OF PAYMENT:

Name on credit card	Card #	Expiration date:	Card CVV:
---------------------	--------	------------------	-----------

Initial I understand that the draft will occur each Friday prior to that my child is attending. All alternate forms of payment must be provided no later than Thursday at 6:00 PM for the upcoming week.

If your child is virtual learning from FAC, please ensure that they are dropped off no later than 8:15 AM

We are peanut free facility. Please label all of your child's belongings. Please ensure that your child is dressed appropriately for any weather conditions and for physical activity (Tennis Shoes, comfortable clothes). 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.

I understand that if my child is being picked up from school, he/she will be transported by the FAC vans or bus and I grant the Fayetteville Athletic Club team permission to transport my child.

Signature of Parent or Guardian:	Date:
----------------------------------	-------



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.
- Our goal is to maintain a positive relationship with the staff at each school. In order to pick your child up in a timely manner, we ask that you PLEASE contact us in advance, if you child is absent from school or will be absent from our FAC afterschool program. If we are waiting at the school, we will call the office to determine whether or not your child was absent. If your child is on a route where our van has multiple stops, calling and checking on your child will unfortunately make us late picking up at other schools. For this reason, failure to notify us in advance will be subject to an additional \$10 charge. This fee will be added to your next week's tuition.
- 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.

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 locker rooms and, in the main club 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.



SCHOOL YEAR 2020 – 2021

Student Name: _____

Age: _____ Grade: _____

School: _____



AUTOMATIC PAYMENTS AUTHORIZATION AGREEMENT

Debit/ Credit Card

I, _____, hereby authorize the Fayetteville Athletic Club to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, to credit and/or debit the same to such account.

This authority is to remain in full force and effect for the school year beginning August 1 2019 – June 7, 2020 and until Fayetteville Athletic Club has received written notification from me (or either of us) of our 60 day cancellation. I understand that my account will continue to be drafted during the 60-day cancellation period.

Name on Card

Card Number

VISA MC AMEX DISC
Card type (circle one)

_____/_____
Expiration date 3 or 4 digit code

Email address

Primary phone number

Signature

_____/_____/_____
Date

NOTE: The weekly amount will be drafted each Friday for the following week of After School.

Name(s) of Child(ren) Attending: _____

School Name: _____

CHILD PERSONAL DATA SHEET 2020-2021 SCHOOL YEAR

Date of enrollment:	month	day	year	Date of discharge:	month	day	year
----------------------------	-------	-----	------	---------------------------	-------	-----	------

Child's Name:	Date of birth:	month	day	year
----------------------	-----------------------	-------	-----	------

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

Name of person to call if parents can not be reached	Relationship to the child
---	----------------------------------

Home Address:	City	State	Zip
---------------	------	-------	-----

Cell Phone:	Work Phone:	Home Phone:
-------------	-------------	-------------

Is this person authorized to take the child from FAC? CHECK ONE	<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	SCHOOL PICK UP:
--	-----------------

SIBLINGS NAMES AND AGES

SIBLING NAME	AGE	SIBLING NAME	AGE
--------------	-----	--------------	-----

SIBLING NAME	AGE	SIBLING NAME	AGE
--------------	-----	--------------	-----

SIBLING NAME	AGE	SIBLING NAME	AGE
--------------	-----	--------------	-----

MEDICAL INFORMATION

Child's Name:

Date of birth:

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/ RESTRICTIONS:

PRESCRIBED DIET:

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 fo 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:

CONSENT

I hereby give _____(initials)/ do not give _____ (initials) the Director of the Child Care Facility or his/her appointed representative permission to give my child _____ (child's name) Acetaminophen. I understand I will be notified if the medication has been administered.

Parent/guardian signature:

Date:

CONSENT

I hereby give _____(initials)/ do not give _____ (initials) the Director of the Child Care Facility or his/her appointed representative permission to use sunscreen in permissible weather. This is in accordance with DHS minimum licensing requirements: DCCECE/ child Care Licensing Unit 1100. 1101.17 I understand I will be notified if that medication has been administered.

Parent/guardian signature:

Date:

ACKNOWLEDGEMENT

This 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 DCCECE/ Child Care Licensing Unit: 200.2014

Parent/guardian signature:

Date:

ACKNOWLEDGEMENT

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

Parent/guardian signature:

Date:

ACKNOWLEDGEMENT

This is to acknowledge that I have informed of the behavior guidance policy practices.

Parent/guardian signature:

Date:

ACKNOWLEDGEMENT

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

Parent/guardian signature:

Date:

ACKNOWLEDGEMENT

I, _____, verify that these forms are complete in their entirety.

Parent/guardian signature:

Date:

DISCIPLINE POLICY

The discipline policy of the Fayetteville Athletic Club, Kids Fit Fun FACTory will be that any time a child's behavior jeopardizes the safety of him/herself, others or is acting in a disruptive manner, the child will be removed from their class/group/program. The Kids FACTory uses a "timeout" to encourage good behavior. A child who takes a time out will be removed from the class/group/program participation and must sit alone quietly under staff supervision for one minute for each year of age. After the second offense, another time out will be given. Following a third offense, the child will be sent home for the remainder of the day. The parents/guardians of the child will schedule an appointment with the Director and/or teacher's to discuss and review the problem. Continuous or more serious behavioral problems may result in removal from the Kids FACTory program

I, _____, the parent/guardian of _____, have read and understand and agree with, the Kids FACTory Discipline Policy.

Parent/guardian signature:

Date:

BILLING POLICY

Kids FACTory programs will not admit a participant without Payment Agreement and Registration forms completed by the bill payer and all necessary program registration fees paid. Each program may have separate and different fees/policies. Program costs are not affected with children cancel or miss days for which they are registered. The only exception to this rule is if a note is provided by a licensed Medical Doctor. Drop in days are only available during holidays, Spring Break and Christmas camp and children may attend only the days which they are registered and paid for in advance. Preschool and Afterschool is billed each Friday, for the upcoming week. Non-payment by due dates will result in the forfeit of the camper/student's space in the program. Summer Camp is billed each Wednesday for the upcoming week of camp. Due to the consistent demand for camp and for advanced planning, a deposit is required for each week to reserve the camper's place on the camp roll. The first week of camp is paid in full at the time of registration.

Non-payment by the due dates will result in forfeiting the camper's space in the program and their space will be given to the next camper on the waiting list. FAC MEMBER DISCOUNTS ARE ONLY APPLICABLE IF THE CHILD HOLDS AN ACTIVE "JUNIOR MEMBERSHIP." FAC discounts are void and additional charges will occur if the Junior Membership is cancelled during the time of camp, preschool or afterschool 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 a refund or credit of payments that have been made or cancellation of any outstanding balance(s). A \$25 fee will be charged for any returned payments. Any future payments, after a returned payment, must be paid by cash or money order. Failure to consistently comply with payment procedures will result in the suspension of the participant. Non-payment after 60 days of the service date may be subject to turning the balance over to a collection agency. Fayetteville Athletic Club accepts cash, money order, checks, VISA, Master Card, Discover and American Express. FAC will not accept any temporary checks. Monthly auto draft & FAC club account charge is not available for weekly payments of camp, preschool or afterschool. For your convenience, a weekly draft will be set up on a credit/debit card. Parents may authorize camp participants to charge the member account for additional items like items sold at the pool side snack bar or Cadence Cafe'.

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. I have read & understand the preceding prior to signing. I agree to the terms outlined above and I understand that this policy may change, based on the discretion of the FAC Billing Department or the Director.

Parent/guardian signature:

Date:

FAYETTEVILLE ATHLETIC CLUB KID'S FACTORY WAIVER RELEASE STATEMENT

CHILD'S PRINTED NAME:

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 FAC officers, agents, servants and employees from such claims resulting from injury, damages or loss sustained on account or 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 can not be reached.

Parent/guardian printed name:

Date:

Parent/guardian signature:

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") or FAC sponsored social media sites 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 whos 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 _____

Email address: _____ Phone Number: _____

Parent Guardian Name (please print) : _____

Parent/Guardian Signature: _____ Date: _____