



FALL 2018-2019

Parents,

We appreciate your interest in Zero Gravity's Preschool 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 \$55.00 registration fee, \$100.00 Supply Fee for part time and first month's tuition to hold your place for Preschool.

Other important information:

- Tuition for part time 2 days \$205, 3 days \$293, 4 days \$348 and 5 days \$400 per month.
- Extended Time available from 2:00pm to 3:00pm: 2 days \$48, 3 days \$63, 4 days \$73, 5 days \$85
- Ages 2 years old through 6 years old
- All payments must be pre-paid and will be posted electronically on the 1st of the month.
- There is no credit or refund for missed days.

Zero Gravity's Preschool program is more than your "average" Preschool. The teachers and director at this program firmly believe in providing a sound education in a safe and loving environment. Children are provided with an age appropriate curriculum taught by experienced and loving teachers. The lesson plan is one that focuses on expanding your child's knowledge and awareness of the world through stories, games, crafts, and learning activities. In addition to the academics, children enjoy multiple free-play areas (including water, sand, dramatic play, blocks, science, manipulative games, and toys), as well as organized gym time daily.

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

Thank You,
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. This will help us help them have a wonderful experience at Zero Gravity Preschool 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:

1st Incident: **VERBAL WARNING**

2nd Incident: **WRITTEN WARNING/PARENT MEETING**

3rd Incident: **1-DAY SUSPENSION**

4th Incident: **EXPULSION**

**Zero Gravity has the right to terminate a child from the Preschool program for behavior issues.*

Parent Signature _____ Date _____



Zero Gravity Sick Policy

1. Please call Zero Gravity if your child will not be attending the Preschool 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.

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

Parents Signature _____

Date _____

Zero Gravity Preschool

HOW DID YOU HEAR ABOUT US? _____

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 _____

Zero Gravity Preschool 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 _____



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 Zero Gravity Preschool Program the following fees must be collected prior to the student's first class, and you must register in person.

1. Registration fee of \$55 and Supply fee of \$100 **X**_____
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 who pay via auto draft(cc/debit/checking) will incur a \$3 transaction fee each time their payment is declined. **X**_____

All insufficient checking will incur a \$30 NSF fee **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 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.

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 even out over the year. **X**_____

Arrival and Departures

Regular preschool hours are 9:30am-2:00pm. Classrooms do not open until 9:25am and early drop off is not permitted. If you are more than 5 minutes late, without a phone call your child will be placed in extended day and the \$8 will be billed to your account. **X**_____

Extended day is over at 3:00pm. If you are late without a phone call, you will be billed \$1 a minute after 5 minutes. Thank you for your cooperation. **X**_____

Closed Holidays

The following are events/holidays that we will be closed (in accordance to LISD) Thanksgiving Break Wednesday-Friday, Christmas/New Year's Break, Spring Break, Memorial Day, Fourth of July, and Labor Day weekend.

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.

In the event of an emergency closing/or inclement weather, Zero Gravity Gymnastics and Cheer will follow LISD decision, this includes closures and delays. We will also post relevant information on the Zero Gravity Gymnastics and Cheer website. **X**_____

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 the Zero Gravity Policies. I/we _____ and my child/children

_____ will follow all rules pertaining to the Preschool Program.

Parent/Guardian Signature _____ DATE _____

ACKNOWLEDGMENT OF RISK AND DANGERS, ASSUMPTION OF RISK & RESPONSIBILITY, RELEASE & WAIVER, AND INDEMNITY AGREEMENT
(referred to as the "Agreement")
(for use with Minors)

The individual designated below as "Participant" has voluntarily requested to participate in certain activities with Zero Gravity Unlimited, Inc. ("Zero Gravity"). Those activities could include instruction, training, and competition in the sport of gymnastics, social and recreational activities, lodging, meals, transportation and other services (referred to in this document as the "Activities").

Participant will not be allowed to participate in any Activities at Zero Gravity without executing this Agreement. Participant represents that he/she is qualified, in good health, and in proper physical condition to participate in Activities. Therefore, in consideration of allowing Participant to participate in Activities at Zero Gravity, the Participant agrees and acknowledges as follows:

1. **Risks and Dangers of Activities.** Participant (and Participant's parent or legal guardian signing below) understands and acknowledges the risks and dangers of injury or death that may occur in the course of participating in the Activities. The Activities are inherently dangerous. Those risks and dangers include, for example, activities involving height and rotation, skills and techniques, and facilities, equipment, apparatus, mats, and pits unique to the sport of gymnastics and its various disciplines. The Participant's participation in Activities involves risks and dangers of bodily injury. Those injuries include, for example, injuries to virtually all bones, joints, limbs, muscles and internal organs, neck and spinal injuries, brain damage, and disability or paralysis (including temporary, permanent, total or partial disability or paralysis.) The potential injuries that can occur from participation in Activities can range from very minor, to major and catastrophic. Not only are there risks of physical injury, but there are also psychological, social, and economic risks and dangers from participating in the Activities, including property damage. There are also unknown risks and dangers from participating in the Activities. The Participant's participation in Activities also involves the risk of death. Participant also acknowledges that there are risks and dangers from simply being present during Activities, and that risks, and dangers outlined herein could be caused by other participants, or others on site. Participant further agrees that if he/she believes conditions are unsafe, that he/she will immediately discontinue participation in the activity and inform Zero Gravity.
2. **Assumption of Risk and Responsibility.** In spite of the risks and dangers of participating in the Activities, whether known or unknown, Participant voluntarily chooses to participate. Participant agrees to and does assume all legal and financial responsibility for (i) any and all risks and dangers referred to in the paragraph immediately above; and (ii) any and all injuries, damages, and losses, whether to person or property, and whether physical, psychological, social, or economic, that Participant may sustain in connection with participating in the Activities, **even if such injury, damage, or loss occurs from the negligence of Zero Gravity, or its members, managers, employees, agents, volunteers, teachers, coaches, sponsors, administrators, directors, or other participants, or owners and lessors of the premises on which Activities take place**
3. **Release and Waiver.** Participant hereby releases, discharges, holds harmless, and covenants not to sue Zero Gravity Unlimited, Inc., its respective members, managers, employees, agents, volunteers, teachers, coaches, sponsors, administrators, directors, and other participants, and owners and lessors of the premises on which Activities take place (each considered a "Released Party") from all liability, claims, demands, losses, and damages, including reasonable costs and attorneys' fees (all collectively referred to as "Claims"), which are caused by or result from Participant's attendance at and participation in Activities, **even if such claims result from the negligence of one or more Released Parties, including negligent rescue operations, to the fullest extent allowed by law.**
4. **Indemnity.** Participant hereby agrees to indemnify each of the Released Parties from and against all liability, claims, demands, losses, damages, reasonable costs and attorneys' fees, and judgments that a Released Party might incur as a result of the Claims.

I have read the Agreement and understand that I have given up substantial rights by signing it. I represent and warrant that I have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this Agreement is held to be invalid, then the balance of the Agreement shall continue in full force and effect.

Printed Name of Participant

Date

Signature of Participant, if minor parent signs

FOR PARTICIPANTS OF MINORITY AGE

The undersigned certify that I/we are parent(s)/legal guardian(s) with legal responsibility for the Participant. I/we do hereby consent and agree not only to his/her assumption of risk, waiver, release, and indemnification, but also for myself/ourselves, and my/our heirs, personal representatives, administrators, successors, and assigns, to waive, release, and indemnify the Released Parties from any and all Claims incident to my/our child's participation in the Activities as stated above, even if arising from the negligence of a Released Party, to the fullest extent allowed by law.

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

ACKNOWLEDGMENT OF RISK AND DANGERS, ASSUMPTION OF RISK & RESPONSIBILITY, RELEASE & WAIVER, AND INDEMNITY AGREEMENT
(referred to as the "Agreement")
(for use with Adults)

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Printed Name of Participant

Date

Signature of Participant