

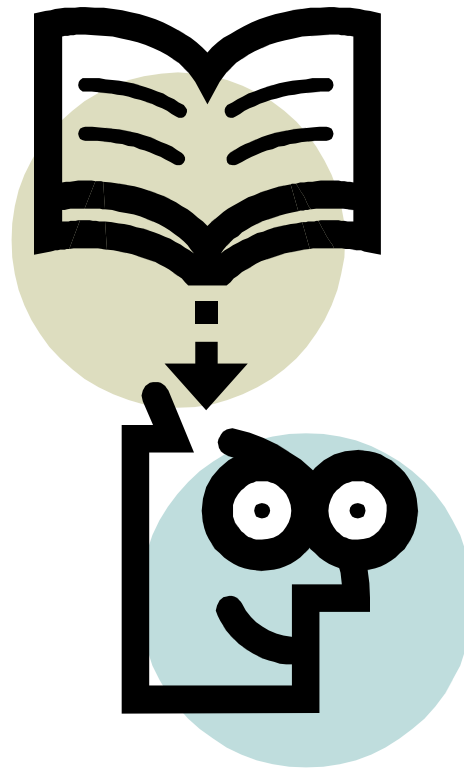


Mississippi Basketball and Athletics

ASAP

(After-school Sports and Academics Program)

Parent Handbook



ASAP POLICIES & INFORMATION

Participant:

MBA ASAP is for kindergarten through 8th grade.

Each student's birth certificate and shot record is required prior to starting ASAP.

Locations:

MBA is located at 2240 Westbrook Rd., Jackson, MS 39211.

Hours of Operation:

ASAP is offered Monday-Friday from 2:30 p.m. – 6:00 p.m.

Snack

Snack is provided daily. Concessions will be open daily so that campers may purchase additional items.

REGISTRATION & FEES

Registration:

There is a non-refundable \$40 registration fee. Registration must be done in person in at MBA. We accept cash, money orders, and checks, VISA or MasterCard. Credit cards must be presented in person.

Program Fees:

The cost for ASAP is \$40 weekly.

NSF Check Charge:

There is a \$25 fee, plus full payment, for checks returned to our office due to insufficient funds. The full payment and fee must be in the form of cash. Your child will not be able to participate and may lose her/his spot if full payment is not received on time.

Daily Sign-In & Out Procedure:

All children **MUST** be signed in and out by a parent or duly authorized individual. (No child will be released to any person not previously authorized in writing by the parent. All participants must be signed out in the presence of a staff member on the forms provided. Only individuals indicated on the child's Registration Form can take your child from the facility. **PLEASE BE SURE TO UPDATE THE INFORMATION FORM AS OFTEN AS NEEDED.**

Medication:

MBA staff will not administer any form of medication.

Discipline:

Please remember ASAP is designed as a large group interaction experience. If your child(ren) is not able to interact in this type of setting, and requires "one-on-one" supervision, please do not sign him or her up. In order to preserve a healthy and safe environment, disciplinary action will be handled as follows:

- First Offense – Verbal warning by staff
- Second Offense – 5 minute time out away from the group
- Third Offense – Parent notified for conference with the ASAP Director
- Fourth Offense – The child will be suspended or removed from the Program for one day
- Fifth Offense – The child will not be allowed to attend the program.

Personal Property:

Our staff does not assume responsibility for the personal property of any student. For the protection of your child's personal property, if you allow your child to bring anything of value to the program, please mark the item with your child's name. Items left out carelessly, not put safely away or shown to other participants will have a greater tendency to disappear. Any child caught stealing will be dealt with by an immediate conference with parents and the ASAP Director to determine appropriate discipline. Game Boys, I-Pods, any electronic devices, etc. are **NOT** allowed at ASAP. Cell phones are not necessary to have in ASAP. Students are allowed to bring money to purchase items from concessions. It is preferred that your child hold onto their money. Our staff will gladly hold the money of our 5 and 6 years olds if it is in an envelope with your child's name and the amount written on it.

\$10 maximum is recommended. Money is the personal responsibility of the owner: MBA ASAP is not responsible for money that is lost, stolen or miss-spent.

Clothing:

Closed toe shoes (preferably tennis shoes or sneakers) and socks are required.

We are very active and do a lot of walking and running. Clothes are lost very easily. We suggest putting the name on all items of clothing to guard against losing items. MBA ASAP is not responsible for lost or stolen items.

Parking:

Do not park in the STAFF RESERVED spaces.

PLEASE PARK IN A PARKING SPACE NOT DIRECTLY IN FRONT OF THE MBA.

PARENTAL INPUT

Questions & Concerns: Any questions or concerns you have about anything while your child is at ASAP should be directed to the ASAP Director. They are our main line of communication with you.

NO PARENT IS ALLOWED TO CONFRONT ANY CHILD REGARDING DISPUTES BETWEEN STUDENTS. PLEASE TALK TO STAFF FIRST AND A CONFERENCE WILL BE HELD TO ASSIST THE SITUATION.

If you do not get your concerns addressed then contact the ASAP Director.

Staff: ASAP staff is selected for their experience working with children and their desire to help youth grow emotionally, mentally and physically. ASAP staff is subjected to a rigorous background prior to beginning work at ASAP.

MBA AFTER-SCHOOL SPORTS AND ACADEMICS PROGRAM MBA ASAP

PARENT CONTRACT

I, _____, am enrolling my child,
(Parent Name)
_____, in the After-School Sports and
(Child's Name)
Academics Program at my child's school, _____.
(School Name)

I agree to the following terms of this enrollment: **(please initial each statement)**

- At the beginning of each school year that my child is enrolled in the program, I agree to pay the \$40 (non-refundable) registration fee (subject to change yearly) _____
- On the first Monday of each week (or month depending on your payment choice), I agree to pay the program tuition fees for the after school program. _____
- I understand that these fees are not contingent on my child's attendance of the program, but that they are program fees, due as long as my child is enrolled in MBA ASAP (After-School Sports and Academics Program). _____
- I understand that in the event that I am more than one week behind in payment, my child will be unable to attend the program until my outstanding balance is paid in full. _____
- My child will be picked up by myself or another previously designated driver by close of the after school program (6:00 p.m.). If my child has not been picked up by this time, for each minute past 6:00 p.m., I agree to pay \$1.00 per minute. _____
- I will give 2 weeks notice prior to the withdrawal of my child from the after school program. Full tuition will be charged if my child/children attend a portion of the week and withdraw prior to Friday. _____
- There are no credits for absences regardless of the reason and no make-up days. _____
- I understand that if my check is returned for any reason, **I am no longer able to pay by check and that all further payments are to be paid by Cash, Cashier's Check or Money Order only; including the face value of the returned check and the return check fee.** _____

I understand the information above and with my signature, agree to the terms established.

Signed _____ Date _____

Witness of Signature _____ Date _____