



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

2017 – 2018

Afterschool Program



NEG picks up from:

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

Afterschool Rates and Schedule

Annual Registration Fee: \$60.00 per child

Monthly Tuition Rates:

1 day per week - \$100.00 10% discount for siblings

2 days per week - \$200.00

3 – 5 days per week - \$270.00

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.	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.

There is a weekly calendar available for viewing that list the specific activities and snacks for the week. Please feel free to have a look. Parents, you are also free to provide snacks for your child.

You are always welcome to come and view your children.

The playground is located in front of the building across the parking lot.

If we need to notify the parents of a change we will put out flyers, call, or email you.

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

If you have any questions or concerns please feel free to contact the afterschool director at 512-288-9722.

AFTERSCHOOL GUIDELINES

- Payments are due by the 5th of each month. NEG accepts cash or check only for 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.
- **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 ten dollars (\$10).**
- **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.**
- If you need to discontinue the program, you must notify us in writing, at least two weeks in advance.
- Boys may wear knit shorts and t-shirts (no jeans). Girls need to wear a leotard and have their hair pulled back. No jewelry or socks are allowed while doing gymnastics.
- Absolutely no one will be able to pick up your child that is not on the approved pick up list. Also, please call ahead of time if someone other than you will be picking up your child. PHOTO ID REQUIRED!
- We will administer your child's medication if you sign authorization with included times and dosage. The medicine must be in its original container.
- A copy of the Child Care Licensing Minimum Standard Rules is located at the office for viewing at any time. Also, our licensing reports can be viewed on our bulletin board.
Licensing Phone # 512-834-3195 Child Abuse Hotline # 1-800-252-5400
www.dfps.state.tx.us
- We cannot admit a child for care if their oral temperature is 100.4 or higher or if a health care professional has diagnosed the child with a communicable disease without proper documentation that they are no longer contagious.

NEG Guidelines for Handling Safety, Health, and Emergency

HANDLING INJURIES:

ALWAYS CONTACT THE OWNER OR DIRECTOR for any incidents!! Owner or manager will contact the parents.

SERIOUS, NON-LIFE THREATENING INJURIES: i.e., broken bones, dislocations, serious sprains.

- * 1st coach: Contact Owner or Program Director **IMMEDIATELY**.
- * 2nd coach: Encourage injured person to relax using slow, deep breathing.
- * 3rd coach: Take all children away from injured child.
- * **DO NOT** attempt to apply a splint on a displaced break or dislocation.
- * Manually stabilize injured limb
- * Apply ice

LIFE THREATENING INJURIES: i.e., profuse bleeding, not breathing, no pulse.

- * **Dial 911**
- * Contact Owner or Program Director **IMMEDIATELY**
- * Stop bleeding
- * Administer CPR if necessary

HEAD, NECK, OR BACK INJURIES: Treat **ALL** head, neck, and back injuries as **EXTREMELY SERIOUS**. If you **DID NOT** witness the accident and the injured person cannot communicate, treat the injury as if it were a head, neck, or back injury.

- * **DO NOT MOVE** the injured person unless they are not breathing or have no pulse. If they are awake **INSIST** that they lie still until their injuries can be determined.
- * If it is necessary to administer CPR, move the person as little and as cautiously as possible.
- * If the injury was in a pit, have **ONE** person **GENTLY & CAUTIOUSLY** climb into the pit and manually stabilize the neck.

MINOR INJURIES: i.e., bumps, minor scrapes, slight strains/sprains.

- * Notify Program Director of all incidents, no matter how minor they appear.
- * If there is **ANY** possibility that the injury is serious treat it as such (see above)
- * Apply ice if appropriate for the injury.
- * Have person sit out until you are **POSITIVE** further participation is safe. **NEVER** force participation if the injured person doubts their ability to continue.
- * Do not allow participation if there is **ANY** chance of the injury needing medical attention or if the incident is likely to hamper safety.
- * **ALWAYS INFORM PARENTS** that a minor injury has occurred and suggest that the injured person see a doctor.

* **Fill out injury report form REGARDLESS of severity.**

Discipline and Guidance Policy for National Elite Gymnastics

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance



2017 – 2018 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

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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. (Page 7)
- _____ 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).

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- (18) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

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My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature: _____ Date: ____/____/____

Circle on please:

Parent

employee/caregiver

household member of child-care home