



2010-2011 Parent Handbook

Purpose

The purpose of Plex Afterschool Sports Academy is designed to keep children healthy in both mind and body. We accomplish this by offering a structured and fundamental sports based curriculum.

PLEX Indoor Sports Contact Information

Our doors are always open and we welcome your comments and questions regarding our exciting program and about the growth and development of your child. Please contact at any time at the following numbers:

Contact: Director of Youth Programs
Plex Sandhills: (803) 360-7300
Plex Irmo: (803) 732-1900
Fax: (803) 865-9176 (Sandhills) (803) 732-1990 (Irmo)
Email: youth@plexindoorsports.com

Days/Hours of Operations/School Calendar

The Plex Afterschool Sports Academy follows the Richland District 2 school calendar and Lexington and Richland District 5 school calendar. The Academy runs Monday through Friday. Pick up must be made by 6:00 p.m. A late charge of \$1.00 per minute will be assessed after 6:30 p.m.

Payment/Pricing/ACH Contracts

One time individual registration fee of \$25, family \$40 is due upon registration. Please see attached pricing for annual contracts. You may pay in person or online at <http://www.plexindoorsports.com>.

Weekly

If you decide to pay weekly for your child, the payment must be made Friday prior to the week of care. If payments are not made for the following week by Monday at 12:00 noon, a late charge of \$5.00 will be assessed. The prices are as follows for the 2010-2011 school year:

\$55/wk (monthly ACH)-paid on first Friday of the month

\$60/week, paid each week.

\$15/daily rate

\$5 extended care from 6:00-6:30 We do provide a 10% sibling discount

NO REFUNDS GIVEN FOR MISSED DAYS

Annual Contract

If you decide to sign an annual contract with Plex, your child will be guaranteed a space in the Plex Afterschool Sports Academy Program for the entire year. With the dates stated on the contract, every month of the school year, PLEX will debit the amount needed for your child to attend that month. Early release days are included in the monthly amount. However, in service days will be charged in addition due to all day care for your child.

IF THEY HAVE NOT BEEN REGISTERED BY NOON THE FIRST DAY OF SCHOOL, WE WILL NOT BE ABLE TO PICK YOUR CHILD UP FROM SCHOOL.

Transportation/Schools

PLEX currently provides transportation to the Plex Afterschool Sports Academy from the following schools:

Lexington and Richland 5

Chapin Elementary
Lake Murray Elementary
Ballentine Elementary
Dutch Fork Elementary
Oak Pointe Elementary
River Springs Elementary
H.E. Corley Elementary

Richland Two

Bookman Elementary
Center for Inquiry (CFI)
Killian Elementary
Lake Carolina Elementary
Lonnie B. Nelson Elementary
North Springs Elementary
Polo Road Elementary
Pontiac Elementary
Rice Creek Elementary
Round Top Elementary
Sandlapper Elementary
Summit Middle
Bridge Creek Elementary

If your child will not be riding the Plex bus, then we MUST BE NOTIFIED BY NOON OF THAT DAY.

If your child does not attend one of these schools you will need to provide transportation to Plex for them to participate in the Plex After School Sports Academy.

Emergency Procedures for Inclement Weather

School closings due to inclement weather: snow, ice, tornado, or flooding.

If school is closed early for any of the above mentioned reasons, Plex After School Sports Academy will NOT operate. Please be sure that your child knows the appropriate procedure that he or she should follow in case school is dismissed early due to severe weather. Plex may still be open for an additional charge depending on weather conditions. Please call ahead to see if this service will be provided.

If the ACADEMY is already in Session

Parents will be notified immediately and should make arrangements to have their child picked up as soon as possible. In the event that PLEX is forced to close due to severe weather, please tune into local media outlets for listings of closings.

Parent/Emergency Contact Information/Alternate Contacts

Here at Plex, your child's safety is our number one concern. In the event of an emergency or necessity to contact you immediately, it is imperative that we have accurate contact information for you, including current cell, home and work phone numbers. We notify us immediately if there are any changes. It is also important for us to have an up to date list of alternate contacts in case you can not be reached. Please also include the names and phone numbers of anyone who may pick your child up. You can include as many alternate contacts as you would like. We can not release a child unless the person picking up the child is on the contact list.

Absenteeism

If you know your child will not be attending the Academy program or camp on certain days please notify PLEX at the beginning of the day. Please contact 360.7300 (Sandhills) or 732.1900 (Irmo). You can also email us at youth@plexindoorsports.com CREDITS WILL NOT BE GIVEN FOR DAYS MISSED.

Registration Form/Waiver/School Release Form (see attached)

Whenever your child participates in any program at PLEX, a registration form, waiver, and school release must be filled out. The registration form contains all the information we will need for you and your child. The waiver must be completed and signed before your child may participate at Plex and the school release form must be filled out and returned to your child's school. Without the school release form, your child's school will not be able to release your child to Plex's after school program. All these forms can be obtained either at the Plex front desk or online at www.plexindoorsports.com.

Lost and Found

If your child has lost or forgotten something at Plex, please notify Plex staff as soon as possible. The sooner that we are notified, the more likely we are to locate the missing item. You will have the opportunity to look through our Lost and Found box located by our restrooms at Sandhills and behind the front counter at Irmo. Plex is not responsible for any personal property lost, stolen or damaged.

Medication/Allergies

If your child has a prescription that he or she needs to take during after-school hours, please send medication with written instructions and drop it off. The PLEX can only give medication that is prescribed by a physician and that has been provided by the parent, including asthma medication/inhalers. Your child's medication will be given at the appropriate times. All medication must be in its original container with your child's name and dosage clearly marked.

Please be sure to make us aware of allergies your child may have so that arrangements can be made if necessary.

Homework Procedure/Policy

Here at Plex we understand how important it is for the children to get their homework done. However, we can not force them to do their homework. Every child is given the option to go upstairs on the mezzanine and do their homework for thirty minutes but they are not required to do so unless notified by parents. While your child is doing their homework they are supervised but not tutored. If your child chooses not to do their homework or they do not have any they will be separated into their appropriate age groups and begin playing sports. After homework time all children join their groups and begin their activities.

Discipline Procedures

Our goal is to make sure that your child has a great time while at PLEX and a big part of that is feeling safe with counselors and other children. We make every effort so that your children will understand what we consider acceptable and unacceptable behavior at PLEX.

The PLEX does not condone, nor will it permit from its counselors:

- Teasing, threatening, using inappropriate tone of voice
- Leaving children unsupervised
- Use of profanity

A child's behavior is expected to be consistent with the following:

- Respect and cooperate with staff
- Respect other children, equipment and facilities
- Stay in program areas, leaving your area without a counselor is not permitted
- Use of appropriate language
- No cell phones or electronic devices of any kind
- No weapons of any kind

Our Discipline Policy:

- If a child does not follow the behavior expectations listed above, a written notice may be sent home with the child
- If the behavior continues the second infraction might result in your child being sent home for the remainder of the day
- Further infractions will be dealt on a case by case basis and may include removal from the program
- Depending on the nature or the severity of the infraction, Plex reserves the right to immediately remove any person or child from Plex programs.

**SOME ACTIONS THAT WILL RESULT IN DISCIPLINARY STEPS BEING SKIPPED ARE:
FIGHTING, POSSESSION OF WEAPONS, SEXUAL MISCONDUCT, THREATENING ACTS
TOWARDS STAFF, CAMPER OR THEMSELVES, OR LEAVING THE PREMESIS.**



ATTENTION: RICHLAND DISTRICT II & TRANSPORTATION DEPARTMENT

DATE: _____

To Whom It May Concern:

Please allow my child, _____, to go on the PLEX bus after school to attend the Plex Afterschool Sports Academy Program. I will be picking him/her up from PLEX each day. This will be until further written notice by me.

Sincerely,



ATTENTION: LEXINGTON DISTRICT 5 & TRANSPORTATION DEPARTMENT

DATE: _____

To Whom It May Concern:

Please allow my child, _____, to go on the PLEX bus after school to attend the Plex Afterschool Sports Academy Program. I will be picking him/her up from PLEX each day. This will be until further written notice by me.

Sincerely,



2010/2011 PLEX AFTERSCHOOL SPORTS ACADEMY

STUDENT (New or Returning)

- Child's Name: First _____ Middle _____ Last _____
- Male Female
- Grade _____ Birth date ____ / ____ / ____ Age _____ School Attending _____
- Street Address _____
- Town/City _____ State _____ Zip Code _____

PARENT/GUARDIAN (Same as above) E-mail _____

- First _____ Last _____ Ms. Mrs. Mr. Other
- Street Address _____
- Town/City _____ State _____ Zip Code _____ Home Phone _____
- Place of Employment _____ Work Phone _____

PARENT/GUARDIAN #2

- First _____ Last _____ Ms. Mrs. Mr. Other
- Street Address _____
- Town/City _____ State _____ Zip Code _____ Home Phone _____
- Place of Employment _____ Work Phone _____
- Student Lives with _____
- Person Responsible for Billing _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

- First Name _____ Last Name _____ Phone _____
- Relationship to Student _____

Emergency Contact #2

- First Name _____ Last Name _____ Phone _____
- Relationship to Student _____

PICK UP AUTHORIZATION

Only the following person, include parents if applicable, are authorized to pick up my child(ren). They will be asked to provide identification. If anyone else will be picking up my children, I will send a note, signed by me, to the Plex. Please Read policy on late fees for picking up students after closing in the parent manual.

Name	Relation	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HEALTH INFORMATION

Health/Accident Insurance Company: _____

Insurance Company Address: _____ City: _____ State: _____ Zip: _____

Policy Number: _____ Policy Holder's Name: _____

Health History: Check all conditions applicable and attach any extra information that we need to know.

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Constipation | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> Kidney Disorders |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Head Lice |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent Strep Throat | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Past Surgery | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diabetes | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> HIV Virus | | | | |
| <input type="checkbox"/> Other Please Explain: _____ | | | | |

Allergic Reactions: Insects Stings Drugs Plants Food

Other Please Explain: _____

Any activity or dietary restrictions: _____

PLEASE READ CAREFULLY

1. I understand that no refund or adjustments are granted for illness, vacation or when the Plex is cancelled due to inclement weather. Program payment is not transferable from one participant to another, nor one program to another.
2. I understand that Plex does not administer over the counter medication. In the event of an emergency in which I cannot be contacted, Emergency Medical Staff and the Plex may take appropriate action to best serve the interest of my child.
3. This application is made with the express understanding that Plex is not responsible for any sickness or injury that the applicant may receive while in attendance at the Plex Afterschool Sports Academy.
4. Effective discipline permits a child to learn appropriate behavior from the consequences which result from inappropriate action. We try to set limits, help children understand the rules, and give clear definitions of acceptable and unacceptable behavior. The Plex reserves the right to dismiss any child who becomes disruptive and or unresponsive to our methods of discipline during the program.
5. I also give my permission for photographs taken of my children during summer camp programs and activities to be used Plex promotional material without thought of remuneration.

Signature: _____ Date: _____



IRMO: (803) 732-1900
SANDHILLS: (803) 360-7300