



Welcome to 2019-2020 school/camp year!

Each child should bring the following items to school/summer camp every day. These items can be left at school for the week. At the end of the week, these items should be brought home for cleaning.

- A backpack or bag with a clean change of seasonal, weather appropriate clothing & footwear
- A crib sheet, blanket, & small stuffed animal for quiet time if your child naps
- A labeled water bottle* *Water bottles will be washed by staff daily if not taken home.*
- Labeled sunscreen & bug Spray in a labeled Ziploc Bag (No aerosol of any kind)
- Indoor shoes (A clean pair of shoes/slippers for INDOOR use only).
- A leotard or shorts for gym time & gymnastics instruction (optional).
- Bathing suit and towel (when its warm enough for outside water play)

Please remember to sign your child in and out each day! Sign in sheets will be located where you drop your child off in the morning. Children and adults need to wash their hands upon arrival everyday.

Preschool payments should be made on or around the 1st of the month. You may submit an automatic credit card form to be kept on file (included in this packet) or pay by check. Checks can be dropped off into the payment box at the preschool office.

In the entrance to the preschool, there is a "Parent Resource Center." Here you will find a variety of books, useful information & fun activity ideas for you and your family! There is a binder to sign out the books and items you would like to borrow. Once you are finished, return & sign items back in, and browse for something else. We will also post a monthly or weekly lunch menu (summer camp), newsletters and event reminders on our parent board which is located. Lunch menus and newsletters will be sent out via email as well.

Every child will have a confidential classroom file containing the documents found in this packet. Please complete these forms and return them along with a copy of your child's current immunization record (or exemption form from your doctor) AND a record of an annual physical/health history form. These documents must contain your child's primary health care and dental care (if applicable), names and phone number.

*****Each child MUST have ALL of these forms, filled out in there ENTIRETY, plus the additional immunization record and annual physical/ health form handed in by or at the time of drop off on their child's first day of attendance. This is a VT state licensing regulation and we cannot allow children to attend without one. Please don't forget!*****



ADMISSION FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL: _____

ALLERGIES / MEDICAL CONCERNS / IEP'S - (MUST BE APPROVED BY THE PROGRAM DIRECTOR TO MAKE SURE THAT WE HAVE THE APPROPRIATE STAFFING AND/OR THE ABILITIES TO MAKE THE NECESSARY ACCOMMODATIONS **BEFORE THE CHILD'S START DATE):**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE

ENROLLMENT FEE RECEIVED:

CASH _____ CHARGE _____ CHECK _____ # _____ DATE: _____

ENROLLMENT START DATE: _____ ENROLLMENT END DATE: _____



EMERGENCY CONTACT INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

ALLERGIES/HEALTH CONCERNS: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

PEDIATRICIAN:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DENTIST:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION (TWO NON-PARENT/GUARDIANS):

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

MEDICAL EMERGENCY TREATMENT

I HEREBY GIVE *THE BALANCING ACT ENRICHMENT CENTER* PERMISSION TO ADMINISTER BASIC FIRST AID AND/OR CPR TO MY CHILD, _____, AND/OR TAKE HIM/HER TO THE HOSPITAL FOR MEDICAL TREATMENT WHEN I CANNOT BE REACHED OR WHEN DELAY WOULD BE DANGEROUS TO MY CHILD'S HEALTH.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

INSURANCE INFORMATION

COMPANY NAME: _____

POLICY NUMBER: _____ **OTHER SPECIAL INSTRUCTIONS:** _____



CHILD PICK UP/RELEASE FORM

AS PARENT/GUARDIAN OF : _____

***I GIVE THE BALANCING ACT ENRICHMENT CENTER PERMISSION
TO RELEASE MY CHILD ONLY TO THE FOLLOWING PEOPLE:***

NAME

RELATIONSHIP TO CHILD

IS THERE ANYONE WHOM WE SHOULD BE AWARE OF THAT, UNDER ANY CIRCUMSTANCES, SHOULD NOT BE PERMITTED TO PICK UP YOUR CHILD?

ALL PARENTS OR GUARDIANS MUST SIGN:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

FACILITY USE WAIVER

PARENT/GUARDIAN NAME: _____

1. CHILD'S NAME: _____ **DATE OF BIRTH:** _____

2. CHILD'S NAME: _____ **DATE OF BIRTH:** _____

HEALTH INSURANCE CARRIER: _____

TELEPHONE # TO REACH ME AT DURING GYMNASTICS CLASSES: _____

HOME ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMAIL: _____

ER CONTACT: _____ **PHONE NUMBER:** _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE READ CAREFULLY AND SIGN AT THE BOTTOM:

In consideration of allowing the above named child(ren) to participate in Regal Gymnastics activities and training programs, the undersigned, being the legal and acting guardian of child(ren), acting for themselves and on behalf of the participant, release and hold harmless Regal Gymnastics Academy, LLC a Vermont Limited Liability Corporation, its owners, officers, employees, and agents from any and all liability, claims, demands, and causes of action whatsoever, arising out of related to any loss, damage, injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Regal Gymnastics Academy is conducted, or any premises under the control and supervision of Regal Gymnastics, its owners, officers, employees, or agents or in route to or from any of said premises.

Assumption of Risk:

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said limited liability corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant, and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this release.

In signing this release, the undersigned acknowledges:

1. a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs voluntarily.
2. b) That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant or is over the age of eighteen years and is signing for self as participant.

The undersigned gives permission for Regal Gymnastics Academy, LLC, owners, officers, employees and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature: _____ **Date:** _____

Participant Signature (if over 18 years of age): _____ **Date:** _____



PERMISSION FORM / ACKNOWLEDGMENT OF HANDBOOK AGREEMENT

Child's Name: _____

As an important part of our program, we like to take our students on walking trips around the grounds. We have beautiful nature trails and wooded property just waiting to be explored! The purpose of such walks is varied and provides valuable hands-on learning experiences for our young learners. In order to allow flexibility for these natural activities, we ask permission for your child to participate in such walks throughout the school year. As the parent/guardian of the above listed child, I have checked all the applicable information:

_____ I give permission for my child to participate in nature walks for the 2019-2020 year.

_____ I give permission for the staff to apply sunscreen to him/her while playing outside.

_____ I have provided sunscreen for my child's use

_____ I give permission for the staff to apply bug spray to him/her before playing outside/going into the woods.

_____ I have provided bug spray for my child's use

_____ I give permission for the staff to photograph my child for:

_____ Display in the classroom/Use in promotional materials

_____ Use on The Balancing Act's Facebook Page (No Names)

_____ I give permission for my child to participate in supervised wading pools/sprinkler for the 2019-2020 year.

_____ I have read & understood The Balancing Act Enrichment Center Handbook and agree to the policies within it.

Parent/Guardian Signature: _____ Date: _____



TELL US ABOUT YOUR CHILD

WHAT LANGUAGE(S) ARE SPOKEN AT HOME?

LIST 5 WORDS THAT YOU WOULD USE TO DESCRIBE YOUR CHILD...

HAS YOUR CHILD EVER BEEN IN PRESCHOOL, CAMP OR CHILDCARE SETTING BEFORE?

PLEASE DESCRIBE HIS/HER EXPERIENCES...

TELL US ABOUT CHILD'S INTEREST/FEARS...

DOES YOUR CHILD HAVE SIBLINGS? PETS?

WHAT ARE SOME OF THE THINGS YOU ENJOY DOING TOGETHER?

WHAT ARE YOUR CHILD'S FAVORITE FOODS AND THOSE HE/SHE DISLIKES?

TELL US ABOUT YOUR CHILD'S BEHAVIOR, ENERGY LEVEL AND TEMPERAMENT...

WHEN YOUR CHILD IS UPSET, WHAT SEEMS TO COMFORT TO COMFORT HIM/HER THE MOST?

WHAT ARE YOUR HOPES & DREAMS FOR YOUR CHILD THIS YEAR?



UPCOMING 2019-2020 SCHOOL CALENDAR

LAST DAY OF SUMMER CAMP: FRIDAY, AUGUST 23, 2019

**CLASSROOM PREPARATION/DEEP CLEAN FOR FALL SCHOOL YEAR:
CLOSED AUGUST 26TH THROUGH SEPTEMBER 2ND**

OPEN HOUSE: FRIDAY, AUGUST 30, 2019

FIRST DAY OF SCHOOL: TUESDAY, SEPTEMBER 3, 2018

TENTATIVE LAST DAY OF SCHOOL/GRADUATION: FRIDAY, JUNE 12, 2020

TENTATIVE FIRST DAY OF SUMMER CAMP: MONDAY, JUNE 15, 2019

THERE WILL BE NO SCHOOL FOR STUDENTS ON THE FOLLOWING DAYS:

LABOR DAY: MONDAY, SEPTEMBER 2, 2019

PROFESSIONAL DEVELOPMENT DAYS : THURSDAY, OCTOBER 17 & FRIDAY, OCTOBER 18, 2019

FALL PARENT/TEACHER CONFERENCES: FLEXIBLE* – DURING WEEK OF OCTOBER 14-18, 2019

THANKSGIVING BREAK: MONDAY, NOVEMBER 25 THRU FRIDAY, NOVEMBER 29, 2019

HOLIDAY RECESS: MONDAY, DECEMBER 23, 2019 THRU WEDNESDAY, JANUARY 1, 2020

MID WINTER BREAK: MONDAY, FEBRUARY 24, 2020 THRU FRIDAY, FEBRUARY 28, 2020

SPRING INSERVICE DAY: FRIDAY, MARCH 20, 2020

SPRING BREAK: MONDAY, APRIL 20, 2020 THRU FRIDAY, APRIL 25, 2020

SPRING PARENT/TEACHERS CONFERENCES: MONDAY, MAY 11, 2020

MEMORIAL DAY: MONDAY, MAY 25, 2020

**THERE WILL BE SCHOOL THIS WEEK; CONFERENCES WILL BE SCHEDULED AT YOUR CONVENIENCE FOR THE WEEK*



PRESCHOOL FINANCIAL CONTRACT (IF APPLICABLE)

Child's Name: _____ Start Date: _____

Circle the days attending:

Monday

Tuesday

Wednesday

Thursday

Friday

Circle the enrollment option:

Daytime Only (7:30 – 3:30)	
2 days	\$454.00 / month
3 days	\$637.00 / month
4 days	\$799.00 / month
5 days	\$907.00 / month
Daytime With Aftercare (7:30 – 5:30)	
2 days	\$575.00 / month
3 days	\$807.00 / month
4 days	\$1,012.00 / month
5 days	\$1,150.00 / month
Aftercare Only (3:00 – 5:30)	
2 days	\$144.00 / month
3 days	\$216.00 / month
4 days	\$288.00 / month
5 days	\$380.00 / month

- A mandatory \$145 non-refundable enrollment fee due at the time of admission.
- In the event of an emergency or extreme weather conditions, the Balancing Act may close for the safety of the children and staff. There are no refunds or make up days in such instances.
- A 10% discount will be offered to siblings of current Balancing Act students or alumni.
- See handbook for other information regarding payments, refunds, and fees.

Parent/Guardian Signature: _____ **Date:** _____

Best Way to Contact Parent (Telephone Number/Email): _____



DISCOVERY ADVENTURE CAMP FINANCIAL CONTRACT (IF APPLICABLE)

Child's Name: _____ Start Date: _____

Circle the days attending:

Monday

Tuesday

Wednesday

Thursday

Friday

Circle the enrollment option:

Monday - Friday	
1 – 3 weeks	\$325.00 / week
4 or more weeks	\$300.00 / week
3 Day (Monday/Wednesday/Friday)	
\$200 / week *	
2 Day (Tuesday/Thursday)	
\$140 / week *	
<p align="center"><i>**Other 2 & 3 Day options available**</i> <i>(please call Regal front desk at 802-655-3300 for availability)</i></p> <p align="center"><i>Aftercare is available 3:30-5:30</i> Monday-Thursday — NO FRIDAYS <i>\$15 Per Day</i></p>	

- A \$100 non-refundable deposit is required by or at the time of admission.
- In the event of an emergency or extreme weather conditions, the Balancing Act may close for the safety of the children and staff. There are no refunds or make up days in such instances.
- See handbook for other information regarding payments, refunds, and fees.

Parent/Guardian Signature: _____ **Date:** _____

Best Way to Contact Parent (Telephone Number/Email): _____



AUTOMATIC CREDIT CARD CHARGE

Regal Gymnastics Academy & The Balancing Act, LLC

I, _____, authorize Regal Gymnastics Academy & The Balancing Act, LLC to charge my credit card every month or week as follows:

Credit Card #: _____

Expiration Date (MM/YY): _____

Name as it appears on the card: _____

Billing Address: _____ **Zip Code:** _____

Amount \$: _____ **Monthly (*Runs on the 1st*)** **Weekly (*Runs on Monday*)**

Signature: _____

Child's Name: _____