

TNT Gymnastics – Summer Day Camp
1824 Clydesdale Street - Maryville, TN 37801
(865) 984-6200

CAMP HOURS

Half Days 8:00 - 12:00

Full Days 8:00 - 4:00

EXTENDED CARE

4:00 - 5:30

\$20 a Week or \$5 a Day

One gymnastics or tumbling class a week included in \$20 ONLY (not \$5 day)

WEEKLY TUITION

Discounts:

\$5 off 2nd Child - 2 Days or more Full day ONLY

Half Days: 8:00am - 12:00pm

\$15 a Day

Full Days: 8:00am - 4:00pm

1 DAY \$25.00

2 DAYS \$48.00

3 DAYS \$65.00

4 DAYS \$78.00

5 DAYS \$92.00

REGISTRATION FEE

ONE TIME FEE - Registration Fee must be paid before May 24th to guarantee your spot for the summer. Due to limited space available each week – **NO REGISTRATIONS WILL BE TAKEN AFTER MAY 24**. This is a one-time fee and covers special guest, arts & crafts, snacks, special events and all other activities. This fee will also hold any week for the summer. Please fill out the registration packet and return it before May 24th with payment. Your child's registration fee is based on how many weeks you will be attending through out the summer. **No Refunds.**

Attending 5-7 weeks

\$90 1st Child / \$85 2nd Child & 3rd Child

Attending 3-4 weeks

\$75 1st Child / \$70 2nd Child & 3rd Child

Attending 2 weeks

\$45 1st Child / \$40 2nd Child & 3rd Child

***Special* – 1 week only**

\$25 per child – No discounts for additional children

Payment Policy:

All weekly tuition is to be paid in full on Mondays or is due on the first day your child attends for the week. **Your payment WILL NOT be refunded or credited for any reason.**

Pick up times are 12:05pm and 4:05pm. There will be a \$1.00 per minute, per child for late pick up at 12:05 and 4:05. To be paid at the time of pick up, on that day.

Extended care- Please add \$20 to your tuition payment or \$5 a day. There will also be a late pick up fee if you pick your child is picked up after 5:35.

\$1.00 per minute, per child for late pick up.

Late Payments:

A \$10.00 late fee will be added if a payment is not received at pick up on the first day your child attends for the week.

If your check is returned there will be a \$20.00 returned fee and a \$10.00 late fee.

What your Camper will need:

Your camper will have a space for their items (milk crate) assigned to them while at camp. All items must fit inside 1 milk crate. You may leave their items in their milk crate throughout the week. Please take all items home at the end of the week. Please label all items with name.

- **A nutritional sack lunch with a drink. DO NOT SEND ANY ITEMS THAT WILL NEED TO BE WARMED UP.** We do not have a microwave for camp use. **NO SODA!**
- **2 Small blankets or towels** (we will have a 1 hour quiet time after lunch every day, this is not a nap time) please do not send large blankets or pillows – camper will need one blanket to rest on everyday & one to cover up if needed
- Water bottle - optional
- Change of clothes – all ages
- Small bag to keep things in (everything must fit inside 1 milk crate)
- Sun block & bug spray - optional
- Bathing suit & towel – Check camp calendar. We will let you know when you need to bring swimming items.
- Ages 5 & up please bring something to do at rest time (books, music, DS, iPod, tablets or IPAD, etc.) **NO CELL PHONES**

Days Closed:

Memorial Day - May 28th

Week of July 4th – July 2 – 6

Last day of Summer Camp – July 20

Make – Up Days:

There will **NOT** be any make up days due to the teacher to child ratios to be kept every day. If your child misses a day for any reason you can not add days to another week, come extra days switch days or send another child in their place.

Illness:

If your child has a fever of 100 degrees, we will be sending them home. **DO NOT** send them to TNT with a fever. **DO NOT** give them medication to keep a fever down and send them to TNT.

If your child is vomiting or has diarrhea **DO NOT** send them to TNT for 12 hours after the last episode. If your child vomits or has diarrhea one time, they will be sent home.

If we call to pick up your child due to an illness, they must be picked up within the hour.

Hours & Number of Days Attending:

Pick up times are at 12:00(half day) and 4:00(full day), please indicate when you will be picking up.

- 12:00
- 4:00

- Extended Care 4:00-5:30

You may choose to come 1, 2, 3, 4 or 5 days a week. Please indicate how many days a week you will be attending.

- All week
- ____ Alternate days each week

- 4 days
- 3 days
- 2 days
- 1 day

Health Information

PLEASE LIST ANY MEDICAL INFORMATION OR ALLERGIES:

Note: if your child has any FOOD ALLERGY all food must be supplied by parents, including morning and afternoon snack.

MEDICAL INFO:

ALLERGIES:

PLEASE LIST ANY OTHER INFORMATION WE NEED:

Payment Contract & Information for Weekly Payment:

Parents/Guardian Name: _____

Name & Number where you can be reached during the day

1. _____ 2. _____

Emergency Contact & Number (not parents or guardian):

Childs Name: _____ Age: ____ DOB: ____ upcoming grade: ____

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WEEKLY TUITION

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\$15 a Day

Full Days: 8:00am - 4:00pm

1 DAY \$25.00

2 DAYS \$48.00

3 DAYS \$65.00

4 DAYS \$78.00

5 DAYS \$92.00

Extended Care

4:00 - 5:30 - \$20 a Week or \$5 a Day

Weekly Tuition Payment: please fill out the following information

___ Half Day 8:00 – 12:00 ___ Full Day 8:00 – 4:00

Extended Care: Yes No

Add \$20 for the week or \$5 a day - per family not child

TOTAL WEEKLY TUITION: \$ _____

Discount for 2nd and 3rd child – 2 days or more full day only

The parents or Guardians of _____
agree to pay TNT Gymnastics \$ _____ per week. This tuition is too paid in full
on Mondays or the first day of camp each week. I understand there are no refunds. A late
fee will be added if not paid on time. You are paying for the current week. If I am late
picking up I will be charged \$1.00 per minute, per child.

I give my child _____ permission to walk to the church next to
TNT (Sycamore Tree United Methodist Church) to go on the playground, on walks &
picnics.

Parents Signature: _____ Date: _____

REGISTRATION FEE

One-time fee to be paid before May 24th

Attending 5-7 weeks

\$90 1st Child / \$85 2nd Child & 3rd Child

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INFORMATION:

Parents Name: _____ Date Paying: _____

1st Childs Name: _____ Age: ____ DOB: _____

2nd Childs Name: _____ Age: ____ DOB: _____

3rd Childs Name: _____ Age: ____ DOB: _____

PAYMENT CONTRACT:

Please choose how may weeks you will be attending this summer.

___ 5 to 7 weeks

___ 3 to 4 weeks

___ 2 weeks

___ 1 week

Total Amount for Registration Fee: \$ _____

Payment Method: check number _____ or cash _____ (receipt number)

The Parents or Guardians of _____ agree to pay TNT Gymnastics for the amount above. This is for the Registration Fee for Summer Day Camp. NO REFUNDS.

Parents or Guardians Signature: _____

TNT GYMNASTICS

Tennessee Tumbling & Gymnastics Inc.

Summer Camp Release Form

Parents Name: _____ Date: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mom Cell: _____

Work Phone: _____ Dad Cell: _____

Please list all children that will be attending camp.

1st Child: _____ Age: _____ D.O.B _____

2nd Child: _____ Age: _____ D.O.B _____

3rd Child: _____ Age: _____ D.O.B _____

*** Release & Waiver Permission Form ***

I am giving my child or children permission to participate at any TNT Gymnastics program(s) or events(s). **I acknowledge** this activity involves **height and motion** with the **risk of physical injuries** including bruises, blisters, scrapes, to more catastrophic injuries or even death can result. **I understand this is a physical & mental sport, and that my child can get hurt.**

I hereby release TNT Gymnastics & Tumbling Inc., the staff, owners, employees and agents from any and all claims for damages to person(s) or property which may arise.

I hereby state that I agree to comply with the rules & policies, and this release form, and will not hold TNT Gymnastics or affiliates responsible for mental and/or physical injuries to person(s) or property now or in the future. **If I do not agree with the contents of this form, I will not sign or allow** my child or children to participate in any TNT Gymnastics event or activity.

I have read, understand, and will comply with the General Rules & Policies, and Release & Waiver Permission Form.

Parent / Guardian Signature: _____

Date: _____

Weeks & Days Attending:

Please indicate what weeks and days you will be attending each week. If you are not sure please mark with a maybe or question mark.

○ May 29 – June 1: **Tumble in Jungle**

___ Everyday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

○ June 4 - 8: **Back Yard Bash**

___ Everyday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

○ June 11 – 15: **Super Hero's Training**

___ Everyday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

○ June 18 – 22: **VBS at Sycamore Tree United Methodist Church**

___ Everyday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

○ June 25 – 29: **Oopy Goopy Water Week**

___ Everyday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

July 2 – 6: TNT will be closed this week for July 4th

○ July 9 – 13: **Christmas in July**

___ Everyday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

○ July 16 – 20: **Thingamajig Invention Week**

___ Everyday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday