



National Elite Gymnastics

7632 Hwy 71 West Austin, TX 78735
512-288-9722 Office 512-288-4643 Fax
www.neg-usa.com neg-usa@outlook.com

2019 – 2020

Afterschool Program



NEG picks up from:

Oak Hill, Patton, Mills, Baldwin,
Kiker, Clayton, and Rooster Springs.

Afterschool Rates and Schedule

Annual Registration Fee: \$60.00 per child

Monthly Tuition Rates: 5% discount for siblings

Tuition Rates

Tuition Rates Credit/Debit Card

1 day per week - \$144.19

2 days per week - \$262.62

3 – 5 days per week - \$329.57

Single Day Rate - \$51.50

Cash or Check Discount

1 day per week - \$140.00

2 days per week - \$255.00

3 – 5 days per week - \$320.00

Single Day Rate - \$50.00

Payments are due by the 5th of each month.

Payments made after the 5th will incur a \$10.00 late fee.

DAILY SCHEDULE

2:57 p.m. — 3:25 p.m.	Pick Up at Schools
3:30 p.m.—4:25 p.m.	Gymnastics
4:30 p.m.—5:00 p.m.	Snack
5:00 p.m.—6:30 p.m.	Homework Time, Crafts, Game Centers, Outside Play
6:30 p.m.	Parent Pick Up

*Afternoon hours may vary due to weather and daylight savings time changes.

*Parents are welcome to view their children as they practice and work to progress and gain skills. Students will be placed in groups based on skill level, to more efficiently work on skills at their level and ability.

*We provide snacks at the appropriate time and there will be a weekly calendar available for viewing what is provided. We encourage you to pack an extra snack, we are only allowed to provide 1 snack per child. If your child has any food aversions or restrictions, we encourage you provide a snack that your child will have a choice of snack they are able to eat.

*Notifications to parents will be made by one of the following: flyers, email, call, or a window and wall display.

*Our staff here at National Elite Gymnastics are always open to positive and negative feedback about our program. We strive to have the best program for your child, and we want you to feel the same.

For any questions or concerns, please feel free to contact the After-School Director at 512-288-9722.

OTHER IMPORTANT INFORMATION

- Payments are due by the 5th of each month. **The annual registration fee is non-refundable.** NEG accepts cash, check or credit card as form of payment.

- We follow the AISD school closing schedule. We will have all day childcare available for days when the school is closed. You can sign up for any of our childcare days by filling out a registration form. These are available from the office or the Afterschool table upstairs. The cost depends on the holiday.

- **We do not prorate December or January tuition for the Christmas break, March tuition for the Spring Break holiday, or days closed due to teacher work days and student holidays.** Each month is charged on a 4-week basis. There is an afterschool calendar available that has all AISD closings and N.E.G. holiday closings.

Dress Code

Each sport requires a certain attire to make sure the participants are safe as well as efficient in movement. Here at National Elite we do have a Dress Code that helps keep our students safe as well as have the ability to use all of the equipment needed for that practice. If our students are wearing incorrect attire then participation on all of the equipment, may not be allowed. In the case of forgetting to pack for the gym, your student will be provided with alternative stations that your student is able to do, although they may not be able to participate in every class activity. Please make sure that your student has the appropriate attire for their entire day.

Appropriate Gym Attire:

- *Knit Shorts or Pants
- *Leotards
- *Hair Pulled Back: Hair Ties, Bobby Pins, Soft Headbands (Plastic Headbands Hurt)
- *Tee Shirts or Tank Tops
- *Activewear Leggings or Pants

Articles of Clothing to be Avoided:

- *Jeans
- *Dresses
- *Zippers and Buttons
- *Jewelry (Dangle Earrings, Bracelets, Watches, Long Necklaces, Tiaras)
- *Skirts
- *Socks
- *Side Pockets

*Jeans are restrictive to movement, have pockets that thumbs can be caught and pulled by, as well as buttons and zippers that are uncomfortable for your student as well as damaging to our equipment.

*Socks can cause slips

*Jewelry can get caught, necklaces can pull, tiaras and headbands hurt or break

AFTERSCHOOL GUIDELINES

**initial in the blank space

_____ -If your child does not need to be picked up from school, **YOU, NOT YOUR CHILD, MUST CALL the gym before 2:00 PM.** If you fail to call before this time, you will be charged twenty-five dollars (\$25) which must be paid at the front office even if you have signed up for ACH.

_____ -Children must be picked up by 6:30 p.m. If you are late, there is a \$1 charge for the 1st 5 minutes and \$1.00 per minute after that. If you are running late, please call. Late pick up fee is due at pick up in the front office.

_____ -A written notification is required at least 30 days in advance to discontinue your student's enrollment in our afterschool program. Program Drop Forms are located in the front office. **Your 30-day notice must be given before the 1st of the month, you are still financially responsible until the end of your 30 days.**

_____ -Absolutely no one will be able to pick up your child that is not on the approved pick up list. Please call ahead of time if someone other than you will be picking up your child. PHOTO ID REQUIRED!

_____ -ALL students are required to have appropriate gym attire to completely participate safely on all of the equipment. If your student does not have the appropriate attire, they will not be allowed on most of the equipment and there will be a letter sent home.

_____ -If your Student needs medication administered within the time that they are in our care, an information of dosage and times needing to be administered must be provided, and authorization form signed. Medication must be labeled and within its original container.

_____ -**Students cannot and will not be admitted for care if their oral temperature is 100.4 or higher or if a healthcare professional has diagnosed the child with a communicable disease without proper documentation that they are no longer contagious.**

Our Licensing reports may be viewed on our bulletin board and a copy of the Child Care Licensing Minimum Standard Rules is located at the Office for viewing at any time.

Licensing Phone # 512-834-3195 Child Abuse Hotline # 1-800-252-5400

www.dfps.state.tx.us

BY INITIALING THIS PAGE, YOU HAVE UNDERSTOOD OUR TERMS & CONDITIONS: _____

The Risk of Injury and Emergency

As with any sport and activity, there is always a risk of injury for those who participate in gymnastics. We have rules and regulations in place that help maintain the safety of our students and staff while reducing the chance of injury, as well as trained staff and a policy in place to handle any sort of accident. Within these protocols and policies, there is always a coach on campus who is actively certified in First Aid, CPR, and AED care, although we are not doctors ourselves.

Common injuries may include but are not limited to:

*Bumps, Bruises, Minor Scrapes, Surface Burns (i.e. Rope or Carpet Burn), Jammed Fingers, Stubbed Toes, Lip or Tongue Bites, Slight Strains, and Minor Sprains

More serious injuries may include but are not limited to:

*Hyperextensions, Dislocations, Serious Sprains, Broken Bones, and Head, Neck, and Back Injuries

If you were notified by a coach that your child received an injury whilst participating in our program, we recommend that you schedule a visit with your child's physician. Remaining within our scope of practice we are able to provide basic first aid care as well as suggestions on how to care for smaller and less serious injuries.

Common First Aid that is Provided for Injuries will fall under the acronym RICE and can be followed at home:

***Rest:** Student activity is halted, and

***Ice:** Swelling and Bruising will be looked for and Ice will be applied if needed

***Compression:** Compression if needed

***Elevation:** Proper Elevation of Injury to reduce swelling and further risk or injury

***Any serious Bleeding, Stopped Breathing, or Trauma to the Head, Neck, or Back should be evaluated by a doctor as soon as possible.

***If your child starts to display any unusual behavior or experience changes in overall physical ability or health after a traumatic injury, seek medical attention immediately.

We have a certain protocol in how we handle injuries and accidents that our coaches are to follow. An incident report will be filed, this paperwork will need signatures from both parent and director, a copy of the completed form will be provided upon request. In the case of any injury or emergency, there will always be a coach on campus who is actively certified in First Aid, CPR, and AED care. We welcome you to view our Guidelines for Handling Safety, Health, and Emergency by requesting our policy at the front desk. For your student to be able to participate in our gymnastics classes, we require a Release of Liability form to be signed, this page can be found within this packet.

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Guidance and Discipline Plan

We strive to have a complete program that is able to maintain a safe, positive, and developmental energy for all of our students, families, and coaches. We also understand that we as humans are not perfect, our students are also little humans, and will make choices that are deemed, hurtful, unsafe, distracting, or even inappropriate. Children learn by making mistakes and sometimes the choices they make can help us learn how to help them communicate.

Negative, Distracting, Unsafe, and Bullying behavior can be displayed on occasion or repeatedly in our children and it is important that our student's behavior does not put themselves or others at risk of injury or continuous conflict. Overall, our students may experience difficult moments inside or outside school and our program, but it is still important for behavior to be monitored so emotional intelligence can be taught.

"You are free to choose, but you are not free to alter the consequences of your decisions."

— Ezra Taft Benson

A few examples of behaviors that are Harmful or Dangerous common include but are not limited to:

- *Bullying- Name Calling, Exclusion, Shaming, Displays of Physical Aggression
- *General Negative Behavior- Abusing Equipment or Afterschool Supplies
- *Distracting Behaviors- Talking Over or Arguing with a Coach
- *Unsafe Choices- Not Following Gym Safety Rules, Putting Self or Others in Harm's Way
- *Physical Behaviors- Hitting, Smacking, Punching, Choking, Scratching, and Pinching
- *Inappropriate Behavior- Touching Other Students in their Private Areas, Using Foul Language

We use a Three Strike Policy to Help Maintain Safety and Encourage Positive Choices:

Each Strike has levels in which guidance and discipline increases if the behavior continues. Each Strike will be recorded and filed in your student's information, if a student's choices lead your child to 3 strikes within a 2-month period, your student is eligible to be expelled from our program with no refund.

Strike One:

- *Student will receive a Verbal Warning and an appropriate choice
- *If the behavior continues, the student will receive a time out, between 30 seconds to no longer than a minute for each year of the students age.
- *If behavior reaches a third offence, the Student is no longer able to finish that practice and a call home will be made.

Strike Two:

- *Student is placed immediately into time out for the length of a minute for each year of the students age and Removal from the Gym. (5-year-old student = 5-minute time out: 10-year-old student = 10-minute time out)
- *Call to Parent or Guardian for Immediate Pick Up
- * Three Day Suspension from the program

Strike Three:

- *Call to Parent or Guardian for Immediate Pick Up
 - *Student is Expelled from the Program without a Refund
- Kids will be kids and make the wrong choices but if children are continuously making the same hurtful, unsafe, or inappropriate choices we need to maintain Safety for all Students and Staff.

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Conduct and Misbehavior Notes

Parents, please read the following regarding misconduct during After School hours.

We have included specific topics parents should be aware of that fall within National Elite's Rules and Regulations.

-Fighting with other kids in the After-School program will not be tolerated. Hitting, biting, pinching, slapping, etc. are some examples. Children must keep their hands to themselves. If there is an instance where your child has been involved in a fight or he/she continues to touch another child after that child has asked them to stop, we will:

1. Fill out a misconduct form making you aware of the incident. This will be placed in your son/daughter's file folder.
2. If there is a second instance, it will be marked on the same report as above and a meeting will be held with the parents to determine what can be done to correct the behavior. At this time, we will issue a warning for the next instance that will result in removal from our After-School Program
3. Third and final instance, we will contact the parents and inform them that we will no longer be able to have your son/daughter in our After-School Program.

-Children with excessive behavior issues will be documented in the same manner as a fighting incident. Some examples of behavior issues are but not limited to the following:

1. Any misconduct in the van or bus will be documented as such. It is imperative that the children riding in the vans have their seat belts fastened. No standing in the bus or van while the vehicle is in motion. No screaming or distracting the bus driver.
2. Temper Tantrums or excessive behavior problems in the gym or on the bus will be documented as such. If your child is taking a coach's attention away from the group it creates a safety issue. Especially if the behavior continues throughout the day.

***** For Office Use*****

1.	
2.	
3.	
Child's name:	Coach's name:
Parents Signature:	Date:
By signing this form, I agree with the above information regarding misconduct in the After-School Program	

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2019 – 2020 Afterschool Registration Form

7632 Hwy 71 West Austin, TX 78735 512-288-9722 office 512-288-4643 fax

Student's Name: _____ D.O.B.: ____/____/____ Age: _____ M or F

Student's Name: _____ D.O.B.: ____/____/____ Age: _____ M or F

Student's Name: _____ D.O.B.: ____/____/____ Age: _____ M or F

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Parent's Name: _____

Home #: _____ Home #: _____

Work #: _____ Work #: _____

Cell#: _____ Cell #: _____

E-mail: _____

Name, Address, and Phone # of emergency contact if parents cannot be reached:

Date of Admission: ____/____/____

Date of Withdrawal: ____/____/____

I authorize NEG to allow my child/children to leave with ONLY parents listed above and the following persons.

Name: _____ Ph#: _____

Name: _____ Ph#: _____

Name: _____ Ph#: _____

TRANSPORTATION

I hereby give my consent for National Elite Gymnastics to provide transportation from my child's school to National Elite Gymnastics. **DAYS: FULL TIME M T W TH F**

Student's School: _____ Grade: _____ Teacher: _____

School Address: _____ School Phone #: _____

Gymnastics Skill Level (if known): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ **DATE:** ____/____/____

RELEASE OF LIABILITY

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and a parent and/or doctor will be notified. National Elite Gymnastics and staff cannot be held liable for injuries that occur on the premises or otherwise in the care of N.E.G. personnel.

I/We _____ assume all responsibility and waive any claim for compensation for injury incurred by my/our child while in camp and hereby agree to indemnify or hold harmless N.E.G., it's owners, and staff against any and all claims, which may arise from an injury to my/our child/children while participating in the program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ **DATE:** ___/___/___

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the "Afterschool Director" or person in charge to take my child to:

Child's Physician: _____ Phone #: _____

Emergency Care Facility: Seton SW 7900 FM 1826 Austin, TX 78737 512-324-9000

Other: _____

Any known medical problems/allergies:

Signature of Parent or Legal Guardian: _____ **Date:** ___/___/___

Please initial:

_____ I acknowledge receipt of the operational policies including those for discipline and guidance.

_____ I understand that a snack will be served to my child/children while in care.

_____ I understand that the NEG Afterschool Program hours are Monday – Friday from 2:40 p.m. – 6:30 p.m.

_____ My child(s) immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

Special Comments:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

NEG Lice Policy

Head Lice is a problem for all child care facilities. We have seen it annually in our afterschool program. It is important to know that homes or child care facilities don't get lice, people do. As a parent we ask you to aid us in the prevention of head lice by checking your child's head for lice once a month. We will not allow a child that has lice/nits/eggs in their hair to participate. We will explain to the child why they need to sit out, that head lice are very common and most importantly that he or she has done nothing wrong. The parent will be called immediately to come and get their child. Children are required to receive a treatment that kills both lice and nits and must wait 24 hours before returning to the gym.

Please inform us if your child is found to have lice outside of our facility so that we can check the other children in his or her program. We as a staff, do our best to take a proactive approach to head lice. Checking your child's head as we see necessary allows us to identify head lice early. Early detection allows us to decrease the exposure of an infected child to other children and carpeted equipment.

It is your responsibility, as the parent, to properly treat your child. If we find your child to have lice, he or she will be checked every day upon their arrival to National Elite for a minimum of 1 week. As long as there are lice/nits/eggs present your child will be asked to sit out and the parent will be notified.

Print child's name

Signature of Parent

Date

National Elite Gymnastics

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **National Elite Gymnastics** to charge my credit card
(full name)
indicated below for
_____ on the _____ of each _____ > for payment of my **Tuition** >.
(day or date)

Billing Address _____

Phone# _____

City, State, Zip _____

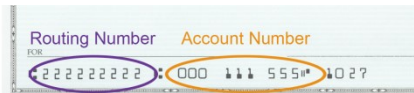
Email _____

Checking/ Savings Account /Cash rate

Credit Card/ service charge

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVC	_____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **<National Elite Gymnastics>** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **<National Elite Gymnastics>** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **<25.00>** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.