



Gymco's GymTime Program

AfterSchool/Day Camps/Lunch Bunch at Gymco Sports

It is my desire to have _____ enrolled in the GymTime/Day Camp/Lunch Bunch programs at Gymco. I have received a copy of the GymTime Parent Handbook. I have read, understand and agree to abide by the policies contained therein. I further understand that if the policies outlined in this handbook are not adhered to, it is sufficient cause for the removal of my child/children from the GymTime program. I understand that my child may not participate if payment has not been received and will not be picked up at the school (for AfterSchool).

_____ I understand for after school only-that my credit/debit card will be processed every Monday for the current week's fees.

_____ I understand the late pick-up fee is \$5 for every five minutes after 6:00pm.

_____ I understand the Holiday Camps, non-school days, and half days clause.

_____ I understand the Pick-Up Policy for other-than-parental pick up.

_____ I understand the Cancellation Policy and the Absence Policy.

_____ I understand the illness policy (When Sickness Strikes).

_____ I understand the Behavioral Policy.

_____ I understand the Dress Code.

_____ I understand that the program runs during the academic year & day camps for breaks.

_____ I understand that Gymco's staff will pick up my child from school and walk with them to Gymco for after school program.

_____ I understand that without payment, my child will not be walked to Gymco for after school program and will not be eligible to participate in GymTime activities.

_____ I have received the GymTime Parent Handbook and understand its contents.

HEALTH

_____ My child is in good health, is able to participate in group care, and has no special health or medical requirements.

_____ My child is able to participate in group care but has special health or medical requirements as listed below.

IMMUNIZATIONS

_____ My child's immunizations **are up-to-date**, OR

_____ My child's immunizations **are not up-to-date**.

_____ My child's immunization record, or the appropriate waiver, is on file with his/her school.

Please let us know of any allergies, special medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

Parent Signature

Date

After School Only: Child's Grade: _____ Child's Teacher: _____