

GAME ON! IT'S SUMMER!

**RIGHT AT
THE SCHOOL**



SAFE

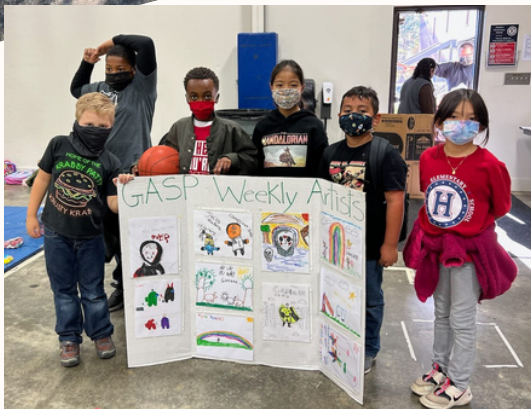
- State licensed child care
- All staff pass national criminal background checks
- All staff CPR/First Aid certified
- Healthy am & pm snacks

FUN

- Weekly walking and in-house field trips
- Organized sports
- Daily academic reviews with certified teachers
- Healthy and delicious snacks
- Daily engaging activities in STEM, Art, Reading, Music, Games, and so much more

AFFORDABLE

- Only \$195/week



It's the Cool Way to Spend Your Summer Days

Registration is easy...

Registration

- Complete the enclosed Enrollment Application.
- Make sure **all** info is complete (addresses & phones, signatures, etc.)
- Return forms to Enroll@GASP-ga.com
- Questions? Call or text 770-318-7848



Next Steps

- You'll receive a confirmation email from us.
- We will process the registration fee immediately.
- Shortly before your start date, you'll receive an orientation flyer via email.
- Tuition payments are processed each Friday for the upcoming week.
- Tuition is not prorated for absences of any duration or type.
- Join the GASP! community on Facebook to see lots of photos of your kiddos in action.
www.Facebook.com/GaAfterSchool



It's the Cool Way to Spend Your Summer Days

Tuition Rates & General Info

Hours • 7:00 am – 6:30 pm Mon – Fri

Fees • Registration: \$25/child (due upon enrollment)

Tuition Billed each Friday for the upcoming week

5 Day (M-F)	ACH	Debit/Credit
	\$195	\$205

Payment

- Payment is due each Friday for the upcoming week
- Full tuition is due each week your child is registered for, regardless of actual attendance that week. You will not be charged for weeks that you did not sign up for unless you choose to add them later (if space is available.)
- All payments are electronic. Cash, checks, money orders not accepted.
- Returned payments will incur a \$35 return payment fee.
- After three returned payments, your student will be permanently withdrawn.

Holidays

- GASP! will be closed on Memorial Day and Independence Day

General

- Students must be picked up by 6:30 pm. Late pick up is \$2/child/minute
- GASP! does not take responsibility for personal items including electronics
- GASP! is a screen-free zone
- Parents are permitted access to our program at any time their child is present.

Health & Safety

- Students with communicable diseases or illnesses may not attend GASP!
- Students with fever of 101 or above will be sent home and may return when they have been fever-free without medication for 24 hours.
- GASP! staff does not dispense medication
- More stringent health policies may be implemented based on CDC guidelines
- Routine transportation, including field trips, will not be provided at this program.



2022 Registration Form

Child's Name: _____

Location: _____ Simpson _____ Berkeley Lake

Fees: Registration: \$25/child

Tuition: \$195/week, billed each Friday for the upcoming week.

Please place a check by each week your child will attend:

___ Week 1 May 31 – June 3 (closed Mon)

___ Week 2 June 6 - 10

___ Week 3 June 13 - 17

___ Week 4 June 20 - 24

___ Week 5 June 27 – July 1

___ Week 6 July 5 – 8 (closed Mon)

___ Week 7 July 11 - 15

___ Week 8 July 18 - 22

Please make your weekly selections based on firm plans. If you are not sure your child will attend a specific week, do not sign up for that week. If there is space available later on, we will be happy to add weeks for you.

I understand that my child will be registered for the above weeks and that **I am responsible for paying the tuition for those weeks, even if my child does not attend.** I also agree to the terms and conditions in the GASP! Agreement on the reverse side of this form and in the Parent Handbook.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____

GASP! Summer Camp Agreement

Enrollment

All enrollment forms must be completed before your child may attend our camp. Please keep us informed of any changes in address, work and home telephone numbers, places of employment, or individuals authorized to pick up your child.

Food

GASP! will provide a morning and afternoon snack that is healthy and fun. Please send a nut-free sack lunch each day. Please do not send any food that needs to be heated or otherwise prepared as we have no facilities to do so. Campers who do not bring a lunch from home will receive a lunch from GASP! at an additional charge of \$7.50.

Electronic Devices

Our philosophy is that children benefit from 'screen-free' time so they can play outside and socialize. We plan a variety of quiet and active times throughout the day and provide materials for students to use during both. We strongly recommend that all electronics remain at home. If you choose to allow your child to bring a phone, tablet, or other device to camp, **GASP! will not accept responsibility for lost, stolen, or broken devices.** Devices may be held by the director for the day and returned to you at pick up.

Activities/Photography

By enrolling your child in GASP!, you as a parent or guardian give permission for your child to be involved in the activities and events at camp. You also understand that video and/or photographs of children's activities may be taken for program use and your child may be included in such photos/videos. We frequently post photos and videos on our Facebook page.

Payments

Tuition and other fees are to be paid in full without deduction for absences of any duration or for any cause, and without substitution of other days of attendance as 'make up' days. Please understand that this is because staffing and other operational costs are incurred on the basis of fixed levels of enrollment, and because few of these costs are eliminated when the child is temporarily absent. Tuition is billed each Friday for the upcoming week. All payments are made electronically via ACH or debit/credit. For the safety of our students, no monies are exchanged on site. Returned payments incur a \$35 return fee.

Changes & Cancellations

Please understand that we must plan our camp activities and staffing months in advance. If you cannot attend a week for which you have registered, you may opt to switch to another week with no penalty if space is available. If we are unable to accommodate a request to change weeks, you are responsible for payment for all week(s) for which you registered.

Field Trips

Field Trips involving transportation will not be provided. Where appropriate, one or more walking field trips may be scheduled during camp. Parents must sign a separate Field Trip Permission Form for their child to attend each field trip. In house field trips will be provided weekly at each camp location.

Camp Hours

We are open Monday through Friday from 7:00 am until 6:30 pm. After 6:30 pm, there is late pick up fee \$2 per child per minute. If you have not picked up your child by 7:00 pm and all attempts to contact you and your emergency contacts have failed, GASP! will call the Gwinnett County Police and the GA Dept of Family and Children Services.

Child Pick Up

Children will only be released to parents, legal guardians, or someone authorized in writing by these persons. We require that changes to your authorized pick up list be made in writing. (email to info@GASP-ga.com is sufficient) Anyone picking up your child will be asked for a picture ID, so please make sure that individual has such an ID available when picking up.

Clothing and Personal Belongings

Please label all clothing with your child's first and last name. We cannot be responsible for lost articles. Please send children to camp in play clothes. Long dresses, sandals, cowboy boots and flip-flops can be dangerous and are not allowed. Rubber soled or non-slippery shoes are best for camp

Admission/Inclusion Policy

We have an open enrollment policy. Our services are offered to everyone regardless of race, creed, sex, religion, ability or national origin.

Illnesses

Please understand that for your child's protection and the protection of our staff and other children, we strictly enforce our illness policy. We kindly request your full cooperation by not bringing in sick children, and by picking up a sick child within one hour after you are called to do so. We cannot allow children with communicable diseases in the program. You understand that if your child is ill, including, but not limited to a severe cough or sore throat; undetermined rash or spots, boil, congestion, non-clear runny nose, pink-eye, head lice, temperature over 101 degrees, severe headache, upset stomach or diarrhea, he/she cannot be accepted into the program until well or has been without fever or other symptoms for 24 hours without medication. A child who, due to temporary health conditions, cannot play outside should remain at home. For safety reasons, we are simply not staffed to watch a single child inside while the rest of the class plays outside. A child who is too sick to go outside is too sick to be at camp.

Emergency Medical Care

Should your child become ill during the time that he/she is in the care of GASP! or suffer an accident of any nature, the program shall undertake to contact a parent or guardian immediately and shall be authorized to secure such medical attention, transportation, and care for the child as necessary. The parent shall assume responsibility for the cost of any such care. GASP! uses Gwinnett Medical Center/Northside Duluth or Lawrenceville as its designated emergency care center.



GREAT AMERICAN SUMMER PROGRAM

ENROLLMENT APPLICATION

Location: _____ Berkeley Lake
_____ Simpson

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

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

CHILD (REN)

Full Name	Preferred Name	Age	Birthdate	Sex
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:

- _____ I agree that the registration fee will be processed upon receipt of my enrollment application (\$25/child)
- _____ I agree that tuition (\$195/week) will be charged each Friday for the upcoming week.
- _____ I understand that I am responsible for payment for every week for which I have registered at the time of enrollment, regardless of actual attendance.
- _____ I understand that weekly tuition will not be prorated, credited, or refunded for absences.

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 101° or above will be sent home and may return when they have been fever-free without medication for 24 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

HOLIDAYS

GASP! is closed on Monday, May 30 (Memorial Day) and Monday, July 4.

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.

GENERAL

Although we request cooperation in not disrupting our program, parents are permitted access at any time their child is present.

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	1800338	0226
Routing Number	Account Number	Check Number

A service of

