

# **PARENT HANDBOOK**

## **(Policies and Procedures)**

These policies and procedures will be kept current and used to govern the operations of this facility. These policies become effective upon acceptance by the parent/guardian and the program.

### **J3 Summer Camp**

[www.j3bjj.com](http://www.j3bjj.com)

**13695 GA-9 #105  
Alpharetta, GA 30004**

**Coach Erica Cell #404-796-0401  
Professor Jamie Cell #770-369-7442**

#### **AGES SERVED**

School Age (5 – 10 YEARS)

#### **MONTHS OF OPERATION**

July 15 – 19, 2024

#### **DAYS OF OPERATION**

Monday through Friday

#### **HOURS OF OPERATION**

9:00 am – 3:00 pm (extended day available until 5pm with proper notification)

#### **GENERAL INFORMATION**

Upon arrival at the facility, the parent/guardian, or adult dropping off the child, must escort the child in and out of the facility, sign the child in and out, and ensure that staff are aware of the child's presence.

Plan to pack your child a full lunch and at least two snacks. We have a water fountain available to refill water bottles and a fridge for any items needing to be cooled. There is no microwave available.

# **PARENT HANDBOOK**

## **(Policies and Procedures)**

### **FORMS REQUIRED FOR ADMISSION:**

\*Parent Handbook Signature Page

### **PROGRAM FEES**

5 Day Week: \$300

4 Day Week: \$275

3 Day Week: \$250

Payments will be due upon registration. Payments will be accepted by cash, credit/debit card, Zelle, Venmo or check.

The following may also apply:

- Late fees for not picking child up on time will be \$40 per day.

### **DISCIPLINE**

At no time will a child be subjected to physical punishment or will shaming, frightening, or humiliating methods be used, or any type of verbal abuse, threats, derogatory remarks, or deprivation of a meal or any part of a meal be used. No person, including, but not limited to, parents, guardians, or other family members may not use such methods of discipline while on the premises. The facility will utilize re-direction and discussion as a method of discipline with children.

### **EMERGENCY MEDICAL CARE**

In the event of an emergency with your child, first aid will be applied, parents/guardians will be called, and if necessary, the child will be transported by ambulance to the nearest hospital. The hospital used by this facility is WellStar North Fulton Regional Hospital located at 3000 Hospital Blvd, Roswell, GA 30076

### **SICK / INJURED CHILDREN**

Parents/guardians of any child who becomes ill or is injured while in care of the facility will be notified immediately by phone of any illness or injury requiring professional medical attention, or any illness/injury which may not require professional medical attention, but which produces symptoms causing moderate discomfort to the child. A child shall not be accepted nor allowed to remain at the facility if the child has the equivalent of one hundred and one (101) degrees or higher oral temperature and another contagious symptom, such as, but not limited to, a rash or diarrhea, or a sore throat. If your child becomes ill while at the facility, he/she will be removed from the daily activity and will be provided necessary treatment until the parent/guardian or

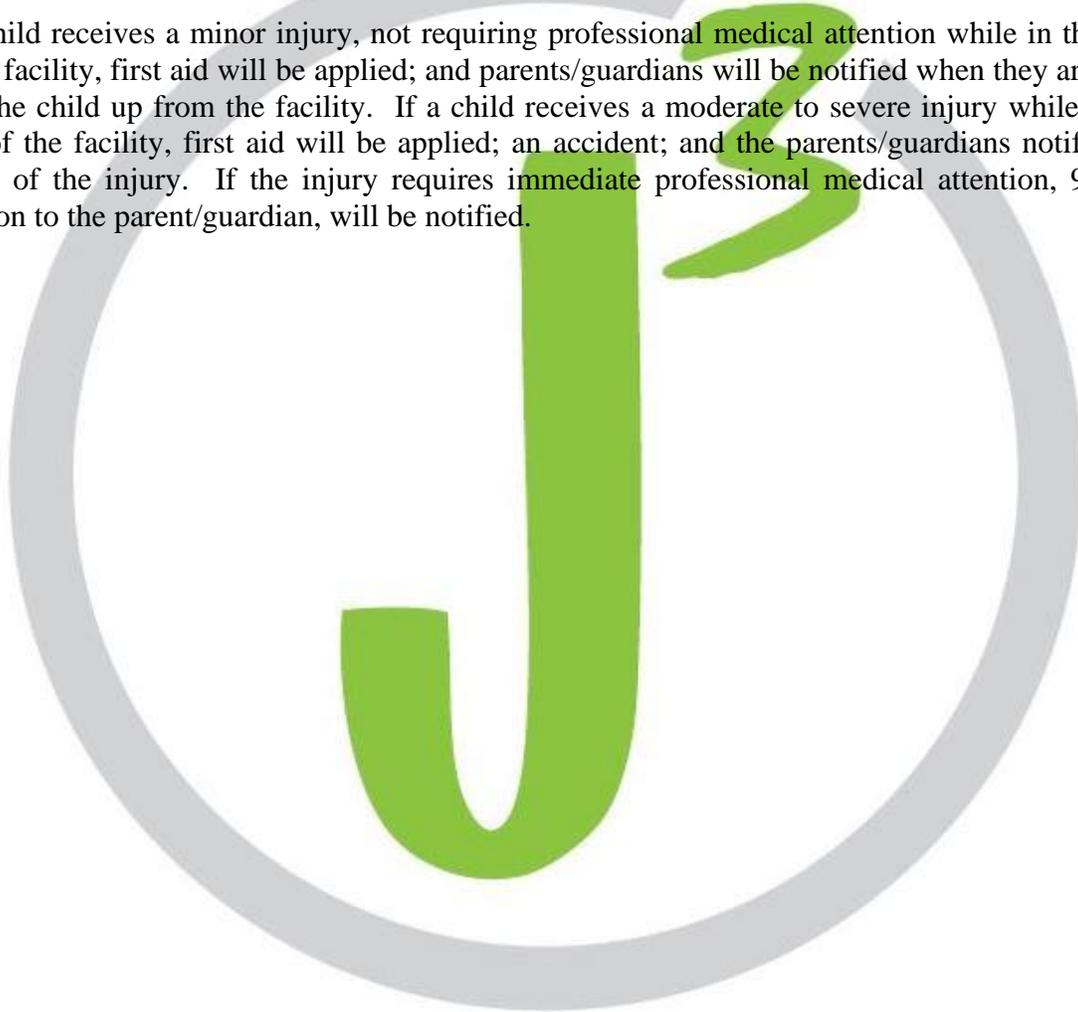
# **PARENT HANDBOOK**

## **(Policies and Procedures)**

authorized person arrives. Once notified, parents/guardians should ensure that their child is picked up from the facility within the hour. Children will not be permitted back into the facility until he/she has been “symptom-free” for a period of twenty-four (24) hours.

If a child is diagnosed with a communicable disease, they will not be permitted to return to the program until cleared by their doctor. This facility will follow the protocol listed on the communicable disease chart for reporting the disease to the local Health Department. If other children in the facility have been exposed to a communicable disease at any time while in the program, a written notice will be posted at the front entrance.

If a child receives a minor injury, not requiring professional medical attention while in the care of the facility, first aid will be applied; and parents/guardians will be notified when they arrive to pick the child up from the facility. If a child receives a moderate to severe injury while in the care of the facility, first aid will be applied; an accident; and the parents/guardians notified by phone of the injury. If the injury requires immediate professional medical attention, 911, in addition to the parent/guardian, will be notified.



**PARENT HANDBOOK**  
**(Policies and Procedures)**

**SIGNATURE PAGE**

**Please sign and return this page to the facility by camp start.**

I have read and fully understand these policies and procedures. I agree to abide by the above policies and procedures.

**NOTICE OF EXEMPTION**

I (Parent/Guardian) acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Enrollment Date \_\_\_\_\_