



Enrollment Package 2025 - 2026

Welcome to the MySport After School Program. We look forward to having your child with us.

Please return the following forms for enrollment:

- MySport Registration Form
- Vehicle Emergency Information
- Transportation Agreement
- GCPS Verification of Day Care Enrollment (Burnette Elementary students only)
- Immunization Records
- Authorization to Dispense Medication (If medication will be left at SSA)

All other documents are yours to keep for your records. If you have any questions regarding any of these forms, please contact **Reggie Riley** (contact information is listed below). If you have attended our program previously, we will need updated and completed documents for the 2024 - 2025 school term. We are required to have these updated each new school year.

Reggie Riley

Director of MySport

Phone: (770)-614-6686 (Ext. 130)

Direct: (770)-614-0287

Fax: (770)-614-6993

Email: rriley@ssasports.com

3640 Burnette Rd

Suwanee, GA 30024



2025 – 2026 School Year

Child Information:

1st Child _____ Grade: _____ Date of Birth _____ Male Female

2nd Child _____ Grade: _____ Date of Birth _____ Male Female

3rd Child _____ Grade: _____ Date of Birth _____ Male Female

School Child(ren) attends: _____

Enrollment Information:

Beginning Date for MySport After School _____

Full Week - \$100 per week or Partial Week: M Tu W Th F

\$25 per day \$ _____ per week

How did you hear about us?

Parent Information – Mother:

—
Name _____ Cell _____ Home _____
Street Address _____ City _____ State/zip _____
Employer _____ Work Phone _____
Work Address _____ City _____ State/zip _____
Email address _____

Parent Information – Father:

—
Name _____ Cell _____ Home _____
Street Address _____ City _____ State/zip _____
Employer _____ Work Phone _____
Work Address _____ City _____ State/zip _____

Family Information:

Marital Status of Parents

Child lives with

Stepfather Name

Stepmother Name

Are there any social or family circumstances that MySport should be aware of? _____ If yes, please describe:

Drop off / Pick-up / and Release Information:

Parents or persons authorized by the parents to pick up or drop off their child at MySport After School must escort the child into or out of the center. Other persons to whom MySport After School is authorized to release this child to shall be listed below. Under no circumstances will MySport After School release the child to anyone not identified below or not otherwise known to the staff, without specific authorization from the parent or guardian. The parent or guardian agrees in each instance that he/she will be certain the staff is aware of the child's arrival and departure. ***Additions or changes to this list of persons appearing below should be emailed directly to Reggie Riley at rriley@ssasports.com**

Name

Relationship

Cell

Name

Relationship

Cell

Name

Relationship

Cell

Authorization Signatures:

Our signature below indicates that we have reviewed this agreement and the attached policies and procedures in its entirety and agree to all of the statements and provisions made herein. Items outlined in this agreement may not be changed, waived, discharged or terminated orally, but only by a written agreement that is signed by both the parents and MySport After School. In addition, all information we have provided in this agreement is true and accurate to the best of our knowledge. Any changes in significant information such as addresses, telephone numbers, allergy information, payment information, etc. will be updated in a timely manner.

Mother Signature

Date

Father Signature

Date

The signature above authorizes MySport After School to make tuition charges on the credit card listed below.

\$_____ will be charged weekly.

Payment Method:

Weekly recurring charges must be made by credit card on file.

Visa

MasterCard

Discover

Card Number

Exp Date

3 digit CSC Code

Billing Address

City

State

Zip Code

Vehicle Emergency Contact and Medical Information

Male Female

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

Cell Phone

Work Phone

Cell Phone

Work Phone

Address

Address

City

State

Zip Code

City

State

Zip Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Cell Phone

Work Phone

Cell Phone

Work Phone

Address

Address

City

State

Zip Code

City

State

Zip Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Allergies

Other Health Conditions

Will medications be provided to SSA for emergencies? _____ If yes, a Medication Authorization Form will also be required.

Are there any behavioral or developmental conditions of which we should be aware?

If yes, please describe the condition & suggestions to manage that behavior:



MySport After School Transportation Agreement

This is to certify that I give Suwanee Sports Academy MySport After School permission to transport my child/children _____ from _____ School to Suwanee Sports Academy.

<p>My child/children will be transported from _____ School to Suwanee Sports Academy on the following days: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday</p>

Suwanee Sports Academy is authorized to receive my child. In the event that my child is not to be transported as outlined above, I agree to notify Suwanee Sports Academy in a timely manner.

Signature _____ Date _____
(Parent/Guardian)

Policies and Procedures

(Keep for your Records)

Enrollment Policy and Agreement:

Initial and continued enrollment will be at the discretion of MySport After School based upon the best interests of the child, the expectations that he/she will benefit from the program and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, or national origin. A copy of this enrollment agreement will remain within the files of MySport After School so long as the child remains actively enrolled at the school and shall be available for inspection by the parent or guardian at any time. Information in the child's file must be kept current at all times. The parent or guardian is required by law to update the information furnished herein as necessary, with changes initiated and dated by the parent and the Director (or designee). Continued enrollment is predicated on your agreement to notify the facility of any change in phone numbers, address, emergency phone numbers, family physician, allergies information, etc.

Hours and Days of Operation:

MySport After School serves children in Grades K-5 with the hours of operation being from 3:00pm to 6:30pm Monday through Friday. Holiday and Camp hours will be 8:30am to 5:30pm Monday - Friday. **A late fee of \$1.00 a minute will be assessed after the scheduled finish time.** MySport After School runs through the school year August-May. We will be closed on the following holidays: New Year's Day, MLK Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day. In addition, we will be closed as determined necessary due to inclement weather. **As a general rule, we follow the closing schedule of Gwinnett County Schools. It is important to understand that weekly tuition rates will not be affected by these occurrences. Standard weekly tuition must still be paid.**

Payment/Refund Policy:

All charges for MySport After-School must be processed by a credit/debit card. Payments will be processed on the Friday before the week of attendance. A sibling discount is available for families that have multiple children enrolled in MySport After School full time (5 days per week). The parent or guardian shall remain responsible for all balances due and any expenses incurred by MySport After-School in the pursuit of such payment. By enrolling in the MySport After School program at Suwanee Sports Academy, you are obligated to pay tuition on a weekly basis. **There will be NO REFUNDS OR CREDITS for days unattended or schedule changes. Any changes to your schedule that will permanently affect your weekly tuition amounts must be given to the Director one week prior to the change.** Additional charges apply for early release days and student holidays. **There will be an additional fee of \$15 for any declined or late payments. A \$25 NSF fee will be applied for any returned checks or returned ACH payments.**

Withdrawal:

The obligation for full payment of tuition and other fees will continue until the date indicated by the parent or guardian as the date of withdrawal. **All withdrawal notices must be put in writing** and emailed to the Director -rriley@ssasports.com. The parent or guardian agrees to provide at least 2 weeks advance written notice of such date of withdrawal. If parent or guardian fails to provide notice, the parent or guardian remains responsible for the full tuition for the (2) weeks after the child's last day of attendance plus any late charges or penalties, which should accrue until full payment is received. The withdrawal policy applies to permanent and temporary withdrawals.

Transportation:

MySport After School provides transportation from local schools in our area. We will use a van/bus that is owned by Suwanee Sports Academy to provide any transportation to and from the local schools. A Gwinnett County public school bus provides transportation to and from Burnette Elementary. It is the parents/guardian's responsibility to inform the school of the transportation their child will utilize and complete any necessary paperwork required by the school. If there is an occasion when your child does not need Suwanee Sports Academy transportation due to illness, schedule changes etc., you must notify the Director of the program riley@ssasports.com - NO later than NOON on the day of absence.

Immunization Information:

In order to comply with state law, it will be necessary for the parent or guardian to supply MySport After School with an immunization report when attendance begins. The child's continued enrollment will be predicated upon our being provided with updated immunization reports as they become due.

Child Medical Authorization:

We understand that consistent with the circumstances of the situation and available time, if a child is injured or becomes ill, MySport After School will attempt to contact and follow the instructions of the parent or guardian, physician or other person(s) designated as outlined on the registration form. In the event, they are unable to contact the parent, guardian, physician or emergency contact person(s), we hereby grant permission to MySport After School to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses, which may be incurred by MySport After-School in making emergency medical treatment available to the above-mentioned child.

Child Illness & Medicine Procedures:

If your child appears ill, has a fever, is vomiting or showing evidence of a communicable disease, please do not bring them to MySport After-School. If any case of a communicable disease is reported to MySport After School, you will be notified. If your child has symptoms and is present at MySport After School, they will be extracted from the general population of children and you will be asked to pick him/her up immediately. Children must be without a fever for 24 hours without the use of Tylenol, etc. before returning. The Director reserves the right to ask for physician's approval before re-admission will be authorized.

The staff will administer medicine to the child upon written authorization only by the parent or guardian. Written authorization can be submitted by filling out the Allergy Action Plan. In each case, the parent or guardian should complete, sign and date the form and deliver it with the labeled medication to the Director. Under no circumstances should any medication ever be left in a child's bag or taken into the classroom. Any adverse reactions to the medication will be immediately reported to the child's parents and physician. **State law requires that all medications must be:** 1. In the original container. 2. Clearly labeled with the name of the child and the name of the medicine. 3. If a prescription, labeled with a prescription number. 4. Clearly labeled with the date and the dosage to be administered. 5. If it is an over the counter medication (Tylenol, Advil, etc.) you must bring a written prescription from the doctor before it can be administered.

Discipline Procedures:

Our policy is learning through discipline instead of punishment. Children need rules and boundaries to prepare them to be good citizens. They also need independence, but independence within limits. Children deserve to be taught rather than punished as a consequence for their actions. That is why we use positive reinforcement and redirection as our main means of discipline. Sometimes, positive guidance may not be effective by itself. At these times, it may be necessary to remove the child from the group by using "Time Out". The child is always talked to about proper behavior and the importance of respecting others. We at MySport After School stress the importance of always using statements that will enhance the self-esteem of others. Our goal of effective discipline is to create appropriate behavior by encouraging the children to make the right choices.

Program Acknowledgement and General Authorization:

We have reviewed with the Director of MySport After School (or the designee) the daily policies and procedure of MySport After School. By signing the MySport Enrollment form, we hereby agree to the policies outlined and grant permission to MySport After School for my child(ren) to participate in the following. 1. Take part in all programmed activities, including the use of indoor and outdoor equipment. 2. Be photographed or videotaped in connection with the daily program activities and SSA marketing. 3. If applicable, be transported to and from the elementary school the child attends.