



# Gold Medal After School Program 2023-2024

## Enrollment Procedures

Parents are required to fill out an application for each child being enrolled in the Gold Medal After-School Program. At the time of enrollment, parents will sign a Discipline and Behavior Management Policy. Gold Medal After School Program will seek to establish and maintain a good relationship and to facilitate communication and cooperation.

## Fees and Payments Process

The cost of the program will be \$73.00 per week, per child in our Carolina Forest Location. In our Conway Location, the cost will be \$70.00 per week, per child. **Our program runs from 2:30PM (once the child steps on our Thomas Gymnastics bus) till 6:00PM.**

**Carolina Forest: \$73.00 per child, per week**

**Conway: \$70.00 per child, per week**

All methods of payment are accepted; cash, check, credit card/debit and automated draft. We will bill all accounts every Friday for the following weeks tuition. If you are set up for auto draft, your card will be charged at that time as well. **If payment is not received by Tuesday at 6:00 pm there will be an additional \$20.00 late fee charged to the account.** If payment is not received by Wednesday before schools out, your child will not be picked up by the after-school bus and your child will not be allowed to attend the after-school program on Thursday and Friday of that week (or until payment is received). If your child is going to be absent any week, the front desk must be notified 2 weeks before. If notified late or the week of, the after-school account will be charged, and payment will be required.

**If your child leaves school early due to illness or other event, a parent must call Thomas Gymnastics no later than 2:00pm. If parent fails to do so, your account will be charged \$20.00**

**If my child is picked up after 6:00 pm there will be a \$20.00 late pick up fee. At 6:15pm there will be an increase of \$1.00 per minute thereafter.**

We will also offer full-day care on teacher workdays and some holidays. Children will need to bring a cold lunch and drink (snacks will be provided). Full day care will be \$23.00 per child if enrolled in after school that week and \$43.00 for those not enrolled. Full day care will be from 7:30AM – 6:00PM. If you are not enrolled for full day care by the day before, your account is subject to a \$5.00 increase in pricing for that day of care.

**When signing your child up for holiday breaks NOTE: that if they are on the list to be here you will be expected to pay for those days and will be charged.**

## **Arrival and Departure**

Arrival: The designated bus driver(s) will pick up the children at a designated school location. Parents will pick up their children at the gym.

Departure: We have a drive-thru pick-up available from 4:00–6:00 p.m. **A child will only be released to the parent or the person assigned to get them, which will be noted on the child's enrollment application.** The parents must notify the front desk if there is a change in who will be picking up a child. Parents and other adults picking up children must sign them out and be prepared to show identification if requested. You may call ahead to let us know you are on the way to pick up your child and we will have your child ready to go by the time you arrive. You could message into the Pro-Care app with your name, as well as the child's name in which you are picking up, so we can have the child ready for your arrival.

## **Supervision and Discipline**

Our goal is to make the Gold Medal After School Program a fun and safe learning 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, and a written explanation will be sent home.

## **Personal Belongings**

Thomas Gymnastics' staff members will not be held responsible for lost, stolen or damaged items. Please leave all valuables at home, including electronics outside of what may be needed for homework. We will keep found items till the end of each week. If your belongings are left after we close on Friday, the items will be donated.

## **Snacks**

Thomas Gymnastics provides afternoon snack. However, we do have a soda and vending machine available. *If children bring their own money for snacks, it needs to be secured and is not our responsibility if lost, stolen, or misplaced.*

## **Health Policies**

Children attending the program should have school insurance or private coverage. If a child becomes ill during the day, they will be isolated from the group and parents will be notified immediately and must pick up the child as soon as possible. If the child needs 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 McLeod or Conway will be used. The staff will not administer medicine without special/written permission and specific instructions from the child's doctor. **Prescription medicine must be sent in the original container with instructions on the label.**

## **Inclement Weather**

The after-school program is closed when schools are closed for inclement weather. The center will not operate when school closes at the end of the regular day because of hazardous weather. If weather conditions become hazardous between 2:45pm and 6:00pm on a regular school day, parents should pick up their children as soon as possible.

If you have questions or concerns regarding the Program Guidelines, please contact us at 843-353-1500 or by email at [campmb@thomasgymnastics.com](mailto:campmb@thomasgymnastics.com).

## **Daily School (General) Itinerary**

<b>Monday</b>		<b>Tuesday</b>		<b>Wednesday</b>	
<b>Kinder</b>	Gym - Snack - Craft - Outside	<b>Kinder</b>	Snack/Homework - Outside - Craft - Outside	<b>Kinder</b>	Snack/Homework - Outside - Craft - Outside
<b>Group 1</b>	Snack/Homework - Outside - Craft - Outside	<b>Group 1</b>	Outside - Snack/Homework - Outside	<b>Group 1</b>	Snack/Homework - Craft - Outside
<b>Group 2</b>	Outside - Snack/Homework - Outside	<b>Group 2</b>	Snack/Homework - Outside - Craft - Outside	<b>Group 2</b>	Outside - Snack/Homework - Outside
<b>Group 3</b>	Snack/Homework - Craft - Outside	<b>Group 3</b>	Outside - Snack/Homework - Outside	<b>Group 3</b>	Gym - Snack - Craft - Outside
<b>Group 4</b>	Outside - Snack/Homework - Outside	<b>Group 4</b>	Gym - Snack - Craft - Outside	<b>Group 4</b>	Snack/Homework - Outside
<b>Thursday</b>		<b>Friday</b>		<b>(Subject to change)</b>	
<b>Kinder</b>	Snack/Homework - Outside - Craft - Outside	<b>Kinder</b>	Snack - Outside		
<b>Group 1</b>	Outside - Snack/Homework - Craft - Outside	<b>Group 1</b>	Gym - Snack - Outside		
<b>Group 2</b>	Gym - Snack - Craft - Outside	<b>Group 2</b>	Snack - Outside		
<b>Group 3</b>	Snack/Homework - Craft - Outside	<b>Group 3</b>	Snack - Outside		
<b>Group 4</b>	Outside - Snack/Homework - Outside	<b>Group 4</b>	Snack - Outside		



2023-2024

Office Use Only: Record Date: _____
Initials: _____ Start Date: _____

### GOLD MEDAL AFTER SCHOOL REGISTRATION FORM

**Student's name** \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ **Grade** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**2nd Student's name** \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ **Grade** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Location Attending (Carolina Forest or Conway):** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_ **Mom Cell:** \_\_\_\_\_ **Mom Work:** \_\_\_\_\_

**Dad Cell:** \_\_\_\_\_ **Dad Work:** \_\_\_\_\_

**Email/s:** \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD(REN)**

Does your child have any known medical conditions:

Diabetes       COPD       Stroke       Autism (Please Specify)

Heart Disease       Arthritis       ADD

Heart Failure       Cancer       ADHD       OTHER (Please Specify)

Asthma       High Blood Pressure

Does your child have any known allergies (Food, Medication, and/or Environmental): If yes, please specify below:

\_\_\_\_\_

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

\_\_\_\_\_

**Is your child currently enrolled in a gymnastics class?** YES \_\_\_ NO \_\_\_

**Day/s:** \_\_\_\_\_ **Time/s:** \_\_\_\_\_

I agree that the program director has the authorization to obtain emergency care for my child in the event that I cannot be contacted immediately.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **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**

**1<sup>st</sup> offense:** a warning is given **2<sup>nd</sup> offense:** time out from activities **3<sup>rd</sup> offense:** time out from activities, written documentation and/or parent contact. **Repeated offenses:** After 3 offenses have been documented there will be a parent meeting requested and 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/GUARDIAN OF \_\_\_\_\_**  
(CHILD'S FULL NAME), DO HEREBY STATE THAT I HAVE RECEIVED AND DISCUSSED WITH MY CHILD A COPY OF THE CENTER'S DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY.

**BULLY FREE ZONE:** We at Gold Medal After School maintain a "BULLY FREE ZONE" in accordance to these rules above.

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

### **Advertising Release**

By signing below, you also acknowledge that pictures of your child might be taken by staff to be used for advertising purposes for Thomas Gymnastics at the Beach. 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.

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

### Club Waiver and Release

The staff of Thomas Gymnastics recognizes gymnastics, dance, cheer, basketball, volleyball, etc. to be dangerous sports. Any activity which involves height and/ or motion can cause injury. All instructors at 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 are 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 the unlikely event of injury, I waive and release all claims and liability I or my child may have against Thomas Gymnastics, it's staff, and officers of the company.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Food Allergy Policy

Parents are responsible to disclose the level of need for their child's allergy to the appropriate after school staff. Gold Medal After School can only make parents and students aware of food allergens; however, the program does not assure parents that food items served here are free from those allergens. Parents of children with severe allergies should provide appropriate and safe food for their children. Parents may request special seating for their child during snack times to limit contact with foods that cause a severe reaction.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Program Guidelines

I agree to contact Thomas Gymnastics if my child is absent from school and will not be attending the after-school program that day. Failure to notify will result in a **\$20.00 charge** to the students' account that must be paid when the student returns to the program. This is to avoid delays in pickup for all students.

If my child leaves school early due to illness or other event, a parent **must call** Thomas Gymnastics no later than **2:00pm**. If parent fails to do so, your account will be charged **\$20.00**

If my child is picked up **after 6:00 pm** there will be a \$20.00 late pick up fee. After 6:15pm, there will be an increase of \$1.00 per minute thereafter.

I also understand that a 2-week notice must be given to withdraw from the program or to inform the facility that your child will be absent for a given week. I understand that my account will be charged if a 2-week notice is not given.

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