



## Welcome to 2022-2023 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 by the first of the month.

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**

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***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:** \_\_\_\_\_

**EMERGENCY 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 2022-2023 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 2022-2023 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 2022-2023 SCHOOL CALENDAR

LAST DAY OF SUMMER CAMP: FRIDAY, AUGUST 26TH, 2022

OPEN HOUSE: FRIDAY, SEPTEMBER 2ND, 2022

FIRST DAY OF SCHOOL: TUESDAY, SEPTEMBER 6TH, 2022

TENTATIVE LAST DAY OF SCHOOL/GRADUATION: FRIDAY, JUNE 16TH, 2023

TENTATIVE FIRST DAY OF SUMMER CAMP: MONDAY, JUNE 19TH, 2023

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

LABOR DAY: MONDAY, SEPTEMBER 5TH, 2022

PROFESSIONAL DEVELOPMENT : THURSDAY, OCTOBER 13 THRU FRIDAY, OCTOBER 14, 2022

THANKSGIVING BREAK: MONDAY, NOVEMBER 21ST THRU FRIDAY, NOVEMBER 25TH, 2022

HOLIDAY RECESS: FRIDAY, DECEMBER 27TH, 2022 THRU MONDAY, JANUARY 2ND, 2023

MID WINTER BREAK: MONDAY, FEBRUARY 21ST, 2023 THRU TUESDAY, MARCH 7TH, 2023

SPRING INSERVICE DAY: FRIDAY, MARCH 24TH, 2023

SPRING BREAK: MONDAY, APRIL 24TH, 2023 THRU FRIDAY, APRIL 28TH, 2023

SPRING PARENT/TEACHERS CONFERENCES: MONDAY, MAY 15TH, 2023

MEMORIAL DAY: MONDAY, MAY 29TH, 2023





**PRESCHOOL FINANCIAL CONTRACT (IF APPLICABLE)**

Child's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Circle the days attending:**

Monday

Tuesday

Wednesday

Thursday

Friday

**Circle the enrollment option:**

<b>Daytime Only (7:30 – 3:30)</b>	
2 days	\$534.00 / month
3 days	\$750.00 / month
4 days	\$940.00 / month
5 days	\$1068.00 / month
<b>Daytime With Aftercare (7:30 – 5:30)</b>	
2 days	\$677.00 / month
3 days	\$950.00 / month
4 days	\$1,191.00 / month
5 days	\$1,354.00 / 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:**

<b>Monday - Friday</b>	
1 – 3 weeks	\$360.00 / week
4 or more weeks	\$330.00 / week
<b>3 Day (Monday/Wednesday/Friday)</b>	
\$230 / week *	
<b>2 Day (Tuesday/Thursday)</b>	
\$155 / week *	
<p><b>**Other 2 &amp; 3 Day options available**</b>  <i>(please call Regal front desk at 802-655-3300 for availability)</i></p> <p><i>Aftercare is available 3:30-5:30</i>  <b>Monday-Friday</b>  <b>\$18 Per Day</b></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 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*)**

**Signature:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_