



## Registration Form

Welcome to our brand new homeschool co-op program here at Thomas Gymnastics. Listed below is our registration form that needs to be completed and sent back.

### Policies and Fees

#### Payment Options

- All methods of payments are accepted. Cash, Check, Credit Card or Autodraft. You will be charged the full amount for the program each and every month not dependent on attendance.

#### Fees

- Registration fee/ supply fee is due at the time of the application. Registration fees will only be processed for a new enrollment if there is an available space. No matter when you enter the program you will be charged a registration fee.
- Monthly tuition is due by the last day of each month for the following month's tuition. A twenty dollar late fee will be automatically applied on the first to any accounts with a remaining balance.
- If you have delinquencies exceeding thirty days it will require a consultation with the director.
- There is a ten dollar late fee for pick up ( you have a ten minutes grace period)  
EX If class is over at 2:45 you will have till 2:55 to pick up with no fee

#### Refund Policy

- All fees listed above are non-refundable

#### Arrival and Departure

- Drop off will be between 11:30-11:45 am for the school day.
- Pick up will be between 2:45-2:55 pm for the end of the school day. If you are past 2:55 more than two dimes you will be charged a ten dollar late fee as stated above.
- Any adult picking up your child must be on the approved list provided at the time of registration and show ID to pick up your child.

### Health

- If your child seems ill they will be removed from the class and wait at the front desk with a staff member for pick up.
- If your child needs emergency care you will be notified as soon as possible. The emergency room that will be used is McLeod and Conway.
- The staff will not administer medicine at any time throughout the program without a doctor's note of approval.
- Each child must be fever free and symptom free for 24 hours before returning to school with any illness.

### Schedule

- Our program will run on the Horry County School Schedule and we will follow the Horry County Public School Schedule. Please see the attached calendar for the closings. If there was ever an emergency closing, or weather related closing we will follow it.
- Our program is a five days a week program, however, if you choose not to come all five days that is okay. Work will be assigned for you to complete at home. Again this is homeschooling and we work together to get work completed. However, from July to July your child must have completed 180 days of school work.
- We also have a three day a week core subject part time option for \$250.00 a month and a two day a week option for electives only for \$175.00 a month.

## **Registration Form 2024-2025 School Year**

There is a \$150 Supply Fee to be paid at the time of registering. ( This is to cover materials, copies, activities throughout the school year).

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Female: \_\_\_\_\_

Male: \_\_\_\_\_

Nicknames: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade for the 2024-2025 School Year: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Language spoken in home: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Email: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Email: \_\_\_\_\_

Siblings attending Program: \_\_\_\_\_

List of others allowed to pick up your child: ( name and relationship)

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**RED FLAG LIST** ( any persons not to be able to pick up. Custody issues must have legal Documentation showing that a biological parent is not allowed to pick up).

Emergency contacts ( other than parents) please list relation and phone number

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## Discipline and Behavior Management Rules

- Students must show respect for all staff members and other students.
- Students must use appropriate language.
- Students must keep hands, feet, and objects to himself/herself.
- Students must use movement and voice levels that are acceptable for the setting.
- Students must respect the program's grounds and refrain from damaging property.
  - 1st offense: a warning is given
  - 2nd offense: time out from activities
  - 3rd offense: time out from activities, written documentation and/ or parents contact.
  - Repeating offenses: after 3 offenses have been documented there will be a parent meeting requested and dismissal from the program is possible.
- We will make efforts to work with families if bad behavior happens before removing them from the program. Unless we feel that they are a threat to themselves or others.

\_\_\_\_\_ ( Child's full name), do hereby state that I have received and discussed with my child a copy of the center's discipline and behavior management policy.

Bully Free Zone: We at Gold Medal After School maintain a "Bully Free Zone" in accordance to these rules above.

### Parent/Guardian Signature

\_\_\_\_\_ Date: \_\_\_\_\_

## **Advertising Release**

By signing below, you also acknowledge that pictures of your child might be taken by staff to be used for advertising purposes for Thomas Gymnastics at the Beach. I understand that my son or daughter may be included in videotape or photograph taken during school and or after school activities. I hereby grant Thomas Gymnastics, its successors, assignees, sponsors, and all other commercial exhibitors the exclusive right to photograph and/or videotape my son or daughter and further utilize my son or daughter's name and face as part of advertising and promotion of Thomas Gymnastics without reservation. In granting this, I understand that Thomas Gymnastics is under no obligation to exercise any of its rights and privileges hereby granted.

**Parent/ Guardian Signature:** \_\_\_\_\_

**Child Inquiry Form**  
**Help us get to know your child**

**Please list your child's strengths:**

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**Please list your child's weaknesses:**

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**Does your child have any learning disabilities that you are aware of :**

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**Do you have any concerns with your child's development?**

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**What grade is your child in?**

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**What grade is your child currently learning in? Some are above or below age level?**

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**What is your child's favorite subject: \_\_\_\_\_**

**What is your child's least favorite subject: \_\_\_\_\_**

**Does your child have any sensory sensitivities ( loud noises, bright lights etc...)**

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**Does your child have any dietary allergies or restrictions:**

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**Does your child take any medications that need to be administered?**

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**How does your child learn best:**

Visual: \_\_\_\_\_

Kinesthetic: \_\_\_\_\_

Tactile: \_\_\_\_\_

Auditory: \_\_\_\_\_

Social Learner: \_\_\_\_\_

**Does your child need help and encouragement to engage with peers?**

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**Is your child comfortable with reading out loud?** \_\_\_\_\_

**Has your child ever had an IEP in public school:** \_\_\_\_\_

**Does your child receive any outside therapies:**

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**Please list any other things you would like us to be aware of:**



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