

CHILD'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ START DATE: \_\_\_\_\_

Please initial each\* \_\_\_\_\_ Below

### Fit-n-Fun Summer Camp

The undersigned agrees to contract childcare with Fit-n-Fun for the 2017 Summer Camp. During the duration of the contract, space will be reserved for the child of the undersigned. Rates will not be prorated. The only possible exceptions to this policy may be for serious health-related absences (accompanied by a physician's note). No cash refunds will be given. All issues pertaining to credits/prorated fees are subject to the Fit-n-Fun Director's approval. The patron must understand that in the event of absences during the program hours and activities, the patron is responsible for time reserved, not actual time spent at the program. Patrons no longer requiring the Summer Camp program services and wish to remove their child/children must submit a minimum of a 2 week notice in writing. If written notice has not been provided for a child's absence, and the child does not show for that week, the undersigned will be required to pay in full for that week. \* \_\_\_\_\_

All payments will be made weekly through Fit-n-Fun's auto-bill system which is provided by procare and intuit. All patrons must have a valid credit card or ACH account on file. We will accept no checks or cash. Payments will be pulled on the Monday of care. There will be a delay in the post of the payment to your bank account. Please understand there is not an immediate post. \* \_\_\_\_\_

All participants must bring their own sack lunch. Please do not pack soda or candy in your child's lunch as we are part of the USDA food program and we are not allowed to let children eat these items at the facility. Please have lunches in a labeled container/lunchbox with your child's name on it. (No plastic bags) Lunches may be placed in the cooler when children arrive at the center. If your child forgets a lunch, we will provide one for them, with an additional cost of \$4.50. \* \_\_\_\_\_

**We are a Peanut Free Facility! Please do not pack peanut products in your child's lunch.**

Alternate care will not be available for children on field trip days. All children will go on field trips. If a child has an appointment on a field trip day, parents will be responsible for picking up/dropping off the child at the field trip location or finding alternate care for the child for the day. Parents are responsible for ensuring children wear appropriate shoes (no flip-flops) to reduce the risk of injury to children's feet during active play. Shoes must be worn at all times; including water play (we encourage water shoes!). If a child wears sandals, parents must provide shoes to be brought to the program to be changed into if necessary. Each child will have a cubby to store personal items. \* \_\_\_\_\_

Two bottles of spray/lotion sunscreen must be provided per child for everyone to use. The sunscreen must be a 16-ounce bottle or larger. It must contain at least SPF 30 and must not contain DEET. The children are responsible for applying their own sunscreen starting at age 6. The staff may only apply sunscreen to faces and squirt the lotion on the shoulders. Each child will have another child assist with sunscreen application with staff supervision. For preschool age children (ages 3-5), they will have staff assistance when applying sunscreen. \* \_\_\_\_\_

Parents: Parking is available in front of the program. For the safety of all, we ask that you turn off your vehicle and walk your child in and sign them in. Please do not leave any other children unattended in the vehicle. \* \_\_\_\_\_

Children must be signed in and out of the program each day. The sign in area is located at the front entrance of the Fit-n-Fun program. We use a pin pad to sign in & out as well as sheets. Each person will have a pin number that is generated by the system initially and then one can be created\* \_\_\_\_\_

Summer Camp hours of operation are from 6:30-6:00. \* \_\_\_\_\_

If a child has not been signed out by 6:00, a \$5.00 late charge will be levied for every 5 minutes after the closing time. For example, at 6:05, there will be a \$5.00 fee added to the normal fees. If a child has not been picked up within 30 minutes and we cannot contact the emergency contact, our policy is to contact Child Care Services (DSS) and the Rapid City Police Department. \* \_\_\_\_\_

Please do not bring your child to Fit-n-Fun if he/she is ill, has a contagious condition, has been on antibiotics for less than 24 hours, has diarrhea, vomiting, a fever of 101 or higher, an eye infection, rash with fever or severe itching, lice or nits, discharge from the eyes or ears, colored discharge from the nose, or any other symptom that indicated illness or potentially contagious condition. A child who is brought to the program with any of these conditions or symptoms cannot be admitted. Parents will need to pick up their child. If any of these symptoms develop after a child has been admitted to the program, the parents will be called and informed of their child's symptoms, and will need to make arrangements to pick up their child within one hour of being notified. After being sent home for any of these conditions or symptoms, a child may not return for 24 hours.\* \_\_\_\_\_

I, guardian of the below listed registrant, a minor, agree that the registrant and I will abide by the rules of the Fit-n-Fun program. In accepting the contractual terms of this agreement, I recognize the possibility of the physical injury that may result while my child participates in the program and its field trips and/or activities. I hereby release, discharge and/or otherwise indemnify their employees and associated personnel (volunteers), to include the owners of the facilities/equipment utilized for the program, against any claim of personal injury or death or any other claim made by or on behalf of the registrant as a result of my child participating in the program and/or being transported to and from the same. \* \_\_\_\_\_

I give permission for the Fit-n-Fun program to transport my child on field trips. \* \_\_\_\_\_

I \_\_\_\_\_ agree to contract care at Fit-n-Fun Summer Camp for  
\_\_\_\_\_ (child/children's name(s)). I understand the terms of agreement.

**Parent or guardian Signature and Date:** \_\_\_\_\_



# Enrollment Form

## Fit-N-Fun

3660 Sturgis Rd Suite #4  
Rapid City, SD 57702

(605) 341-0078

**Immunization Records  
must be turned in with  
Enrollment Form**

### Family Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Child			Relationship to Child		
<input type="text"/>			<input type="text"/>		
Street Address			Street Address		
<input type="text"/>			<input type="text"/>		
Apartment/Unit			Apartment/Unit		
<input type="text"/>			<input type="text"/>		
City	State	Zip Code	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Ext.	Home Phone	Work Phone	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email Address		Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

### Child Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	Date of Birth		Sex	Date of Birth	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Emergency Contact	Emergency Phone		Emergency Contact	Emergency Phone	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Dentist	Dentist Phone		Dentist	Dentist Phone	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Doctor	Doctor Phone		Doctor	Doctor Phone	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Insurance Provider	Policy Number		Insurance Provider	Policy Number	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Known Allergies			Known Allergies		
<input type="text"/>			<input type="text"/>		

### Emergency Care Authorization

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature

Date

### OFFICE USE ONLY

Tuition: \$ \_\_\_\_\_ Classroom: \_\_\_\_\_ Enrolled: \_\_\_\_\_

Billing Cycle: \_\_\_\_\_ Program: \_\_\_\_\_

Enrolled by: \_\_\_\_\_

Policy Change: After May 1<sup>st</sup> all weeks that have been selected are set. The weeks are Non-Transferable and Non-Refundable. Families will be expected to pay for the weeks selected.

I have read and understand this policy. Please initial \_\_\_\_\_ Rate is \$172/week per child - \$5/week discount given for 2nd child

Office use only:  
Non-Enrolled

# 2017 Summer Registration

Initial each box of attendance	Child's Name / Date of Birth & Age	Paid	
<input type="checkbox"/>	Week 1: May 29-June 2	<input type="checkbox"/>	Week 8: July 17-21
<input type="checkbox"/>	Week 2: June 5-June 9	<input type="checkbox"/>	Week 9: July 24-28
<input type="checkbox"/>	Week 3: June 12-16	<input type="checkbox"/>	Week 10: July 31-August 4
<input type="checkbox"/>	Week 4: June 19-23	<input type="checkbox"/>	Week 11: August 7-11
<input type="checkbox"/>	Week 5: June 26-30	<input type="checkbox"/>	Week 12: August 14-18
<input type="checkbox"/>	Week 6: July 3-July 7 (Closed on the 3 <sup>rd</sup> -4 <sup>th</sup> Prorated Week)	<input type="checkbox"/>	Week 13: August 21-23 (prorated)
<input type="checkbox"/>	Week 7: July 10-14		

\*Closed on the 25<sup>th</sup> & 26<sup>th</sup> of May for summer prep and on the 24<sup>th</sup> & 25<sup>th</sup> of August for school year prep.

\*The registration fee is \$10.00 per week of attendance, this fee is nonrefundable and nontransferable.

\*Registration Fees must be paid at time of Enrollment or can be billed if currently enrolled.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in the Fit-n-Fun Program, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Just Kids Activity Center, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed name of Participant(s)

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

**PARENTAL CONSENT**

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, and covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of Participant(s)

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

Parents,

In order to better understand the needs of your child we are asking that everyone fill in the below information. This information will be kept in an individual file on your child that will be for the directors and teachers eyes only. If, at any time you have any concerns that you would like us to know about and/or help you with, we will do our best to assist you. Please feel free to update this file as often as needed.

**CHILDREN'S INFORMATION FORM**

CHILD'S FULL NAME: \_\_\_\_\_ NICKNAME USED: \_\_\_\_\_

CHILD #2 FULL NAME: \_\_\_\_\_ NICKNAME USED: \_\_\_\_\_

DATE AND PLACE OF BIRTH: \_\_\_\_\_

MOM'S NAME: \_\_\_\_\_ DAD'S NAME: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

BROTHER'S AND SISTERS NAMES AND AGES, THOSE LIVING AT HOME AND THOSE THAT DO NOT LIVE AT HOME:

\_\_\_\_\_

CHILDREN'S PETS AND THEIR NAMES: \_\_\_\_\_

\_\_\_\_\_

CHILDREN'S FAVORITE THING TO DO: \_\_\_\_\_

\_\_\_\_\_

CHILD'S FEARS OR CONCERNS THAT WE SHOULD KNOW ABOUT: \_\_\_\_\_

\_\_\_\_\_

PARENT'S CONCERNS THAT WE SHOULD KNOW ABOUT FOR YOUR CHILD: \_\_\_\_\_

\_\_\_\_\_

FOOD/MEDICATION ALLERGIES WE NEED TO KNOW ABOUT \_\_\_\_\_

(A note from the doctor must be obtained in order for us to eliminate/substitute any foods from your child's diet.)

ARE THERE ANY HEALTH CONCERNS WE SHOULD BE AWARE OF: i.e., hay fever, asthma, premature birth, etc.:

\_\_\_\_\_

Staff members will apply sunscreen only to a child's face. The child and their partner will be responsible for applying sunscreen on the rest of the child's body under the supervision of a staff member. I understand and authorize this procedure. Any child 5 and under will get help from an adult with another staff supervision.

\_\_\_\_\_  
Signature and Date

I authorize the Fit n Fun Program to use pictures/advertising of my child to be used for any type of marketing for the School Age Program.

\_\_\_\_\_  
Signature and Date

# Child Information Sheet

This form must be completed by all parents for their child(ren) attending any of the activities in the Fin-n-Fun School Age Program.

Please review the following list of special needs. If your child has been identified as having one or more of these special needs, please indicate which needs have been identified.

Food Allergies	Yes _____	No _____
Behavior Disorder (Specify)	Yes _____	No _____
Physical Disabilities (Specify)	Yes _____	No _____
Speech/Language Disorder	Yes _____	No _____
Hearing Impaired	Yes _____	No _____
Developmentally Delayed	Yes _____	No _____
Diabetes	Yes _____	No _____
Asthma	Yes _____	No _____
Vision Impaired	Yes _____	No _____
ADHD (Attention Deficit Hyperactivity Disorder)	Yes _____	No _____
ADD (Attention Deficit Disorder)	Yes _____	No _____
Breathing Difficulties	Yes _____	No _____
Heart Monitor	Yes _____	No _____
Seizures	Yes _____	No _____
Lead Poisoning	Yes _____	No _____
Attending an At Risk Preschool or Pre-K	Yes _____	No _____
Other Medical or Mental Condition (Specify)	Yes _____	No _____

Specify identified conditions: \_\_\_\_\_

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# FIT-N-FUN SCHOOL-AGE PROGRAM

## Policy on Choice Board

Dear Parents,

According to guidance from the National School-Age Care Alliance (NSACA), school-age programs must have a system in place to ensure our staff knows the whereabouts of children at all times. Please review the safety procedures below with your child. Return the signed safety agreement to the school-age staff. Once received, your child will be free to use the indoor and outdoor spaces as long as rules for safety are followed.

How the system works:

- Children receive a magnetized nametag.
  - Nametags will be color coded by groups
  - All nametags will be available on home-group boards when children arrive at the program.
- There is one choice board in the Fit-n-Fun Program for the children.
  - The choice board is located by the entrance doors.
  - The choice board clearly identifies specific rooms/locations available for activity choices.
  - A designated number of slots will be available for each room/location.
- When a child arrives at the program, they will move their tag from the home-group board to their choice of area of play on the choice board.
  - This allows parents/staff to quickly and easily identify children's whereabouts
- Each time the child changes location's, they will return to the choice-board and move their nametag.
- When the child leaves the program at the end of the day, they will return their nametag to the home-group board.

Because accountability and supervision are critical areas of concern for our program, we need full support (from children, staff and families) to ensure the system works properly. Freedom to move independently throughout the program requires responsibility on the part of the child. It is important that children follow the safety rules at all times.

Please review the Choice-Board Policy with your child:

- At the beginning of each day, your nametag will be on your group-board.
- Put your nametag in the location that shows where you've chosen to go. Let the staff member know when you are leaving an area.
- You can be found by anyone who looks where your nametag is placed on the choice board.
- When you leave the program, move your nametag back to your home-group board.
- Nametags stay on the choice board; they are not to be removed.

A rule is broken when:

- You forget to change your nametag.
- Your nametag is in the home-group board, but you are in another area.
- Your nametag shows you are here, but you have gone home.
- You've changed someone else's nametag so you can have a slot.
- You removed your nametag from the board and it is lost.

Consequences include:

1. Reminder of the rule, warning
2. Retraining of procedures, reminder of the consequences.
3. Loss of privilege, supervision required. Restriction of activity as a shadow to a group leader.
4. Restrictions continue, parent-child-staff conference held.

Your child's safety is our top priority.

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### Safety System

We have reviewed and understand the safety system procedures, rules and consequences. We agree to abide by the guidelines for using the Choice Board.

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Child's Signature and Date

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Parent's Signature and Date