AFTER SCHOOL CAMP REGISTRATION FORM

CHILD(REN) INFORMATION

CHILD #1 NAME		**DOB**	
SCHOOL NAME		**GRADE**	
BOOSTER/CAR SEAT NEEDED DURING TRANSPORT?	YES ☐ NO ☐		
MEDICATIONS/ ALLERGIES			

Please list any medications, medical conditions, or allergies to help us provide the best care for your child.

CHILD #2 NAME		**DOB**	
SCHOOL NAME		**GRADE**	
BOOSTER/CAR SEAT NEEDED DURING TRANSPORT?	YES ☐ NO ☐		
MEDICATIONS/ ALLERGIES			

Please list any medications, medical conditions, or allergies to help us provide the best care for your child.

REGISTRATION FEE: $25 PER CHILD | $35.00 PER FAMILY

YOUR FEE	**$**	$25.00

CHILD(REN) RESIDE WITH: MOTHER ☐ FATHER ☐ BOTH ☐ LEGAL GUARDIAN ☐

PARENT/ LEGAL GUARDIAN CONTACT INFORMATION

MOTHER/ LEGAL GUARDIAN'S FIRST NAME		**LAST NAME**	
CELL #		**EMAIL**	
HOME ADDRESS			
EMPLOYER		**WORK #**	

FATHER/ LEGAL GUARDIAN'S FIRST NAME		**LAST NAME**	
CELL #		**EMAIL**	
HOME ADDRESS			
EMPLOYER		**WORK #**	

PERSON RESPONSIBLE FOR PAYMENT:

PICK-UP AUTHORIZATION

By listing names and phone numbers, I give implied consent for my child(ren) to be picked up by the following individuals. **Please provide your name and your spouse's name (if applicable) below.*

NAME		**PHONE NUMBER**	
NAME		**PHONE NUMBER**	
NAME		**PHONE NUMBER**	
NAME		**PHONE NUMBER**	

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WEEKLY FEE AND ATTENDANCE

REGISTRATION FEE is non-refundable and non-transferable. This fee covers Administrative Fees, Insurance and Supplies.

Camp enrollment is not guaranteed until all outstanding balances from any in-house programs are paid in full. Placement in After School Camp is secured only after the Registration Fee is paid and this completed form is submitted. Space is limited due to van seating capacity.

5 DAYS	$85	**4 DAYS**	$73	**3 DAYS**	$56	**2 DAYS**	$39	**1 DAY**	$22

NOTE: Early Release days have a $5.00 additional charge.

- If you choose 4 pick-up days including Wednesday, add $5.00.
- If you choose 5 days, the $5.00 is already included.
- For Early Release days that fall outside of Wednesdays (e.g., Fridays before school breaks), $5.00 will be automatically charged to your account.

Select the days your child(ren) should be picked up from school:

CHILD #1: **MONDAY** ☐ **TUESDAY** ☐ **WEDNESDAY** ☐ **THURSDAY** ☐ **FRIDAY** ☐

CHILD #2: **MONDAY** ☐ **TUESDAY** ☐ **WEDNESDAY** ☐ **THURSDAY** ☐ **FRIDAY** ☐

AFTER SCHOOL CAMP HOURS: Monday–Friday, from school dismissal until **6:00 PM**.
INCLUDES: Daily school pick-up, Open Gym time, and snack time. **Snacks must be packed by parents daily or can be purchased in our "Snack Shack."*

PAYMENT AGREEMENT

I agree to pay Ancient City Gymnastics (ACG) for After School Camp services and understand I must enroll in autopay. I authorize ACG to charge my credit/debit card on file each Thursday for the upcoming week's tuition in the amount of **$** _____ .
I understand:

- Payment is required regardless of attendance, as I am reserving a spot—not paying for attendance.
- A two-week written notice is required to withdraw my child(ren) from the program.
- A late pick-up fee applies **after 6:00 PM**, as outlined in "Additional Information and Policies" section of this document and will be auto drafted from the card on file. **There is no grace period**, and time is based on the ACG clock.
- If payment is not received by Thursday, I must arrange alternate transportation for my child. Pick-up services will not resume until my account is current and a spot remains available.

AFTER SCHOOL CAMP REGISTRATION FORM

LIABILITY RELEASE

I release Ancient City Gymnastics (ACG) and its employees from liability for any accidents involving my child, except in cases of gross negligence. I authorize ACG staff to administer First Aid if needed and, if deemed necessary, to have my child treated at the nearest hospital:
UF Health St. Johns, 400 Health Park Blvd, St. Augustine, FL 32086.

SIGNATURE OF PARENT/ LEGAL GUARDIAN:
DATE:

SNACK SHACK ACCOUNT AUTHORIZATION

Each camper may open a Snack Shack account to use during their time at Ancient City Gymnastics (ACG). The opening balance is determined by you (the parent/guardian).

We strongly encourage the use of this system, as it allows campers to purchase snacks quickly and safely during After School Snack time without carrying cash. Nearly 100% of campers use this option.

We offer a variety of snacks including chips, cookies, candy, and bottled water. All items are $1.25 each.

Please select one option below:

☐ **I do not wish to set up a Snack Shack account for my child(ren).**
☐ **I give permission for ACG to automatically charge my card on file $10 when my child's Snack Shack account reaches a balance of $1.25.**

You may control your child's account by setting limits on the number or types of items they may purchase. *For example: "Only 1 drink per day," "No red dye," "No candy," etc.*

Please list your preferences below:

PARENT/ LEGAL GUARDIAN ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and understand the policies of the Ancient City Gymnastics After School Camp.

SIGNATURE OF PARENT/ LEGAL GUARDIAN:
DATE:

AFTER SCHOOL CAMP REGISTRATION FORM

ADDITIONAL INFORMATION AND POLICIES

ATTENDANCE, TUITION & FEES

Weekly tuition remains the same regardless of absences due to illness, vacations, weather, or other personal reasons. When you pay tuition, you are securing your child's spot—not paying for attendance.
Fees will not be reduced for early pick-up. Payment for missed days holds your child's place in the Ancient City Gymnastics (ACG) After School Camp. **No refunds are issued for absences.**

DAILY PICK-UP

ACG is responsible for picking up your child(ren) from the school listed on this registration form. A daily roster is strictly followed by ACG staff. If your child is not at the designated location or their transportation has changed (e.g., marked as a car rider), we are required to verify their whereabouts. This delays our schedule, affects the next school pickup, and puts a strain on both ACG staff and school administrators. **It is your responsibility** to notify ACG if your child will not need to be picked up. Notifications must be made **no later than 12:00 PM (noon)** on the day of the absence via phone at **(904) 342-0109** (leave a message) or by email at admin@ancientcitygymnastics.com. Failure to notify ACG by 12:00 PM will result in a **$5.00 charge per incident**

LATE PICK-UP FEE

Pick-up time is **6:00 PM**. Our staff is scheduled accordingly.

- A **$10.00 late fee** (per family) will be charged starting at **6:01 PM**, based on the ACG clock.
- An additional **$1.00 per minute** will be charged thereafter.
- The card on file will be charged automatically.

As a courtesy, if you anticipate being late, please call us at **(904) 342-0109**. This does **not** waive the fee, but it allows us to prepare and reassures your child. **Important:** If a child is not picked up within 30 minutes and no contact is made with your authorized individuals, the **St. Johns County Sheriff's Office will be contacted**.

SICK CHILD POLICY

If a child becomes ill during camp, a parent or guardian will be contacted for immediate pick-up. We ask that the child be picked up within **1 hour** of notification. Children must be **fever-free for 24 hours without medication** before returning. If a child is too sick for school, they are too sick for After School Camp.

CONTACT INFORMATION UPDATES

It is critical that we have up-to-date contact information for parents, guardians, and all authorized pick-up persons. **Please notify us immediately** of any changes to your address, phone numbers, or emergency contacts.

PROHIBITED ITEMS

The following items are **not allowed** at any ACG camp:

1. Electronic devices (including cell phones)
2. Toys or trinkets
3. Energy drinks

PERSONAL BELONGINGS

ACG is **not responsible** for lost or stolen items- including, but not limited to, clothing, footwear, and cash.

MEDICATION POLICY

ACG staff **cannot administer medication** unless it is for a **known, life-threatening allergic reaction**.

ALLERGIES

If your child has food allergies, please list them clearly on the registration form so staff are aware.
For severe allergies, **you must provide any required emergency medication** (such as EpiPens, inhalers, or Benadryl) in the original container, properly labeled with your child's name. These medications will be kept on site for **emergency use only.**