



# TEXAS ALLSTAR CHEER

(ALLSTAR CHEER & DANCE OF TEXAS, INC.)



## **AFTER SCHOOL TRAINING PROGRAM**

### **Financial Policies & Procedures**

### **AutoPay/Authorization Form**

**The After School Training Program:** TAC is delighted to offer its after-school training program (“ASTProgram”). The ASTProgram is a high-energy program that is designed to develop and enhance your child’s cheerleading and tumbling skills through, among other things, various instructions in cheer and tumbling skills, conditioning, strength building and other training activities. TAC will, if you elect, provide your child with transportation from his/her school to the TAC Facility. Please check with the TAC office to ensure that TAC has your child’s school listed as one of its after-school pick-up locations. PLEASE NOTE – THE AFTER SCHOOL TRAINING PROGRAM IS NOT LICENSED BY THE STATE OF TEXAS AS A DAYCARE FACILITY.

**TAC Facility:** The ASTProgram will be conducted at TAC’s facility. This facility is located at: 4674 Priem Lane, Ste. 200, Pflugerville, TX. 78660, (Relocation Estimated Fall of 2022 325 Ed Schmidt Blvd, Hutto TX 78634)

**Calendar and School Year:** The ASTProgram starts in August on the first day of school and concludes on the last day of the School Year in May/June (“School Year”). The ASTProgram calendar follows the calendars of the local school districts that its students in the ASTProgram attend. Students starting the ASTProgram in August will pay prorated fees for that month. The ASTProgram is closed on major holidays.

**Serviced Schools:** (Please Circle One, if you school is not listed please contact the gym about being added to the route)

**Pflugerville ISD:**

1. Riojas Elementary School
2. Rowe Lane Elementary School
3. Mott Elementary School

**Hutto ISD:**

4. Howard Norman Elementary School
5. Kerley Elementary School
6. Ray Elementary School
7. Cottonwood Creek Elementary (preliminary)
8. Veteran’s Hill Elementary (preliminary)
9. Nadine Johnson Elementary (preliminary)

**Round Rock ISD:**

10. Forest Creek Elementary School

Due to having multiple stops on each pick-up route, some schools will be reached up to 15 minutes after release. If possible, a TAC staff member will be dropped off at the last school on each pickup route to collect and wait with students until the TAC vehicle arrives.

**After School Training Program Choices:** The ASTProgram has the following two options you may choose for your Child: PLEASE SELECT BY PLACING AN X ON THE APPROPRIATE LINE:

1. \_\_\_\_\_ Transportation – TAC’s after-school transportation of your child from his/her school to the TAC Facility; or
2. \_\_\_\_\_ Non-transportation – Your transportation of your child after school to the TAC Facility.

**Admission into the After School Training Program:** You must do the following things in order to be admitted into the

ASTProgram – a) complete the following forms listed below and submit them to the TAC office prior to your child’s first day of participation in the ASTProgram; b) create an account in IClassPro/SportsEngine (if you do not already have an IClassPro/SportsEngine account with TAC -if you need assistance with this matter, please contact the TAC office); c) make your ASTProgram choice (Transportation and Non-Transport); and d) pay the Fees set forth below.

**Forms:**

1. TAC Registration Form;
2. The following TAC’s After School Training Program Forms:
  - a. Parental Permission/Release of All Claims/Consent to Medical Treatment and
  - b. Financial Policies & Procedures/AutoPay/Authorization Form.

**Fees:**

3. Payment of Registration Fee (described below).;
4. Tuition Deposit (described below);
5. Payment of first month’s Tuition (described below).

**Registration Fee/Tuition Deposit/Cancellation Notice:** In addition to the first month’s Tuition, the following ASTProgram fees will be due at registration:

1. **Registration Fee:** for one child \$45.00; for two or more children in a family \$65.00 total for the School Year. The Registration fee is a fixed, annual fee based on the School Calendar Year (regardless of when you enter the ASTProgram) and it is not refundable or pro-ratable. **The registration fee is due at the time you register your child.**

2. **Tuition Deposit:** TAC requires a Tuition Deposit equal to a full month’s tuition. This Tuition Deposit will reserve your child's spot in the After School Training Program during the School Year and will be applied to your last month’s tuition costs. **The Tuition Deposit is due at the time you register your child.**

3. **Written Cancellation Notice:** TAC requires written notice when leaving the After School Training Program. You must notify TAC in writing by the 15<sup>th</sup> of the month prior to your child’s last month in the AFTER SCHOOL TRAINING Program. Your Tuition Deposit will be applied to your last month’s Tuition costs.

**Monthly Tuition - amount dependent on how many days your child attends each week and if you elected Transport or Non-Transport of your child:**

**Transport:** 4 days/wk.....\$225.00 month; 5 days/wk..... \$250.00 month.  
**Non-Transport:** 4 days/wk.....\$185.00 month; 5 days/wk ..... \$200.00 month.

Each month’s Tuition is due on or before the third day of each month. If your monthly Tuition is not received by the 5<sup>th</sup> day of each month, a Twenty Five Dollar (\$25.00) late fee will be assessed to your account. If your account is not brought current by the 10<sup>th</sup> day of that month, your child will be dropped from the After School Training Program and your Tuition Deposit will be applied towards your outstanding balance. Any deficient amount will still be due and owed by you to TAC before the end of that month.

**Days and Hours of Operation:** The After School Training Program is available Monday through Friday, 2:45 p.m. to 5:30 p.m. during the School Year. Unless otherwise provided, the After School Training Program will not be operational when school is not in session due to school holidays or teacher in-service days. The school holidays include Thanksgiving break, Christmas break, Spring and Fall break, and Teacher In-Service days (exceptions may apply to Teacher In-Service Days).

**Gym Closure Dates:** The After School Training Program will not run on the following dates:  
**Dates will be released in August. On certain Fridays in the Winter/Spring due to competition, we will not offer pickup.** Participants will need to find alternate care for student(s) these days as TAC will not offer student pick up. Additional dates may be added throughout the school year. TAC will provide written notice 4 weeks prior to closure dates.

**Teacher In-Services Days:** The After School Training Program will offer a full day Skills Camp on Teacher In-Service Days if a minimum of eight (8) children sign up in advance for the Skills Camp. **PLEASE NOTE** – there is an additional cost for the full-day Skills Camp – please check with the TAC office regarding such additional cost. If the required minimum number of

children do not sign up in advance for the full-day Skills Camp, the After School Training Program will not be offered during those days.

**Time of Arrival:** If you are providing the transportation for your child to the TAC Facility, your child should arrive to the TAC Facility anytime after 3:00 p.m. If TAC is providing the transportation of your child to the TAC Facility, the arrival time will be approximately between 3:00 p.m. and 3:45 p.m., depending upon the time your child is released from his/her school and how many school pickup stops TAC makes in its transportation route.

**Safety Rules for TAC's Transportation of Your Child:** While in TAC's transportation vehicle, your child must at all times 1) remain seated; 2) wear his/her safety belt; and, 3) follow all TAC staff directions. Following TAC's safety rules are imperative and any violation will result in your child being dropped from the transportation feature of the ASTProgram. You will be promptly notified by TAC if your child violates any of these safety rules.

**ASTProgram Snacks:**

TAC will offer your child a snack after school. Your child may elect to purchase a drink or additional snacks from the vending machines. Please provide your child with money to do so.

**Appropriate ASTProgram Clothes:** Your child should bring gym clothes, tennis shoes, socks, and a hair tie, if necessary, to wear while attending the ASTProgram. If your child does not bring appropriate clothing and footwear (i.e., street clothes, skirts, dresses, blue jeans) your child may not be allowed to participate. This is a safety precaution.

**Parent Pickup Time/Late Pickup Fee:** Your pick-up for your child in the After School Training Program is 5:30 p.m. (unless your child is attending an additional TAC class on that particular day or is enrolled in the optional late pick-up program). Any child picked up after your designated pick-up time (unless your child is attending an additional TAC class that day) will be assessed a late pick-up fee of One Dollar (\$1.00) for each minute late.

**Attendance/Absentee Notice/Failure to Notify Fee:** If your child does not need to be transported from school or your child will not be dropped off, you must notify TAC by email no later than 1:30 p.m. on or before that day. FAILURE TO NOTIFY TAC WILL RESULT IN A \$10 FEE. There are no refunds for absenteeism.

**Illness/Medication:** If your child is ill or has any of the following symptoms, he/she will not be allowed to attend the ASTProgram until he/she is well and no longer exhibits such symptoms: fever; vomiting; diarrhea, excessive coughing, etc. If your child exhibits signs of illness, we will call you or a named authorized person to pick up your child within one (1) hour from the time TAC contacts you. TAC cannot dispense medication.

**Injury/Emergency:** If your child is injured during the After School Training Program, TAC will contact you immediately. If you cannot be reached, TAC will call the person listed as the Emergency Contact on your child's TAC Registration Form. If TAC cannot reach the Emergency Contact person either, your child will be transported to the nearest hospital.

**Additional Fees:** – You will be responsible for paying any and all Additional Fees. Additional Fees may include but are not limited to, late pick-up fees, NSF fees, late payment fees, failure to notify of your child's absence as well as additional costs for Skills Camps (if your child elects to attend).

**ASTProgram Discipline:** Discipline of your child may sometimes be necessary. TAC's discipline consists of positive reinforcement, redirection, and time out/sit out. Such discipline will be age-appropriate. If there is a behavior issue, TAC will contact you. If the behavior issue is not resolved, TAC reserves the right to drop your child from the ASTProgram.

**Credit Card Authorization:** It is required by TAC that a current credit card authorization be on file in TAC's office for your child. If you elect to pay the monthly Tuition, Tuition Deposit, and/or the Additional Fees by check or cash, your credit card authorization will not be used. However, if you have elected to pay by check or cash and the required payments are not made timely, your credit card authorization will be used.

**Miscellaneous:** .

1. Any late payments will incur an additional handling charge of \$25.00.
2. Any payment attempts resulting in a NSF (non-sufficient funds), declined credit card, expired credit card, returned check, etc. will incur an additional \$30.00 fee. Please furnish us with all your updated information regarding your credit card.
3. Your child's account must be current and in good standing to attend and participate in the After School Training Program. TAC reserves the right to deny access to the TAC facility for failure to keep up with financial obligations.

**Contract:** By signing this agreement, you are agreeing to comply with the terms and to be responsible for your child's ASTProgram Tuition and any Additional Fees (if any). This agreement with TAC will begin on or about \_\_\_\_\_ (Month), 20\_\_\_\_\_ and continue on a month-to-month basis during the present School Year.

Child's name: \_\_\_\_\_

School: \_\_\_\_\_

Please Circle Days of Week to be Picked up/dropped off at facility:            M        T        W        Th        F

Parent/Guardian's signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

# TEXAS ALLSTAR CHEER REGISTRATION FORM

(Teams/Tumbling/After School Training/Otherwise)

## Student Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Add. Students (in same family): Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

## Parent Information:

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Address: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Health of Student:** List any medical concern that your child may have, such as allergies, illness, or hospitalizations in the last 12 months, and/or any medication prescribed by your Child's physician.

\_\_\_\_\_  
\_\_\_\_\_

Child's School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Yes \_\_\_ No \_\_\_ My Child's immunization record is on file at the school and all required immunizations and/or tuberculosis tests are current.

**Release Authorization:** Please list the people who have the authorization to pick up your child.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

If for some reason someone else who is not listed above needs to pick up my child, I understand that I must inform TAC in writing in order to provide the name of the person who shall pick up my Child. Calling or leaving a voicemail is not accepted. I understand: \_\_\_\_\_ (initial)

If any of the above information should change, I agree to promptly fill out a new form and submit it to the TAC office. I understand: \_\_\_\_\_ (initial)

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



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## AFTER-SCHOOL TRAINING PROGRAM

### Parental Permission / Release of All Claims / Consent to Medical Treatment

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Add. children: \_\_\_\_\_ Dates of Birth: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Please read and sign the following:

I/we the parent(s)/guardian(s) of the above mentioned Child (whether one or more) do hereby grant permission for the Child to participate in any and all cheerleading, tumbling, dance, and/or other physical activities (whether one or more, "activities") while a student at **TEXAS ALLSTAR CHEER**, whether at or away from the training facilities of **TEXAS ALLSTAR CHEER** (addresses set forth below - one or more referred to as "training facility"). I/we represent that the Child is physically able to participate in the activities without limitations. I/we acknowledge and agree it is my/our responsibility to promptly inform **TEXAS ALLSTAR CHEER** in writing of any health updates regarding the Child throughout the year.

I/we give **TEXAS ALLSTAR CHEER** the right and permission to film, photograph, or videotape my/our Child or me/us for any reproductions associated or in any way connected with **TEXAS ALLSTAR CHEER** (including any form of advertisement or promotional purposes).

The Child will be trained, instructed and conditioned in regard to cheerleading skills as well as activities that are designed to improve your Child's stamina, flexibility, and agility. You may also requested that **TEXAS ALLSTAR CHEER** provide transportation of your child from his/her school to the training facility. Along with such transportation, training, instruction and conditioning, there is the reality of possible injury. I/we understand that there is personal risk involved in my Child (i) being transported to the training facility or elsewhere, and (ii) participating in any physical activity. I/we further understand that such transportation and physical activities can result in SEVERE INJURIES, DISABILITY OR EVEN DEATH. I/we, the parent(s)/guardian(s) are assuming full responsibility for the Child's personal safety and I/we do hereby release and hold harmless **TEXAS ALLSTAR CHEER**, its employees, supervisors, instructors (whether paid or volunteer), agents, invitees, employees, officers, directors, and shareholders from any and all claims, demands, actions, expenses (including attorney's fees, threatened or incurred), judgments, executions and liabilities that may occur from any injury, accident and/or incident (known or unknown), including death to the Child, that may arise as a result of the Child's being transported by **TEXAS ALLSTAR CHEER** as well as my Child's participation in **TEXAS ALLSTAR CHEER** activities, or otherwise, and regardless of any negligence on the part of **TEXAS ALLSTAR CHEER**.

I/we further authorize a representative of **TEXAS ALLSTAR CHEER** to consent to medical treatment of the Child in the event of an emergency while at or away from the training facility. I/we give permission for **TEXAS ALLSTAR CHEER** to give my/our Child first aid and to provide or arrange for transportation to a hospital and receive emergency medical treatment. I/we will assume all costs for such medical care.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date \_\_\_\_\_



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## CREDIT/DEBIT CARD AUTHORIZATION FORM

I authorize *Texas Allstar Cheer* to charge my credit/debit card on or about the 3rd day of each month during the registration of my child with a student at *Texas Allstar Cheer* all tuition and related expenses associated therewith.

\_\_\_\_\_ (Initial) All purchases made by my child at *Texas Allstar Cheer* shall be my responsibility. In regard to such purchases, I authorize *Texas Allstar Cheer* to charge my credit/debit card for all such purchases.

**Child's Name:** \_\_\_\_\_

**Name as it appears on the Card:** \_\_\_\_\_

**Card (circle one):**    **Disc**        **Visa**        **Mastercard**

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security (3# on the back):** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing City/Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_