



# 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:

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

Start Date \_\_\_\_\_

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

Please Initial each \* \_\_\_\_\_

Fit-n-Fun

PRESCHOOL CONTRACT

The undersigned agrees to purchase care from Fit-n-Fun for the 2016/2017 School Year. During the duration of the contract, space will be reserved for the child of the undersigned. Credits will not be issued for center closure due to weather. The patron must understand that in the event of absences during program hours and activities, **they will be responsible for time reserved, not actual time spent at the program.** Patrons no longer requiring the Preschool Program and wishing to remove their child or go on vacation must give a minimum of 2 week notice. If written notice is not provided for when your child is gone and your child is a no show for any time, you will be required to pay for that week. \* \_\_\_\_\_

Parents have the option to pay on the 1<sup>st</sup> or the 1<sup>st</sup> and 15<sup>th</sup> using our auto-pay system through childcare manager. Your payment does include a healthy snack and all activity supplies for your child's preschool. \* \_\_\_\_\_

Parents will need to call the preschool teacher if child will not be attending the program. \* \_\_\_\_\_

Parents: Your child must be fully toilet trained and able to provide self-care in the restroom. No pull-ups. \* \_\_\_\_\_

If the child is not signed out by 11:00 AM for the morning session, a \$5.00 charge will be levied for every five minutes thereafter; for example, at 11:05 AM there will be a \$5.00 late charge. If, within 30 minutes, your child is not picked up and you and your emergency contacts cannot be reached, we will contact Child Care Services. We expect that your child will arrive on time as it is very disruptive to the rest of the class when arriving late. \* \_\_\_\_\_

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

I give permission to the Preschool staff to transport my child for field trips. \* \_\_\_\_\_

My child needs a: **BOOSTER SEAT:** \_\_\_\_\_ **FULL HARNESS SEAT:** \_\_\_\_\_ **NO SEAT:** \_\_\_\_\_

I, guardian of the below listed registrant, a minor, agree that the registrant and I will abide by the rules of the Preschool Program. I recognize the possibility of physical injury and in consideration of the Fit-n-Fun Preschool Program by accepting my child into the program. I hereby release, discharge and/or otherwise indemnify their employees and associate personnel (volunteers) including the owners of the facilities/equipment utilized for the program, against any claim 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 \_\_\_\_\_ agree to contract care at Fit-n-Fun Preschool Program for \_\_\_\_\_ (child's name).

I understand the terms of the agreement.

I have read and understand the illness policy.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

Child's Current Age \_\_\_\_\_

**Please Select One:**

**Mon, Wed, Fri- Pre-school only- 8am -11am \_\_\_\_\_**

**Mon thru Fri- Pre-school only- 8am -11am \_\_\_\_\_**

**Mon, Wed, Fri- Pre-school and extended care- 8am-6pm \_\_\_\_\_**

**Mon thru Fri- Pre-school and extended care- 8am-6pm \_\_\_\_\_**

**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 “releaseses” 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                      Signature of Participant                      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                      Signature of Participant                      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: \_\_\_\_\_

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.

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

I authorize the Fit n Fun Program to take 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

\_\_\_\_\_  
Parent's Signature and Date