



Parents,

We appreciate your interest in Zero Gravity's After School Care Program. We look forward to the fun and educational time we will have with your children.

Enclosed is the registration packet that includes:

- Registration Form
- Gym Policies
- Admission Forms
- Sick Policy
- Discipline Agreement
- Payment Information
- Gym Waivers

Please read over and be sure to complete all forms enclosed. Each child enrolled will require a \$35.00 registration and a \$50 supply fee and first month's tuition to hold your place for After School Care.

Other important information:

- Charges for this year are \$225 per month. We will pick up on early release days and will provide after school care on certain student holidays. We have attached a schedule of monthly payments amounts based on a monthly payment schedule. All student holidays are noted.
- All payments must be pre-paid and will be posted electronically on the 1<sup>st</sup> of the month.
- There is no credit or refund for missed days. You are paying for a space and not direct child care services.

At Zero Gravity we are dedicated to providing a fun and safe place for your child to learn and play. We strive to offer a program that balances physical activity, home work time, and exciting play, with individual and group activities that focus on different needs of elementary age students.

We look forward to a fun fall program. Please give us a call or stop by with any questions you might have.

Thanks,  
Zero Gravity



## **BEHAVIOR AGREEMENT**

**At Zero Gravity we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your children and be sure they understand what it is, and why they are signing it. This will help us help them have a wonderful experience at Zero Gravity After-School Program.**

*Thank you!*

- -I will listen to the staff and follow their directions.
- -I will respect other people's belongings by not touching/using their stuff without permission.
- -I will sit properly with my feet facing forward and bottom in my seat.
- -I will respect other's personal space by keeping my hands and feet to myself.
- -I will not hit or fight other people.
- -I will not yell while inside Zero Gravity and will use my inside voice when speaking.
- -I will use appropriate language. Which does not include any swear words or negative remarks. (I.E. "Shut Up", "Stupid", "Dumb", etc...)
- -Before leaving the room, I will ask a staff member for permission.
- -I will keep my hands and personal belongings off and away from computers. They are off limits.
- -I will respect other's feelings by having a positive attitude when talking to them and not talking down to others.

Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3 incident system, **except hitting/fighting**. Hitting/fighting will be an immediate 1-day suspension from the program. All other incidents will be handled as follows:

1<sup>st</sup> Incident: **VERBAL WARNING**

2<sup>nd</sup> Incident: **WRITTEN WARNING/PARENT MEETING**

3<sup>rd</sup> Incident: **1-DAY SUSPENSION**

4<sup>th</sup> Incident: **EXPULSION**

***\*Zero Gravity has the right to terminate a child from the After-School program for behavior issues.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



### **Zero Gravity Sick Policy**

1. Please call Zero Gravity if your child will not be attending the After-School program for any reason, especially due to illness. Daily attendance is taken and we do need to know if your child will not be in attendance.
2. Unless otherwise instructed by a Healthcare provider, children running a fever of 100 or greater should remain at home for at least 24 hours after the fever has broken.
3. Unless otherwise instructed by a Healthcare provider, children with recurrent vomiting or diarrhea should remain at home for at least 24 hours after vomiting or diarrhea has stopped.
4. If your child has a communicable disease, the parents are required to notify Zero Gravity within 24 hours so that the parents of the other children may be notified.
5. Children who have had a communicable disease may not return to the program unless they have a doctor's note stating that they are no longer contagious.
6. Children will have a daily health check when they arrive at Zero Gravity. If the staff feels that the child is not well, or has a fever of 100 or greater, parents will be called and asked to pick their child up. You must make arrangements to pick up your child as soon as possible.

According to licensing regulation, you must indicate that you are aware of Zero Gravity policy regarding illness. Please sign below.

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_



**Family Name** \_\_\_\_\_

**Contact #1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Contact #2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact & Relationship** \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier : \_\_\_\_\_

**Student #1 Information:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Student Email \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Disabilities \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Primary Doctor \_\_\_\_\_

**Class Information #1 :**

DAY \_\_\_\_\_ TIME \_\_\_\_\_ Class Name \_\_\_\_\_

**Class Information #2 :**

DAY \_\_\_\_\_ TIME \_\_\_\_\_ Class Name \_\_\_\_\_



**Student #2 Information:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Student Email \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Disabilities \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Primary Doctor \_\_\_\_\_

**Class Information #1 :**

DAY \_\_\_\_\_ TIME \_\_\_\_\_ Class Name \_\_\_\_\_

**Class Information #2 :**

DAY \_\_\_\_\_ TIME \_\_\_\_\_ Class Name \_\_\_\_\_

**Student #3 Information:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Student Email \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Disabilities \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Primary Doctor \_\_\_\_\_

**Class Information #1 :**

DAY \_\_\_\_\_ TIME \_\_\_\_\_ Class Name \_\_\_\_\_

**Class Information #2 :**

DAY \_\_\_\_\_ TIME \_\_\_\_\_ Class Name \_\_\_\_\_



## Gym Policies

Please read, sign and initial by the **X's** for the following Gym Policies:

### Tuition and Fees Information

Upon enrolling a new student into a Zero Gravity Afterschool Program the following fees must be collected prior to the student's first class, and you must register in person.

1. Registration fee \$35 and a Supply fee of \$50
2. If you leave the program and return this fee must be re-paid. **X**\_\_\_\_\_ (\*\* Registration calendar year is August – May \*\*)
3. First month's tuition due. (Prorated depending on your start date). **X**\_\_\_\_\_

All customers must have a voided check on file. **X**\_\_\_\_\_

**All customers who pay via auto draft (cc/debit/checking) will incur a \$3.00 transaction fee each time their payment is declined.**  
**X**\_\_\_\_\_

### Upon enrolling At ZGG you will be expected to pay your monthly tuition by one of two payment options

- Electronic payment through a checking or savings account. Your monthly tuition will be drafted on the **First** of the month.
- Electronic payment through a credit card or debit card. Your monthly tuition will be debited on the **First** of the month.

Your tuition holds your child's place in his/her class. **If the tuition is a month overdue, you will have to pay \$25 LATE FEE to maintain your child's spot.** If you are on EP and your card is declined/or insufficient funds, Zero Gravity has the right to charge your checking or Credit Card on file. **X**\_\_\_\_\_

### Refund and Credit Policies

There will be **no refunds** given. If you drop from the ZG program you must fill out a DROP FORM (obtained at the front office) by the **FIRST** of the month prior to the month you wish to drop **or** you will still owe for the next month of tuition. **X**\_\_\_\_\_

**Monthly tuition is not pro-rated for holidays**, some months have five weeks per month instead of four; this evens out over the year. **X**\_\_\_\_\_

### Arrival and Departures

Please arrive on time to pick your child up. Children are not allowed to wait outside for parents. So please pick your child up promptly. If you think you will be late please give us a call. **X**\_\_\_\_\_

### Closed Holidays

The following are events/holidays that we will be closed (in accordance to LISD): Halloween, Thanksgiving Break, Christmas/New Years Break, Spring Break, Memorial Day, Fourth of July, and Labor Day weekend.

The Zero Gravity After-School Program follows the Leander ISD School Calendar. Please see monthly afterschool calendar. **There are no refunds of tuition for snow days, teacher workdays, holidays, or extended breaks. There are no refunds for child absences caused by illness or vacation.** **X**\_\_\_\_\_

### Emergency Closing Inclement Weather Information

It is our intention to be open. However, situations out of our control such as inclement weather, natural/national disasters or major building issues may disrupt service from time to time.

We ask that parents call the gym to ensure it is open during periods of inclement weather or other unusual situations. In the event of an emergency closing/or inclement weather, Zero Gravity Gymnastics and Cheer will notify the local TV station (FOX 7) so parents may use that as a resource to determine the status of the gym. We will also post relevant information on the Zero Gravity Gymnastics and Cheer website.

### PHOTO RELEASE

I give consent for any pictures taken of my child involved in Zero Gravity Gymnastics and Cheer programs to be used for future Zero Gravity Gymnastics and Cheer promotions or display and on our website. **X**\_\_\_\_\_

### In Case Of Emergency:

I understand every effort will be made to contact the parents or guardian in case of an emergency. In the event I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility. I also understand that I will be responsible for payments of any medical expenses incurred on my Child's behave and that Zero Gravity does not have funds available for payments of medical treatment for my child.

I/we have read, initialed and understand all of the Zero Gravity Policies. I/we \_\_\_\_\_ and my child/children

\_\_\_\_\_ will follow all rules pertaining to the Afterschool Program.

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

**After School Payment Form**

Student's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Billing Name: First \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Please initial monthly tuition option.**

\_\_\_\_\_ (initial) Option 1. Electronic Payment. (Checking)  
Your monthly tuition will be drafted on the FIRST of the month.

\_\_\_\_\_ (initial) Option 2. Electronic Payment (Credit/Debit Card)  
Your monthly tuition will be debited on the FIRST of the month.

**CHECKING ACCOUNT DRAFT**

I authorize Zero Gravity Unlimited, Inc. and the financial institution. American Bank of Commerce, to initiate monthly Electronic Payment from my checking/savings account on the first of each month, in the amount of \_\_\_\_\_. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

**Complete below if Electronic Payment is to be withdrawn from Bank Checking Account :  
CHECKING ACCOUNT AUTOMATIC DEBIT**

Bank Name \_\_\_\_\_ Bank Account Type \_\_\_\_\_

Bank Routing # \_\_\_\_\_ (bottom left of the check) Bank Account # \_\_\_\_\_

Name on Account \_\_\_\_\_

Electronic Payment will take effect the following month. I may evoke my authorization with the company at any time by writing Zero Gravity Gymnastics and Cheer Thirty (30) days prior to the next billing. If the debit is returned unpaid, Zero Gravity Gymnastics and Cheer may debit returned item fees, as posted, from your account in the same manner with a \$30 NSF Fee.

**Complete below if Electronic Payment is withdrawn from Credit / Debit Card:  
CREDIT CARD AUTOMATIC DEBIT**

I authorize Zero Gravity Unlimited, Inc. to initiate monthly debit charges to my provided credit card, in the amount of \_\_\_\_\_.

Credit Card Type \_\_\_\_\_ Name on Credit \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVS # \_\_\_\_\_

Electronic Payment will take effect the following month. This authority will remain in effect until I notify you in writing to cancel it thirty (30) days prior to the next draft. If the debit is returned unpaid, Zero Gravity Unlimited, Inc. may debit returned item fees, as posted, from your account in the same manner with a \$30 NSF Fee.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



Please use the following waiver:

When you have any participant that is a **MINOR**

\*\* (Parent or Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.)

Also have parental consent portion signed by the Parent and /or Legal Guardian. This waiver, when the parent gives parental consent for the minor, does NOT cover the parent if something should happen to the parent. This waiver only covers the minor. If the parent decides to participate in the same activity as the minor please Make sure the Parent also signs the other waiver in addition to this waiver.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in the Zero Gravity Unlimited, Inc., I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Zero Gravity Unlimited, Inc., it's respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behave, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given substantial rights by signing it and have signed it freely and without any inducement by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Participant

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, I the minor, or anyone on the minor's behave makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damages, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_ Date \_\_\_\_\_

Print name of Parent/or Legal Guardian

\_\_\_\_\_  
Signature of Parent/or Legal Guardian



If the \*Parent decides to participate in the same activity as the minor please make sure the **Parents also signs this waiver in addition to the minor waiver.** Also use for Birthday Parties, Parent and Tot, Open Gym, Sleepovers and special events. (Basically any Adult Participant Activity)  
\*Parent or Legal Guardian or sibling or Caregiver or Adult Participant

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I fully understand that this Activity involves risks of serious bodily injury, including permanent disability and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Zero Gravity Unlimited, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the “RELEASEES” herein) from all liability claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behave, make a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damages, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding shall continue in full force and effect.

\_\_\_\_\_  
Print Name of Participant

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

\_\_\_\_\_  
Signature of Parent