

Finally! An after school program that is safe, fun, and affordable.



**RIGHT AT
YOUR
SCHOOL**

SAFE

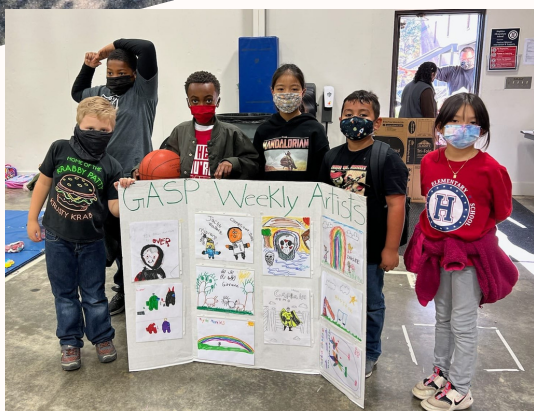
- State licensed child care
- All staff pass national criminal background checks
- All staff CPR/First Aid certified
- No daycare van ride

FUN

- Homework help (because stressing over it after a long day at work is NOT fun)
- Organized sports
- Healthy and delicious snacks
- Daily engaging activities in STEM, Art, Reading, Music, Games, and so much more

AFFORDABLE

- Only \$75/week (billed monthly)



It's the Cool Way to End Your School Day

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 on the first and third Friday of each month according to your Parent Agreement.
- 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 End Your School Day

Tuition Rates & General Info

Hours • School Dismissal until 6:30 pm every day that school is in session.

Fees

- Registration: \$120/child (due upon enrollment)
- Supply Fee: \$55/child (due first Friday in January)
- Monthly tuition = \$75/week x 4.3 weeks in one month

Tuition	MONTHLY (1st Fri/month)		BI-MONTHLY (1st & 3rd Fri/month)	
	ACH	Debit/Credit	ACH	Debit/Credit
5 Day (M-F)	\$322.50	\$365.50	\$166.75	\$182.75
3 Day (M-W-F)	\$279.50	\$322.50	\$144.75	\$166.25
2 Day (Tu-Th)	\$236.50	\$279.50	\$123.25	\$144.75

Payment

- Payment is due each month for the upcoming month
- Full tuition is due each month regardless of attendance
- 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- After three returned payments, your student will be permanently withdrawn.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! follows the school district schedule and is closed on days the district doesn't operate. This includes inclement weather closures. If the school district delays opening, GASP! will operate after school. If the district closes early, GASP! will not operate. Payments will not be prorated for planned or unexpected closures of up to two weeks. For closures beyond two weeks, see the GASP! Parent Handbook.

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.



Georgia After School Program
ENROLLMENT APPLICATION

Elementary School: _____

Program : _____ 5 Day (M-F) _____ 3 Day (M/W/F) _____ 2 Day (T/Th)

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.

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.

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 refer to the rate sheet to write in the appropriate tuition rate below:

_____ I agree to pay the total monthly tuition of \$ _____ on the first Friday of each month for the upcoming month.

_____ I agree to pay the monthly tuition in two installments of \$ _____ on the first and third Friday of each month.

Please initial the following:

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

_____ I understand that the non-refundable registration fee will be processed upon receipt of enrollment application.

_____ I understand the supply fee is due in January.

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
7. More stringent health policies may be implemented at any time based on CDC guidelines for child care programs.

HOLIDAYS

GASP! operates during each day the county school district operates. Our closures are commensurate with the district.

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:

Sharon 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 CVV
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

