

Not Enrolled

2019 Summer Registration

Child's Name		Initial for each week of attendance
Date of Birth and Age		
Week 1	May 28 – 31 (Closed May 27 th)	<input type="text"/>
Week 2	June 3-7	<input type="text"/>
Week 3	June 10-14	<input type="text"/>
Week 4	June 17-21	<input type="text"/>
Week 5	June 24-28	<input type="text"/>
Week 6	July 1-3 (Closed July 4 th & 5 th)	<input type="text"/>
Week 7	July 8-12	<input type="text"/>
Week 8	July 15-19	<input type="text"/>
Week 9	July 22-26	<input type="text"/>
Week 10	July 29 - August 2	<input type="text"/>
Week 11	August 5-9	<input type="text"/>
Week 12	August 12-16	<input type="text"/>
Week 13	August 19-21 (Closed the 22 nd & 23 rd)	<input type="text"/>

The undersigned agrees to contract childcare with Fit-n-Fun for the 2019 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. **Policy Change:** After May 1st, weeks can be added but not subtracted. 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. **Initial** _____

All payments will be made on the first Monday of each week through Fit-n-Fun's auto-bill system which is provided by Procure 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 may be a delay in the post of the payment to your bank account. Please understand there is not an immediate post. **Initial** _____

There will be an additional \$6.00 per week for swim days only on the weeks we go. **Initial** _____

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 \$5.

Initial _____

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

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 lotion starting at age 6 (with supervision). 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. **Initial** _____

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. **Initial**_____

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. **Initial**_____

Summer Camp hours of operation are from 6:30am-6:00pm. **Initial**_____

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. **Initial**_____

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 indicates 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. **Initial**_____

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. **Initial**_____

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

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

Parent or guardian Signature and Date _____

- Fit n Fun is closed on the **25th & 26th of May** for summer prep and on the **24th & 25th of August** for school year prep. We will also be closed on the **4th of July**.
- The registration fee is **\$5.00** per week (enrolled) **or** **\$10.00** per week (not enrolled) of attendance, this fee is nonrefundable and nontransferable.
- Registration Fees must be paid at time of enrollment or can be billed if currently enrolled.



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: _____

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 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.

_____ Signature of Guardian _____ Date

Printed name of Participant(s)

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.

_____ Signature of Guardian _____ Date

Printed name of Participant(s)

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 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 of 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