



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 _____

PARENT'S NAME _____

Start Date _____

Please initial each * _____

Fit-n-Fun/ Pinedale on the Run
SCHOOL AGE CARE 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. Rates will only be prorated with a written doctor's excuse for health-related absences. Credits will not be issued for center closures due to weather. Fit-n-Fun will provide families with a list of dates we are closed for the year, these dates are contracted dates and are not prorated from tuition. 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 School-Age Program and wishing to remove their child or go on vacation must give a minimum of 2 weeks notice. * _____

Parents have the option to pay on the 1st or on both the 1st and the 15th. All monthly payments must be paid by close of business by the date it is due. We require that we have a credit card number or ACH withdraw form on file in order to pull the tuition automatically from the date or dates you have chosen. If payment is not made by the due date, we reserve the right to deny care until paid in full. If a payment is returned, we will bill the account a return fee of \$15.00 per time it is returned. * _____

****There is an additional charge of \$10 for each early release day.**** * _____ **

Your School-Age fee will include a healthy snack provided in the afternoon. Snack will be served as soon as the children arrive from school. Children will be allowed to bring a lunch into Fit-n-Fun on no school days only. We ask that children do not pack soda or candy in the lunch. * _____

Parents will need to call if child will not be attending the program. Parents must call the designated number no later than 1:30. **If we are not informed prior to pick-up that your child does not need to be picked up, we reserve the right to charge a \$3.00 billing charge per time, per day.** * _____

CHILDREN MUST BE SIGNED IN AND OUT OF THE PROGRAM EACH DAY.

We ask that you walk your child to their cubby and let the teacher know they have arrived. Please do not drop your child off at the front door and allow them to put the pin number in. This compromises your child's safety and the safety of other children when parents do not come inside with their child. This ensures all children's safety in the event of a fire or natural disaster. * _____

If the child is not signed out by 6:00pm, then a \$5.00 charge will be levied for every 5 minutes thereafter, for example, at 6:05pm there will be a \$5.00 late charge. If within 30 minutes your child is not picked up, and you and your emergency contact are unable to be

reached, our policy is that we contact Child Care Services unless prior arrangements have been made by the parent/guardian and the Fit-n-Fun Director. * _____

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, 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 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 parents will be called and informed of their child's symptoms, and will need to make arrangement to pick up their child. * _____

A copy of your child's shot record must be on file with Fit-n-Fun. Please attach a copy.

* _____

I, guardian of the below listed registrant, a minor, agree that the registrant and I will abide by the rules of the School-Age Program. I recognize the possibility of physical injury and in consideration of the Fit-n-Fun School-Age Program by accepting my child into the program. I hereby release, discharge and/or otherwise indemnify their employees and associated 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 give permission to the School-Age staff to pick up or drop off my child to and from school on the School-Age van. Transportation to and from school is contracted through the Fit-n-Fun School-Age Program.

I _____ agree to contract care at Fit-n-Fun School-Age Program for _____ (child's name).

I understand the terms of the agreement.

Parent or guardian Signature and Date

Check boxes for care needed:

Before School Only: _____

Before and After School Care: _____

Early Release Days: _____

After School Only: _____

No School Days Only: _____

(We do not prorate for Early Release Dates that your child does not attend. This is all or none.)

SCHOOL YOUR CHILD WILL BE ATTENDING _____

GRADE FOR THIS YEAR _____

My child will be attending Fit-n-Fun on the following days:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

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 “releases” or otherwise, including negligent rescue operations and further 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 Releases, I will indemnify, save, and hold harmless each of the Releases 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 Releases 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 Releases 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 Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release 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 you child has been identified as having one or more of these specials needs, please indicated 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

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.

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.

Child's Signature and Date

Parent's Signature and Date