



Welcome to Summer Camp!

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 3 sets of clothing & inside / outside footwear.
- 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)
- A leotard or shorts for gym time & gymnastics instruction (optional).
- Bathing suit and towel (when its warm enough for outside water play).
- Diapers and wipes for those not potty trained yet.
- Nap Bedding optional for your child to rest for 30mins .

Payments should be made by the time you come to camp. You may submit an automatic credit card form to be kept on file (to be done on jackrabbit). If we do not receive payment you may not be welcome at camp. We do except subsidy at camp but know that it may not cover it all.

We will also post a weekly lunch menu (summer camp).

Pictures can be found on google classroom for summer camp or via our Facebook Page.

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:

DENTIST:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ 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:***

NAMERELATIONSHIP 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: _____

OTHER 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 2023-2024 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 2023-2024 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?

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 SUMMER AT CAMP?

\$20 a day for aftercare

DAYS	COST	AfterCare
1	85	105
2	170	210
3	255	315
4	340	420
5	425/week	525