



## Georgia After School Program



### All Day Supervised Distance Learning (SDL)

Parents—We know you can't possibly work AND supervise your child's online instruction. GASP! is here to help.

Six locations at Gwinnett County Parks/Community Centers for all day SDL and FUN!

School Day 8:00 am – 2:30 pm - \$600/month

Full Day 7:00 am – 6:30 pm - \$800/month

- Small group pods of 10 students with a facilitator (distanced to reduce potential exposure)
- Stringent COVID-19 protocols in place to protect health & safety of students and staff
- Students bring their own devices with headphones/ear buds; GASP! will provide internet connection
- Structured days that follow GCPS schedule for learning combined with GASP! schedule for recess, outdoor exercise, special activities, and FUN!
- GASP! is a state-licensed child care program; all staff members are CPR/First Aid Certified and pass rigorous national criminal background checks
- Light breakfast/afternoon snack included; lunch TBD – may receive from GCPS or bring from home
- Registration Fee: Included in August tuition, covers internet connectivity & application processing

## Locations

**Peachtree Corners:** Good Age Building @ E. Jones Bridge Park, 4901 East Jones Bridge Road, 30092

**Berkeley Lake, Norcross:** Pickneyville Park Community Center, 4650 Peachtree Industrial Boulevard, 30096

**Duluth:** Shorty Howell Park Community Center, 2750 Pleasant Hill Road, 30096

**Lilburn:** Mountain Park Activity Building, 1063 Rockbridge Rd SW, 30087

**Suwannee:** George Pierce Park Community Center, 55 Buford Highway, 30024

**Dacula:** Dacula Park Community Center, 205 Dacula Road, 30019

# How to register for GASP! SDL

1. Complete the enclosed ENROLLMENT APPLICATION. Make sure all forms are complete with signatures and information.
2. **Returning families:** You must choose your **location**, write **your name** and your **child's name** on the enrollment application, and **sign the Parent Agreement**. If all other info is the same (addresses, authorized pick ups, form of payment, etc), just write 'on file' across the page.
2. Complete the TUITION EXPRESS automated payment form. No monies are exchanged on site. All payments are made through ACH or Debit/Credit through our corporate office so that our onsite staff can focus on your children
3. Return forms to [Enroll@GASP-ga.com](mailto:Enroll@GASP-ga.com). Questions? 770-318-7848.

## What happens after I register?

1. You'll receive a confirmation email that your registration and paperwork is complete.
2. We will process August tuition, which includes the registration fee, immediately.
3. If you are a returning family who has a credit from March, it will be applied towards the August tuition. If you had already used your credit to pay the registration fee for the upcoming school year, we will apply that to the August tuition. You will not lose your March credit.
4. As we learn more about the GCPS virtual platform, we will communicate additional info such as school supply lists, a daily schedule, etc. This is new to everyone, including us, so we appreciate patience and flexibility as we make adjustments when new information comes along.

## FAQs

### 1. Will there be a discount for siblings?

Due to the affordability of our program (less than \$5/hour!), we are unable to extend sibling discounts.

### 2. Is there a part time option? (3 days or 2 days)

No. Distance learning will be hard enough on students. It is best that your child participate in SDL in the same location with the same facilitator five days/week.

### 3. Is the program available to students from any GCPS school, even if GASP! doesn't typically operate there?

Yes. We welcome all students.

### 4. Is the program able to serve students from other school systems?

Yes. With the understanding that flexibility may be required if we discover that schedules drastically conflict between school systems.

### 5. Will we be able to serve middle school students as well? Pre-K?

We are licensed to serve children age 5—13. We will not offer Pre-K programs as the learning style of four-year-olds differs greatly from K-12 students.

### 6. Will we still accept CAPS?

Yes. A parent co-pay may be required if the CAPS rate falls below our tuition rate.



www.GASP-ga.com    facebook.com/GaAfterSchool

**Hours:** Full Day Program 7:00 AM—6:30 PM  
School Day Program 8:00 AM—2:30 PM *(subject to change to align with GCPS virtual learning schedule)*

**Registration Fee:** Included in August tuition, includes internet access for your child (ren)

**Monthly Tuition:**

	ACH (Bank withdrawal)	Debit/Credit
Full Day Program	\$800	\$840
School Day Program	\$600	\$630

**Payment:** Payment is due on the first Friday of each month for the upcoming month. GASP! will not deduct or prorate payment to accommodate for absences of up to two weeks.

**Full tuition is due each month regardless of attendance.**

All payments are electronic (bank draft, credit/debit). Checks, cash, money orders not accepted.

Returned payments will incur a \$35 return payment fee.

**Supervised Distance Learning:** GASP! is providing supervision of students using the GCPS virtual learning platform. You will be required to sign an agreement stating that you understand we are facilitators, not your child's teachers. We are accountable for attendance at virtual sessions with GCPS teachers and completion of assignments. You will also be required to sign a FERPA waiver so that our facilitators are allowed to communicate directly with your child's teacher in order to support students for successful outcomes.

**Technology:** Parents must provide devices compatible with the GCPS virtual learning platform, headphones/ear buds, and chargers/cords. GASP! will provide internet access. We will do our best to protect students' personal property, however, we are not responsible for repair/replacement in the event of damage or theft.

**Holidays:** GASP! operates during each day the county school district operates. Our closures are commensurate with the district. You will be notified whether we are able to provide child care during school breaks should GCPS extend virtual learning beyond the first nine weeks of school.

**Late Fee:** Children must be picked up by 6:30 p.m. Late pick up is \$2 per child per minute.

**Health Info:** In order to keep our children healthy, we follow these policies:  
We cannot permit children with communicable diseases or illnesses to attend GASP!.  
Children with fever of 99.4° or above will be sent home and may return to the program when they have been fever-free without medication for 72 hours.  
GASP! staff does not dispense medication.  
More stringent health policies may be implemented at any time based on CDC guidelines.  
***For current health & safety protocols, see COVID-19 FAQs at [www.GASP-ga.com](http://www.GASP-ga.com)***

**Transportation:** Routine transportation, including field trips, will not be provided at this program.

*Additional GASP! policies and procedures may be found in the Parent Handbook.*

*We love and accept all children without regard to race, gender, color, creed, ability or national origin.*



Georgia After School Program

ENROLLMENT APPLICATION

Circle one: Dacula Park George Pierce Good Age Bldg  
Mountain Park Pickneyville Shorty Howell

PARENT/GUARDIAN

Name
Address
City State Zip
Cell: ( ) Work: ( )
Email:
Place of Employment
Work Address Last 4 SSN
<input type="checkbox"/> Child(ren) live at the address listed above.

PARENT/GUARDIAN

Name
Address
City State Zip
Cell: ( ) Work: ( )
Email:
Place of Employment
Work Address Last 4 SSN
<input type="checkbox"/> Child(ren) live at the address listed above.

CHILD (REN)

Full Name	Preferred Name	Age	Birthdate	Sex	Grade/Teacher (if known)
1.					
2.					
3.					

Child(ren)'s legal guardian(s): ( ) Both parents ( ) Mother ( ) Father ( ) Other  
Child(ren)'s living arrangements: ( ) Both parents ( ) Mother ( ) Father ( ) Other

Child(ren)'s primary health source (physician or clinic): Phone:

Any allergies, special medical conditions or prescribed drugs? (List child's name and describe)

EMERGENCY CONTACTS & AUTHORIZATION TO RELEASE

In addition to the above, the following persons may be contacted in the event of an emergency AND have authorization to drop off/pick up the child(ren).					
Name	Address	Phone (Cell)	(Work)	Relationship to Child	Relationship to Parent
1.					
2.					
3.					
4.					

In the event of an emergency involving my child(ren), and if I cannot be reached, I hereby authorize any needed medical care. I understand that GASP! does not provide accident insurance and agree to be fully responsible for all medical expenses incurred during the treatment of my child (ren). I will indemnify, release, hold harmless, and defend GASP! and Gwinnett County Public Schools from all liability.

Signature: Date:

I give permission for GASP! to transport my child(ren) in the event of an emergency only.

Signature: Date:

# PARENTAL AGREEMENT WITH CHILD CARE PROGRAM

## TUITION AGREEMENT:

**Please initial your program choice below:** *(see Rate Sheet for tuition details)*

\_\_\_\_\_ I agree to pay the total monthly tuition of \$800 or \$840 (Full Day) on the first Friday of each month for the upcoming month.

\_\_\_\_\_ I agree to pay the total monthly tuition of \$600 or \$630 (School Day) on the first Friday of each month for the upcoming month.

## **Please initial the following:**

\_\_\_\_\_ I understand that tuition is not prorated for absences of any duration for any cause.

\_\_\_\_\_ I understand that the registration fee, including internet access for my child, is included in the tuition for August.

## HEALTH INFORMATION

In order to keep our children healthy, GASP! adheres to the following policies:

1. A doctor's note will be required to return if a communicable disease has been suspected or diagnosed.
2. Children with fever of 99.4° or above will be sent home and may return when they have been fever-free without medication for 72 hours.
3. Medications will not be dispensed by GASP! personnel.
4. Each child must provide a Form 3231 record of immunization.
5. GASP! agrees to keep you informed of any incidents, illnesses, injuries which include your child.
6. In the event of a medical emergency, GASP! utilizes Gwinnett Medical Center, 3620 Howell Ferry Rd., Duluth, GA 30096
7. **More stringent health policies may be implemented at any time based on CDC guidelines for child care programs.**

## HOLIDAYS & SCHOOL BREAKS

GASP! operates during each day the county school district operates. Our closures are commensurate with the district. You will be notified whether we are able to provide child care during school breaks should GCPS extend virtual learning beyond the first nine weeks of school.

## PICK UP

Children must be picked up no later than 6:30 p.m. by a person with written authorization. Late fee is \$2 per child per minute after 6:30 pm.

## PHOTOGRAPHIC RELEASE

Children in the program may be photographed to represent the activities and environment of the program. Photographs may also be posted on program web sites or social media accounts. I give my permission for my child(ren) to be photographed or videotaped while in attendance at the program.

## WITHDRAWAL

I understand that I must give **two weeks written notice** to management prior to the withdrawal of my child(ren). Tuition continues to be due and payable during this period.

I agree to abide by the policies outlined above and in the GASP! Family Handbook.

---

Signature of Parent/Guardian

Date:

*Shawn Foster*

---

Signature for GASP!



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

##### SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of

