

2020 XL School Program ENROLLMENT FORMS



Lynne@xlsportsworld.com

Mt. Laurel: Xlmtlaurel.com (856) 273-2828
Cherry Hill: XLcherryhill.com (856) 428-8588

At XL we pride ourselves on being....

SAFE
ACCOMODATING
AFFORDABLE
ENGAGING

2020 XL School Program Registration Checklist

Parents, please use this checklist to ensure that all paperwork is completed.

Please keep a copy of all paperwork for your records.

_____ \$50 Registration Fee per child completed on Dash.

_____ Enrollment Contract

_____ Health & Wellness Record Forms (2 pages)

_____ A recent small photo of your child (You can attach or e-mail to Lynne@xlsportsworld.com)
Please include name of child on picture or in the email.

_____ Immunization Records (Required for all students except for 2020 Summer Campers)

_____ Authorization for Child Release

_____ Behavior Management Policy

_____ School Information Form

_____ Proof of employment for 10% discount if applicable. (1 per family) Employee must be the student's Parent/Guardian. Proof may be photo of work I.D. or email from your work e-mail sent to:
Lynne@xlsportsworld.com

(You are eligible for 10% discount if you are employed by a hospital or by the State of NJ)

XL School Program Enrollment Contract
(One form per student required)

XL School Program: _____ **XL Mt. Laurel** _____ **XL Cherry Hill**

Childs Name: _____ Grade as of September 2020: _____

Email: _____ Phone: _____

_____ 10% Discount (Must provide proof of employment of a hospital or the State of NJ.)

To reserve your days, log into our website to your DASH account and select the days that you would like to enroll for the month. This must be done by the 20th of the month for the next month. To hold these dates you MUST store your credit card information on your account in DASH or pay for all tuition in full at the time of enrollment for each month. We are unable to hold your dates without CC or payment in full. You have the option of paying weekly by cash, check or we will automatically run your credit card each Wednesday for the following week.

Program Enrollment Policies: (Please make all checks payable to: XL)

- Daily rate Full Day \$55/day Half Day \$35/day
- Payment is due on Wednesday by 9:00AM for the following week. All payments received after 9:00AM on Wednesday will be applied to your next scheduled week.
- You are responsible to pay for all days selected on your Enrollment Contract. There are no refunds, cancellations, substitutions, make up days or credits on enrollments. If your child is absent for any reason, including illness, you will not receive a refund or credit for that day.
- Payment in the amount of \$30 will be charged to your account for all checks that are returned for any reason.
- A \$25 late fee will be charged to your account if payment is not received by 9:00 AM on Wednesday for the following week's tuition. This applies to credit card payments that are denied. If your credit card payment does not go through, you will be charged a late fee.
- The deadline to reserve your Program days each month is the 29th of the prior month.
- Students that are removed from the program for any reason will not be refunded for tuition for the week in which the incident occurred.
- Any photos/video footage taken while your child is at XL may be used for promotional purposes in print media and/or internet promotion. No financial compensation is available should such a picture/video be used.

PARENT/GUARDIAN AGREEMENT:

I, the parent/guardian of _____ have read the above Program Enrollment Contract which shall become my obligation to XL. I fully understand this obligation and the reasons for its implementation. By signing below, I am indicating that I have read and agree to abide by all policies listed in the Parent Handbook and Enrollment Forms.

Parent/Guardian Signature: _____ Date: _____

XL School Program

Date Original: _____ Date Revised: _____

Enrollment Contract _____ Mt. Laurel _____ Cherry Hill

Child's Name: _____ Grade: _____

10% Discount: _____ (must provide proof)

Credit Card: _____ Exp: _____ CVV: _____

Please check the dates you wish to schedule. You can select the days for all the months, or you can set your schedule monthly. You will receive a reminder, and this form each month and it must be returned by the 20th of the month for the following month.

Dates	Monday	Tuesday	Wednesday	Thursday	Friday
9/14 – 9/18	<input type="checkbox"/> 9/14 __AM __PM	<input type="checkbox"/> 9/15 __AM __PM	<input type="checkbox"/> 9/16 __AM __PM	<input type="checkbox"/> 9/17 __AM __PM	<input type="checkbox"/> 9/18 __AM __PM
9/21 – 9/25	<input type="checkbox"/> 9/21 __AM __PM	<input type="checkbox"/> 9/22 __AM __PM	<input type="checkbox"/> 9/23 __AM __PM	<input type="checkbox"/> 9/24 __AM __PM	<input type="checkbox"/> 9/25 __AM __PM
9/28 – 10/2	<input type="checkbox"/> 9/28 __AM __PM	<input type="checkbox"/> 9/29 __AM __PM	<input type="checkbox"/> 9/30 __AM __PM	<input type="checkbox"/> 10/1 __AM __PM	<input type="checkbox"/> 10/2 __AM __PM
10/5 – 10/9	<input type="checkbox"/> 10/5 __AM __PM	<input type="checkbox"/> 10/6 __AM __PM	<input type="checkbox"/> 10/7 __AM __PM	<input type="checkbox"/> 10/8 __AM __PM	<input type="checkbox"/> 10/9 __AM __PM
10/12 – 10/16	<input type="checkbox"/> 10/12 __AM __PM	<input type="checkbox"/> 10/13 __AM __PM	<input type="checkbox"/> 10/14 __AM __PM	<input type="checkbox"/> 10/15 __AM __PM	<input type="checkbox"/> 10/16 __AM __PM
10/19 - 10/23:	<input type="checkbox"/> 10/19 __AM __PM	<input type="checkbox"/> 10/20 __AM __PM	<input type="checkbox"/> 10/21 __AM __PM	<input type="checkbox"/> 10/22 __AM __PM	<input type="checkbox"/> 10/23 __AM __PM
10/26-10/30	<input type="checkbox"/> 10/26 __AM __PM	<input type="checkbox"/> 10/27 __AM __PM	<input type="checkbox"/> 10/28 __AM __PM	<input type="checkbox"/> 10/29 __AM __PM	<input type="checkbox"/> 10/30 __AM __PM
11/2 – 11/6	<input type="checkbox"/> 11/2 __AM __PM	<input type="checkbox"/> 11/3 __AM __PM	<input type="checkbox"/> 11/4 __AM __PM	<input type="checkbox"/> 11/5 __AM __PM	<input type="checkbox"/> 11/6 __AM __PM
11/9 – 11/13	<input type="checkbox"/> 11/9 __AM __PM	<input type="checkbox"/> 11/10 __AM __PM	<input type="checkbox"/> 11/11 __AM __PM	<input type="checkbox"/> 11/12 __AM __PM	<input type="checkbox"/> 11/13 __AM __PM
11/16 – 11/20	<input type="checkbox"/> 11/16 __AM __PM	<input type="checkbox"/> 11/17 __AM __PM	<input type="checkbox"/> 11/18 __AM __PM	<input type="checkbox"/> 11/18 __AM __PM	<input type="checkbox"/> 11/20 __AM __PM
11/23 – 11/27	<input type="checkbox"/> 11/23 __AM __PM	<input type="checkbox"/> 11/24 __AM __PM	CLOSED	CLOSED	CLOSED
11/30 - 12/4	<input type="checkbox"/> 11/30 __AM __PM	<input type="checkbox"/> 12/2 __AM __PM	<input type="checkbox"/> 11/22 __AM __PM	<input type="checkbox"/> 12/3 __AM __PM	<input type="checkbox"/> 12/4 __AM __PM
12/7 – 12/11	<input type="checkbox"/> 12/7 __AM __PM	<input type="checkbox"/> 12/8 __AM __PM	<input type="checkbox"/> 12/9 __AM __PM	<input type="checkbox"/> 12/10 __AM __PM	<input type="checkbox"/> 12/11 __AM __PM
12/14 – 12/18	<input type="checkbox"/> 12.14 __AM __PM	<input type="checkbox"/> 12.15 __AM __PM	<input type="checkbox"/> 12/16 __AM __PM	<input type="checkbox"/> 12/17 __AM __PM	<input type="checkbox"/> 12/18 __AM __PM
12/21 – 12/25	<input type="checkbox"/> 12/21 __AM __PM	<input type="checkbox"/> 12/22 __AM __PM	<input type="checkbox"/> 12/23 __AM __PM	CLOSED	CLOSED
12/28 – 12/30	<input type="checkbox"/> 12/28 __AM __PM	<input type="checkbox"/> 12/29 __AM __PM	<input type="checkbox"/> 12/30 __AM __PM	CLOSED	CLOSED

HEALTH AND WELLNESS – Page 1 of 2 (One form per student required)

Child's Name: _____ Boy/Girl _____
D/O/B: _____ Grade: _____
Home Address: _____ City/Zip: _____
_____ Attended 2020 Summer Camp
Child Lives With: _____ Both Parents _____ Mother _____ Father _____ Other
If other, please explain: _____
How did you hear about our program? _____

Please include a photo of your child for our records. You may also email a photo.

(PLEASE INCLUDE STUDENT'S NAME ON THE BACK OF PHOTO)

Parent/Guardian (1) Name: _____ Home #: _____
Home Address: _____ City/Zip: _____
Work #: _____ Ext.: _____ Cell#: _____
Email: _____ (This email will receive all program information and notices)

Parent/Guardian (2) Name: _____ Home #: _____
Home Address: _____ City/Zip: _____
Work #: _____ Ext.: _____ Cell#: _____
Email: _____ (This email will receive all program information and notices)

Please answer all the questions (1-5) below (Use additional paper if necessary)

1. What does your child like to do in his/her free time? _____
2. Describe how your child interacts with his/her peers: _____
3. Have there been any major changes in your family situation in the past year (family move, separation, divorce, death, new school, birth, etc.) If so, what effect did this have on your child? _____

4. Is your child or family receiving any special help with emotional concerns or behavior at school or home? (Psychiatrist, counselor, social worker, etc.)
If so, please explain. (Use additional sheet if necessary) _____
5. Is there anything else you would like us to know about your child that will aide us in helping him/her have a safe and enjoyable experience? Any specific concerns about your child? (Use additional sheet if necessary) _____

Please Answer All Boxes (1-10) Below (Use additional paper if necessary)

1 In the event of an emergency, please have an ambulance take my child to: _____

2 Has your child been identified as needing support or supplemental services during the school year in any of the following areas?
Please check all that apply: Academic Behavioral (i.e. ADD/ADHD)
 Speech/ Language Personal/Social
Please describe the nature of these services: _____

3 Does your child have an EpiPen? YES NO

4 Does your child use an inhaler? YES NO

5 **ALLERGIES:** Is your child allergic to any medications, animals or insect stings? If so, please explain: _____

FOOD ALLERGIES: All students that have food allergies will be seated at a table designated for food allergies. Please list any/all foods that your child is allergic to. Any items listed here will not be given to your child in any form.

Please list any foods that you do not wish your child to have: _____

6 Does your child take any daily medications? YES NO If yes, please list the medication and dosage: _____

7 Does your child have any medical/physical restrictions? YES NO If yes, please explain: _____

8 Does your child suffer from any of the following?
 Asthma Hearing Loss Diabetes Convulsions Other
If other, please explain: _____

9 Do you give us permission to administer Tylenol to your child? * YES No
If yes, please list your child's weight and correct dosage for Children's Tylenol: Weight: _____ Chewable Tablets: _____ Liquid: _____
***Please note we will not administer Tylenol without contacting you first unless in the case of an extreme emergency.**

10 We are required by the NJ Department of Health and Senior Services to have a current copy of each student's Immunization Records on file. If your child attended our camp in 2020 and has not had ANY new immunizations since June 2020 you may check below, and we will use last summer's records if they were new (we can only reuse immunization records once).
_____ NO CHANGES SINCE SUMMER 2020 (APPLICABLE TO 2020 XL CAMPERS ONLY)

I certify that the health history information provided on this form is correct. If I cannot be reached in an emergency, I give permission to the physician selected by ambulance: to hospital and secure proper treatment for my child as named above. I will notify the Administrator if there are any changes to my child's medical information in writing.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR CHILD RELEASE

Child's Name: _____ Grade: : _____

Child's Name: _____ Grade: : _____

Child's Name: _____ Grade: : _____

Child's Name: _____ Grade: : _____

In addition to the parents listed on the Health and Wellness form, XL requires that parents/guardians provide a list of authorized persons who may pick up their child. The names of all authorized persons must be on file with the office prior to your child's attendance. Only authorized persons will be permitted to pick up children from the program. To make changes to this form you may do so by emailing the Administrator. Please make sure that any person (including parents) picking up your child always has proof of identification. Any changes/additions to this list MUST be done in writing.

PLEASE NOTE: Under no circumstances will we release Students to anyone who is not listed below.

I authorize the following individuals to pick up my child from XL School Program:

Name: _____ Relationship: _____

Home/Work #1: _____ Cell #2: _____

Name: _____ Relationship: _____

Home/Work #1: _____ Cell #2: _____

Name: _____ Relationship: _____

Home/Work #1: _____ Cell #2: _____

Name: _____ Relationship: _____

Home/Work #1: _____ Cell #2: _____

Name: _____ Relationship: _____

Home/Work #1: _____ Cell #2: _____

Name: _____ Relationship: _____

Home/Work #1: _____ Cell #2: _____

PARENT/GUARDIAN AGREES TO:

I understand and agree that XL School Program staff may release my child at the end of the day only to the above-named individuals. I also understand that no one will be permitted to pick up my child without identification.

Parent/Guardian Signature: _____ Date: _____

BEHAVIOR MANAGEMENT POLICY
(One form per family)

Child's Name: _____ Grade: : _____

Child's Name: _____ Grade: : _____

Child's Name: _____ Grade: : _____

Child's Name: _____ Grade: : _____

The XL School Program wants all our students to have a rewarding and memorable experience. For this to take place, there are a few rules students are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a fun, positive, and most importantly, safe school year.

Program Rules:

1. Be kind and respectful to yourself, others, and XL property.
2. Listen and follow directions.
3. Keep hands, feet, all other body parts, and objects to yourself.
4. Be responsible for your personal belongings always (not K students)
5. Leave expensive toys/cell phone at home. We are not responsible for the loss or theft of these items.
6. If you have a problem always tell a counselor or a director immediately.

Students Consequences:

1. Redirection of student.
2. Verbal warning or time-out
3. Visit to Director and phone call home (Child will speak to parents at that time)
4. If a second phone call is necessary, the child may be suspended from the program.
5. Parent will be notified in writing of the date the child will be permitted to return.
6. In the event of severe, consistent, or excessive failure to follow the rules, the student will be suspended or removed from the program. **Student must be picked up within 1 hour of parent notification.**
7. There are no refunds, credits, or substitutions for any days a child has been suspended from the program.
8. If the student severely endangers the physical, mental, or emotional health of another individual, the student will be expelled from the program.
9. XL School Program reserves the right to terminate a child's enrollment at our discretion.

PARENT/GUARDIAN AGREEMENT:

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy and understand that in the event my child is suspended or expelled from the Program for failure to follow the rules, I will not receive a refund for any monies for that time. My contract will be terminated at the end of the week that the student was removed.

Parent/Guardian Signature: _____ Date: _____

