

2022 – 2023 SCHOOL YEAR STUDENT REGISTRATION PACKET AND PARENT HANDBOOK

Fayetteville Athletic Club 2920 East Zion Road Fayetteville, AR 72703 (479) 587-0500 extension 7





Mission Statement

On behalf of the Fayetteville Athletic Club (FAC), we would like to welcome you to the Kid's Fit Fun FACtory. Our goal is to nurture the development and growth of healthy children and families. We seek to offer young children a developmentally appropriate curriculum that focuses on each child's unique development while considering the needs and dynamics of the entire group. Experiences and activities will contribute to each child's age appropriate development. We strive to enrich children's lives through fitness concepts, positive social engagement, community service and educational concepts all while preparing them for a happy, healthy future. The following policies and procedures are designed to help your family become more familiar with our program. Please read these guidelines and return the attached form.

<u>Admission Policies</u> Kid's Fit Fun FACtory admits children of any race, religion or national origin. To ensure the most supportive setting possible, children with special needs and children with physical handicaps will be considered on an individual basis. Prior to enrollment, parents should meet with the Director and provide the staff with the results of any developmental or educational assessments.

Arrival & Pick-up:

- Unless otherwise specified, all students must arrive on time. Each student will be signed in by a parent or legal guardian, and then checked-in by FAC teacher/counselor.
- All children must be signed out by a designated parent or guardian each day. Please notify the Director in writing if someone other than a previously authorized adult will be picking up your child. We ask that every adult authorized to pick up a child bring a photo I.D. Also, if your child is to be absent, please call and notify the Director.
- Our goal is to maintain a positive relationship with the staff at each school. In order to pick your child up in a timely manner, we ask that you PLEASE contact us in advance, if you child is absent from school or will be absent from our FAC afterschool program. If we are waiting at the school, we will call the office to determine whether or not your child was absent. If your child is on a route where our van has multiple stops, calling and checking on your child will unfortunately make us late picking up at other schools. For this reason, failure to notify us in advance will be subject to an additional \$10 charge. This fee will be added to your next week's tuition.
- If your child remains at FAC longer than 10 min past their scheduled pick up without prior arrangements a \$5.00 charge followed by a \$25/15min charge will be applied and payment is expected at pick up. If a child remains at FAC for over 1 hour past their scheduled time without notifying the Director, or we are unable to contact the parent or other authorized adult, we are required to notify Social Services. Remember that your child as well as our staff worries about you when you are late!

Meals & Snacks:

- Snacks will be provided by FAC in accordance with USDA and DHS guidelines.
- If you child has allergies to specific foods, we will work with you to provide appropriate snacks
- You are required to provide a nutritious lunch that includes all food groups. Preschool students are required to have a liquid milk or milk substitute available every day.
- FAC is a PEANUT FREE FACILITY. Please double check pre-packaged lunches (Lunchables) for peanut products. Peanut items will be thrown away, and if a replacement item is necessary you will be charged for any item provided by FAC.
- For sanitary purposes, please pack all lunches in an insulated lunch box and a refillable drink container labeled with child's name.

Medications:

- If your child has prescribed medication that must be administered during the hours of their program, please arrange with the Program Director prior to the beginning of camp. Only non-temporary medications will be administered.
- Medication must be kept in lock box at facility and taken home at end of each day. Medications will only be accepted if accompanied by doctor detailed instructions, and medication release form signed by parent/guardian.

Accidents & Incidents:

- We use two forms in the Kids Fit Fun FACtory to notify parents of injuries. Accident Forms are used for unintentional events requiring first aid. Incident Forms are used when one child hurts another child, or for other behavioral incidents. We will NOT give out the name of any other child(ren) involved in an accident or incident.
- If the injury is serious in nature requiring more than basic first aid, we will call emergency medical services.

Behavior Guidance Policy:

- Discipline shall be individualized and consistent for each child. It shall be appropriate to the child's level of understanding and directed toward teaching the child acceptable behavior and self-control.
- Physical Punishment SHALL NOT be administered to children, by staff or parents.
- The length of time a child is placed in Time-Out shall not exceed one minute per year of child's age.
- The following methods of behavior guidance are practiced:

Praise

Clear Guidance

Redirection

Time-Out

- For the well-being and safety of ALL children there will be NO tolerance for physical violence or bullying (verbal or physical).
- If a child does not respond to redirection or clear guidance, the child will be written up using an Incident Form. Physical Incidents will immediately be written up.
- If the behavior does not improve the parent will be contacted. Then the following procedure will be followed.
 - 1st –Written Warning (Incident Form)
 - 2nd—Parent/Guardian Conference, Loss of Special Event Privilege
 - 3rd—Suspension to be determined by Director
 - 4th—Expulsion from Program

Please review this policy with your child. Thank you in advance for supporting our program in ensuring we put the safety and welfare of the children first and foremost.

Electronics Policy:

• All FACtory programs are electronics free. Children are not permitted to have cell phones, Ipods (MP3 Players), gaming devices, etc. while they are participating. We ask that you leave ALL valuables at home; FAC is not responsible for lost, damaged, or stolen items. There is a "Lost & Found" located in the Kids FACtory locker rooms and, in the main club for your convenience in retrieving lost items. These items will be donated/discarded in a timely manner.

Arkansas Department of Human Services (DHS):

- FAC's Kids Fit Fun FACtory Summer Camps, After School, & Jump Start Programs are licensed by DHS, and adhere strictly to all licensing requirements.
- Mandated Reporter—It is a requirement of DHS that any signs of suspected child abuse be reported to the Division of
 Children and Family Services (DCFS). If an employee suspects any child abuse or neglect he/she is required to file a report
 and call the Crimes Against Children Hotline at 1-800-482-5964. The proper authorities will then intervene and conduct an
 investigation. Our licensing also stipulates that any staff member or child enrolled in the licensed program may be subject to
 an interview by DHS officials.
- All children who enter the program are subject to backpack searches per DHS regulations. Backpacks are not allowed in our preschool age programs.
- FAC hires only qualified staff over the age of 18, drivers are required to be 25 or older. We perform background checks on all employees working in licensed programs. Staff members will be certified in CPR and First Aid and must complete 15 hours of professional development annually.



SCHOOL YEAR 2022 – 2023

Student Name:		
Age:	Grade:	· · · · · · · · · · · · · · · · · · ·
School:		



AUTOMATIC PAYMENTS AUTHORIZATION AGREEMENT Debit/ Credit Card

Club to initiate debit entries and to initiate	, hereby authorize the Fayetteville Athletic iate, if necessary, credit entries and adjustments for any debit licated below and the financial institution named below, to credit.	t
2023 and until Fayetteville Athletic Club	and effect for the school year beginning August 1 2022 – June 7 o has received written notification from me (or either of us) of ou my account will continue to be drafted during the 60-day	
Name on Card	Card Number	
VISA MC AMEX DISC Card type (circle one)	Expiration date 3 or 4 digit code	
Email address	Primary phone number	
Signature	/	
NOTE: The weekly amount will be draft	fted each Friday for the following week of After School.	
Name(s) of Child(ren) Attending:		
School Name:		

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CHILD PERSONAL DATA SHEET 2022-2023 SCHOOL YEAR									
Date of enrollment:	month	day	year	Date of discharge:	month	day	year		
Child's Name:				Date of birth:	month	day	year		
Primary Caregiver Name:		Relationship to child:		_					
Home Address:				City	City State Zip				
Cell Phone:		Work Phone	:	Email:					
Place of employment:				Work hours:					
Secondary Caregiver Name:				Relationship to child:					
Home Address:				City		State	Zip		
Cell Phone:		Work Phone	:	Email:					
Place of employment:				Work hours:	Work hours:				
		ЕМЕ	ERGENCY CONTA	CT INFORMATION					
Name of person to call if pare	ents can not be	e reached		Relationship to the chil	d				
Home Address:				City		State	Zip		
Cell Phone:		Work Phone	:	Home Phone:					
Is this person authorized to t	ake the child fro	om FAC? CH	ECK ONE	YES			NO		
LIST AL	LL OTHER A	DULTS WH	o are authoriz	ED TO TAKE THE CHIL	.D FROM FAC				
NAME				PHONE#		RELATIONSHI	P.		
NAME				PHONE#		RELATIONSHI	P.		
NAME				PHONE#	PHONE # RELATIONSHIP.				
days attending (circle):	MON TU	E WED	THU FRI	SCHOOL PICK UP:		'			
			SIBLINGS NAMI	ES AND AGES					
SIBLING NAME			AGE	SIBLING NAME	SIBLING NAME AGE				
SIBLING NAME			AGE	SIBLING NAME	SIBLING NAME AGE				
SIBLING NAME			AGE	SIBLING NAME	SIBLING NAME AGE				

			MEDICAL INFO	ORMA	TION			
Child's Name:		Date of birth:						
If child is t	o receive	specific m	nedication while in our	progr	am, plea	ase fill out attached	required	form
ALLERGIES:		•		MEDICA			EPI PEN?	
PHYSICAL OR EMOTIONAL C	CONCERNS	YOUR CHILD	MAY HAVE:					
OTHER CONDITIONS OR CO	MMENTS							
SPECIAL FOOD NEEDS/ REST	RICTIONS:			PRESCF	ribed diet	<u> </u>		
			MEDICAL H	HISTO	RY			
NAME	YES	NO	NAME	YES	NO	NAME	YES	NO
Measels			Mumps			German Measels		
Chicken Pox			Whooping Cough			Positive TB Test		
Defective Heart			Sun Sensitivity			Feinting spells		
Frequent Ear Infection			Frequent Throat Infection	١		Frequent Colds		
Diabetes			ADD/ADHD			Temper Tantrums		
			CONS	ENT				
Child's Physician or En	nergency	Treatmen	t Facility:	Phone	e #			
Street Address				City			State	Zip
Hospital Emergency R	oom cho	ice is:						
I,		mother/fa	ather/guardian (circle o	one) o	f		, de	o hereby give
my consent to the Dire			-	•				_
aid as may be deemed emergency when pare			-		_		_	
representative to trans	_				_		-	
Signature:				Date:				

CONSENT	
I hereby give(initials)/ do not give (initials) the Director of the Child Care Facility or hereby give my child (child's name) Acetaminophen. I un medication has been administered.	
Parent/guardian signature:	Date:
CONSENT	
I hereby give(initials)/ do not give (initials) the Director of the Child Care Facility or hereby give use sunscreen in permitable weather. This is in accordance with DHS minimum licensical Care Licensing Unit 1100. 1101.17 I understand I will be notified if that medication has been ad	ng requirementss: DCCECE/
Parent/guardian signature:	Date:
ACKNOWLEDGEMENT	
This statement of verification that I have been informed that child care licensing/child maltreatment enforcement may possibly interview my child for the purpose of determining licensing compliance of the purpose of determining licensing unit: 200	or for investigative purposes.
Parent/guardian signature:	Date:
ACKNOWLEDGEMENT	
This is to acknowledge that I have received and will comply with the rules as stated in the Kids Fit F	Fun FACtory Parent Handbook
Parent/guardian signature:	Date:
ACKNOWLEDGEMENT	
This is to acknowledge that I have informed of the behavior guidance policy p	oractices.
Parent/guardian signature:	Date:
ACKNOWLEDGEMENT	
I, the parent/guardian of this child, understand that I may ask for a conference with the c	aregivers as needed.
, , ,	Date:

ACKNOWLEDGEMENT	
I,, verify that these forms are co	omplete in their entirety.
Parent/guardian signature:	Date:
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DISCIPLINE POLICY	
The discipline policy of the Fayetteville Athletic Club, Kids Fit Fun FACtory will be that any time a casafety of him/herself, others or is acting in a disruptive manner, the child will be removed from their FACtory uses a "timeout" to encourage good behavior. A child who takes a time out will be removed participation and must sit alone quietly under staff supervision for one minute for each year of age. It is either the child will be given. Following a third offense, the child will be sent home for the remainder of the child will schedule an appointment with the Director and/or teacher's to discuss and review the serious behavioral problems may result in removal from the Kids FACtory process.	r class/group/program. The Kids of from the class/group/program After the second offense, another ne day. The parents/guardians of e problem. Continuous or more
I,, the parent/guardian of	, have read and understand
and agree with, the Kids FACtory Discipline Policy.	
Parent/guardian signature:	Date:
BILLING POLICY	
Kids FACtory programs will not admit a participant without Payment Agreement and Registration for and all necessary program registration fees paid. Each program may have separate and different for the affected with children cancel or miss days for which they are registered. The only exception to the licensed Medical Doctor. Drop in days are only available during holidays, Spring Break and Christm only the days which they are registered and paid for in advance. Preschool and Afterschool is bille week. Non-payment by due dates will result in the forfeit of the camper/student's space in the program and for required for each week to reserve the camper's place on the camp roll. The first week of camp is paid Non-payment by the due dates will result in forfeiting the camper's space in the program and their camper on the waiting list. FAC MEMBER DISCOUNTS ARE ONLY APPLICABLE IF THE CHILD HOLDS AFFAC discounts are void and additional charges will occur if the Junior Membership is cancelled during afterschool attendance. The non-member rate will be charged to your account retroactively. Concepts and the program and their cancellation of any outstanding balance(s). A \$25 fee will be charged for any returned payments returned payment, must be paid by cash or money order. Failure to consistently comply with paym suspension of the participant. Non-payment after 60 days of the service date may be subject to collection agency. Fayetteville Athletic Club accepts cash, money order, checks, VISA, Master Card, FAC will not accept any temporary checks. Monthly auto draft & FAC club account charge is not average the member account for additional items like items sold at the pool of camp participants to charge the member account for additional items like items sold at the pool of succepts and the pool of a stream of the participants to charge the member account for additional items like items sold at the pool of the participants to charge the member account for additional items like items sold at the pool of the participants.	dees/policies. Program costs are his rule is if a note is provided by a as camp and children may attend deach Friday, for the upcoming ogram. Summer Camp is billed advanced planning, a deposit is d in full at the time of registration. It is space will be given to the next NACTIVE "JUNIOR MEMBERSHIP." In githe time of camp, preschool or nanges or cancellations in any ayments that have been made or so. Any future payments, after a ment procedures will result in the turning the balance over to a Discover and American Express. It is a Discover and American Expre
I agree to abide by the Billing Policy that has been presented to me by the Fayetteville Athletic Clul information provided by the undersigned, is accurate. I have read & understand the preceding pricoutlined above and I understand that this policy may change, based on the discretion of the FAC Bi	or to signing. I agree to the terms

Parent/guardian signature:

Date:

FAYETTEVILLE ATHLETIC CLUB KID'S FACTORY WAIVER RELEASE	STATEMENT
CHILD'S PRINTED NAME:	
No child will be admitted into any FAC program if this form is not signed by a parenty this form, you are releasling all claims for injury you or the participant might sustain th agree to assume full risk and to waive, relinquish and release all claims I and/or the participantity, hold harmless and defend the Fayetteville Athletic Club. This release inconservants and employees from such claims resulting from injury, damages or loss suparticipation in this FAC program or event. I understand that I am responsible for all participant's family must cover any medical costs incurred. I also understand that exprotect the safety of each participant. I agree to emergency treatment by a physician I, or the emergency contact listed can not be reached.	rough any of our programs. I articipant may have against, ludes FAC officers, agents, ustained on account or personal insurance and the very precaution is take to
Parent/guardian printed name:	Date:
Parent/guardian signature:	



PHOTOGRAPHY DISCLAIMER AND RELEASE FORM (MINOR CHILD)

We will be taking pictures throughout the year to catch the overall action and adventure of our Kids FACtory programs. Whenever possible, we will make these images available to the parents/guardians. Please read and sign the following release form for your child(ren)

- 1. For good and valuable consideration received to my satisfaction, including but not limited to the ability of my minor child to appear in one or more videos or pictures to be displayed on the www.fayac.com website (the "Website") or FAC sponsored social media sites in furtherance of one or more projects in which he or she is participating (each a "Project"), I hereby grant, on behalf of myself and my minor child, to Fayetteville Athletic Club, 2920 East Zion Road, Fayetteville, AR 72703 (the "FAC"), and their respective officers, directors, agents, employees, licensees, successors and assigns the following: (a) The right to use my minor child's picture, likeness, images and other visual or audio reproductions by film, photograph or otherwise (collectively referred to as the "Images and Reproductions") in connection with any videos or photographs to be posted on the Website in connection with any Project. (b) All rights of every nature whatsoever in connection with use of the Images and Reproductions in the Project including without limitation all copyrights therein, and the exclusive right to reproduce, exhibit, distribute, and otherwise exploit the Images and Reproductions in whole or in part, in perpetuity throughout the world in any and all media, whether now known or hereafter devised, in connection with, the marketing, publicity and promotion of FAC, the Website or any of the Projects. In this respect, I agree that FAC may edit, alter, reproduce or otherwise change the Images and Reproductions for any such purpose. I acknowledge that my minor child and I shall have no ownership, authorship or moral rights in the Images and Reproductions or any part thereof. I hereby waive any and all rights to inspect or approve the use of the Images and Reproductions for any reason.
- 2. On behalf of myself and my minor child, I hereby release FAC and their respective officers, directors, agents, employees, licensees, successors and assigns from any and all claims, losses, damages or liabilities of any kind, which my minor child and I, or any of our heirs, representatives, successors and assigns, may now, or at any time in the future, have or claim to have arising out of or relating to the filming, recording, broadcasting, distribution, exhibition, advertising, or other exploitation of the Images and Reproductions, including but not including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. In this respect, I hereby waive any privacy rights, publicity rights or rights to compensation that I or my minor child may have in connection with the Images and Reproductions.
- 3. I understand that the consideration received by me pursuant to this disclaimer and release constitutes the full and final consideration for all uses and re-uses of the Images and Reproductions in accordance with its terms.
- 4. I represent that I am eighteen years of age or older and have read and fully understood the terms hereof.
- 5. This disclaimer and release shall bind me and my minor child's respective heirs and personal representatives. FAC shall not be obligated to utilize any of the rights granted hereunder. FAC will have the complete artistic and creative freedom, discretion and control of the Images and Reproductions on its Website. This disclaimer and release, constitutes the entire understanding with respect to the subject matter hereof and it cannot be amended except by a written instrument signed by the undersigned and FAC.

Parent or Guardian Signature

I represent that I am the parent or legal guardian of the minor child whos images and reproductions are the subject of this release and disclaimer. I hereby consent to the use of the Images and reproductions pursuant to the terms herein:

Minor Child Name:			
Address:	City:	State:	Zip
Email address:	Phone Number:_		
Parent Guardian Name (please print) :			
Parent/Guardian Signature:		Date:	

HOG WILD KIDS AFTER SCHOOL REGISTRATION FORM STUDENT'S NAME (and nickname if applicable): Student age: Birthdate: Grade Male Female Child's Street Address City: State: Zip: Please circle your child's school: Butterfield Root Vandergriff McNair Happy Hollow Holcomb Prism Primary Caregiver Name: Email: Relationship Work phone: Cell phone: Work phone: Secondary Caregiver Name: Email: Relationship Cell phone: **Emergency Contact Name:** Email: Relationship Work phone: Cell phone: Rescue Inhaler Diabetic insulin Medical Emergency Information - please check all that apply and write any special instructions needed for our staff to properly care for your child. Epi-Pen/Epinephrine Antihistamine Special instructions: \$35 REGISTRATION FEE PAYMENT ATTACHED FAC Junior Member Non-member/guest MEMBER RATE PER WEEK **GUEST RATE PER WEEK** PROGRAM NAME INCLUDES: TIME: # OF DAYS/ WEEK Pick up from Fayetteville Schools and dropoff at FAC for an ACTIVE AFTER SCHOOL PROGRAM \$45.00 \$50.00 3:00 - 6:00 PM 5 afternoon of fun, games and sports Operated when there are scheduled teacher work days or SCHOOL DAY OUT PROGRAM 7:30 - 6:00 PM \$29.95 \$39.95 1 various holidays throughout the Sibling discount for 2nd, 3rd, 4th family members @ \$5 off per week -one discount per child. METHOD OF PAYMENT: Card # Card CVV: Name on credit card Expiration date: Initial I understand that the draft will occur each Friday prior to that my child is attending. All alternate forms of payment must be provided no later than Thursday at 6:00 PM for the upcoming week.

We are peanut free facility. If yuor student is participating in the Hog Wild Bundle plus, please bring a peanut-free lunch, a refillable water bottle and child friendly lock. Label all of your child's belongings. Please ensure that your child is dressed appropriately for any weather conditions and for physical activity (Tennis Shoes, comfortable clothes). Children that are virtual learning while at FAC will be required to bring a chromebook or similar laptop to participate in the Fayetteville Schools virtual learning. We are not responsible for lost or stolen items.

I agree to assume full risk and release all claims I and/or the participants may have against the Fayetteville Athletic Club (FAC), The Kids Club Fit Fun FACtory including it's agents, servants and employees, from such claims resulting from injury, damages or loss sustained during participation in any FAC off site parent program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any cost incurred. I also understand that every precaution is taken to protect the safety of all participants. I agree to any emergency treatment by a physician or hospital in the event that the emergency contact listed above can not be reached.

I understand that if my child is being picked up from school, he/she will be transported by the FAC vans and I grant the Fayetteville Athletic Club team permission to transport my child.

Signature of Parent or Guardian:	Date:

School Year 2022-2023

Afterschool & Jumpstart Program Schedule



DATE:	DETAILS	FAYETTEVILLE SCHOOLS OPEN?	JUMPSTART PRESCHOOL OPEN?	AFTER SCHOOL PICK UP?	SCHOOL DAY OUT CAMP?
Monday, August 15, 2022	First day of preschool	YES	YES	YES	NO
Monday, August 15, 2022	First day of school	YES	YES	YES	NO
Monday, September 05, 2022	Labor Day holiday	NO	NO	NO	NO
Friday, September 23, 2022	Inservice day	NO	YES	NO	YES
Monday, November 21, 2022	Thanksgiving Break	NO	YES	NO	YES
Tuesday, November 22, 2022	Thanksgiving Break	NO	YES	NO	YES
Wednesday, November 23, 2022	Thanksgiving Break	NO	NO	NO	NO
Thursday, November 24, 2022	Thanksgiving Day	NO	NO	NO	NO
Friday, November 25, 2022	Black Friday	NO	NO	NO	NO
Monday, December 19, 2022	Christmas Break	NO	YES	NO	YES
Tuesday, December 20, 2022	Christmas Break	NO	YES	NO	YES
Wednesday, December 21, 2022	Christmas Break	NO	YES	NO	YES
Thursday, December 22, 2022	Christmas Break	NO	YES	NO	YES
Friday, December 23, 2022	Christmas Break	NO	NO	NO	NO
Tuesday, December 27, 2022	New Year's Break	NO	YES	NO	YES
Wednesday, December 28, 2022	New Year's Break	NO	YES	NO	YES
Thursday, December 29, 2022	New Year's Break	NO	YES	NO	YES
Friday, December 30, 2022	New Year's Break	NO	YES	NO	YES
Monday, January 02, 2023	Inservice day	NO	YES	NO	YES
Tuesday, January 03, 2023	Inservice day	NO	YES	NO	YES
Wednesday, January 04, 2023	School in session	YES	YES	YES	NO
Monday, January 16, 2023	MLK, Jr. Holiday	NO	NO	NO	NO
Monday, February 20, 2023	Inservice day	NO	YES	NO	YES
Monday, March 20, 2023	Spring Break	NO	YES	NO	YES
Tuesday, March 21, 2023	Spring Break	NO	YES	NO	YES
Wednesday, March 22, 2023	Spring Break	NO	YES	NO	YES
Thursday, March 23, 2023	Spring Break	NO	YES	NO	YES
Friday, March 24, 2023	Spring Break	NO	YES	NO	YES
Friday, April 21, 2023	Holiday	NO	YES	NO	NO
Monday, May 29, 2023	Memorial Day Holiday	NO	NO	NO	NO
Tuesday, May 30, 2023	First day of camp	NO	YES	NO	CAMP