



AFTER SCHOOL CARE 2020/2021

Child Care Enrollment Application

Parents, "to protect and promote the health and safety" of your child, please supply a COMPLETE response to every item on this form. This information is required by the Mississippi State Dept. of Health, and our Child Care Licensure Inspector.

Child's Full Name: (First) _____ (Last) _____
 School Attending _____ DOB _____ Age _____
 Home Address: _____

Parent's Name: (Mother) _____ (Father) _____
 (Mother) Cell# _____ Work# _____
 (Father) Cell# _____ Work# _____

Place of Employment: (M) _____ (F) _____
 Email address: (M) _____ (F) _____

Who may drop off and pick up your child:

Name: _____ # _____ Relationship : _____
 Name: _____ # _____ Relationship : _____
 Name: _____ # _____ Relationship : _____

Please list any medications your child or any special needs they may have:

I have been given a Parent Handbook (yes) _____ (No) _____

My child may be photographed/videotaped at the facility: (yes) _____ (No) _____

My child's Photo may be posted to our Kid Fit Facebook page: (yes) _____ (No) _____

Our staff may give my Child emergency medical treatment if needed (yes) _____ (No) _____

Does your child know how to swim? No _____ Beginner _____ Average _____ Advanced _____

As parent/ guardian I acknowledge and understand that Kid Fit is a fitness based program, which is based on being physically active. While our staff will try to prevent injuries from happening, injuries may happen from time to time. I understand Kid Fit does not have liability insurance and that you as the parent are responsible for your child's insurance coverage. I have been informed of the vacation weeks available for Summer Camp and After school care.

Initial here _____ Please provide director with any legal matters that may exist concerning custody issues with the child you are enrolling today. We will only release your child to the people listed above and any changes to this registration form, must be made by the Parent/ guardian registering the child.

Parents signature: _____ Date: _____

Director Use Only: Enrollment Date: _____ Start: _____ Withdrawal: _____ Registration Fee: _____

Weekly Tuition: _____ --'Amount Paid: _____

Barcode: _____ Agreement: _____



Billing Information

AFTER SCHOOL CARE 2020/2021 Registration \$ 35.00 Tuition \$ 65.00

Child's Name : _____

Parent's Name: _____ Phone# _____

Please enroll my child with the same terms and conditions stated in the Kid Fit Child Care Handbook. My child's tuition will be drafted each week from the account information provided below. If at any time my account information changes, I will provide the Director with change as soon as possible. Tuition payments will be drafted on **Friday prior to the week** your child attends. If Friday falls on a federal holiday or banks are closed, we will process drafts on the following work day. Please provide account information below:

Please attach a copy of a voided check or bank card.

Checking/ Savings Account Information:

Please check one of the following: Checking___ Savings___ _

Bank routing# _____ Bank account# _____

Bank Name: _____

Account Holder's Signature: _____ Date: _____

Please Print Name: _____ Date: _____

There **will be a \$15.00 NSF fee** on tuition payments that have been returned or declined.

You will need to pay tuition and late fees by cash no later than the Wednesday of that week your draft returned.

We have the right to remove your child from the program and you may lose you spot if payment is not received.

Office Use Only:

Director's Signature: _____ Date: _____

Paid Today: _____ Cash ___ Check ___ CC ___ 1st Draft Date: _____

Weekly Draft Amount: _____ Start Date: _____ Siblings _____



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Liability Waiver and Medical Consent

Each & All participants must have a completely filled out and signed a waiver.

Child/Children's Name: _____

Parent's Name: _____ Address: _____

Email _____

Contact#: _____ # _____

I/We hereby agree that I/We and the registrant will abide by the rules of Kid Fit and its affiliates and sponsors. I/We hereby give approval for the participation of my child/children in any and all Kid Fit activities. Recognizing the possibility of physical injury associated with recreational, competitive, and/all forms/type of exercising and in consideration for KidFit, accepting the registrant for its KidFit activities, programs, field trips, exercise programs, I/We hereby assume all risk and hazards incident to such participation, and I/We hereby release, discharge, absolve, indemnify, and agree to hold harmless KidFit, GC Fitness Inc., OBA KidFit, OBA The Energy Club, and its affiliated organizations and sponsors, their employees and associated personnel the owners, supervisors, directors, participants, persons of parents transporting registrant to or from such activities, including the owners of the facilities utilized for the activities, including transportation to and from said activities, which transportation I/ We hereby authorize.

Furthermore, I/We know of no impairment of deficiency in physical health of otherwise that would limit or prohibit: **(child's name)** _____ from participating in KidFit activities, exercise programs and/ or game competitions. I/We agree to advise and make known to the instructor and/or program director any change in the physical health or any other condition that would limit or prohibit the above named person/camper from participating in Kid Fit activities, exercise programs and/or game competitions or other Kid Fit sponsored activities.

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above named person or persons, I/We hereby give my consent for emergency medical treatment prescribed by a duly licensed doctor of medicine or doctor of dentistry. The care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature _____ Date _____

KIDFIT @ THE ENERGY CLUB MEMBERSHIP AGREEMENT

The Energy Club

the ultimate in fitness

P.O. Box 316 • Long Beach, MS 39560

MEMBER INFORMATION

Parent Name: _____

Childs Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ School attending _____ DOB: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Parents information:

Name: (Mother) _____

Cell# _____

(Father) _____

Cell# _____

MEMBERSHIP INFORMATION

TYPE:	STATUS:
STANDARD	INDIVIDUAL
FULL ACCESS	COUPLE
CORPORATE	FAMILY
<input checked="" type="checkbox"/> KID FIT	SENIOR
OTHER	OTHER

MEMBERSHIP FEES:

Disclosure:	
1. Initiation Fee	\$ <u>1.00</u>
2. Adjustments	\$ _____
3. Current Mnt. Dues	\$ <u>1.00</u>
4. Other Fees	\$ _____
5. Card Fee	\$ _____
6. Total Due	_____
(3+4+5+6+ 7)	\$ _____
7. Amount Paid	\$ _____
8. Amt. Due (Deferred)	\$ <u>2.00</u>
Balance Due on Membership Plan: consecutive monthly payments of \$ 1.00 Total Due \$2.00	
1st Installment Due	_____ 20
<u>The Energy Club Membership is paid in your weekly after school Fees.</u>	

TERMS OF MEMBERSHIP

- This agreement represents the complete understanding between the Member and the Club. No representations, written or oral, other than those contained within this agreement are authorized by or binding upon the Club.
- The terms of this agreement are monthly. Monthly dues for the terms of this agreement shall be \$ 1 per week (included in your weekly KIDFIT Fees). Upon expiration of the terms of this agreement, the Club may adjust the dues.
- Dues entitle the Member to use the Club facilities within the scope of the type of membership selected. The Member is obligated to pay dues regardless of whether or not the Member actually uses the Club facilities.
- Initiation fees are not refundable. Memberships are nonproprietary, nonvoting, and nontransferable.
- Member understands that he/she is agreeing to the stipulations set forth in this agreement. Membership may be canceled at Manager's discretion for reasons of either (1) Relocation a distance of 10 miles or more from The Energy Club facilities, (2) For medical reasons with a written request to discontinue exercising from a (2) medical physician.
- Members may bring guests only in accordance with the Club's rules and regulations. Members shall be responsible for the conduct of their guests and the payment of all charges incurred by those guests.
- The Member may terminate his or her membership after the expiration of the terms set forth above by notifying the Club in writing sixty days prior to the termination date and paying all amounts then owed to the Club in full. Notice of termination may be given in writing by registered mail or by completing forms in the Club's business offices.
- Unless the Member terminates his or her membership as set forth in the preceding paragraph, the membership will be automatically renewed on a month to month basis at the expiration of the term set forth above. The Member will be obligated to pay monthly dues, regardless of whether he or she uses the Club facilities until sixty days after the Club has received written notice of termination.
- Management of the Club may suspend or cancel the rights, privileges, or membership of any member whose actions are detrimental to the enjoyment of the Club facilities by other members.
- Club management may, from time to time, change the rules and regulations governing the operations of the Club. Notice of these changes will be made available to members through normal means of communication.
- The Member will be liable for payment of all costs incurred by the Club in the collection of past dues obligations to the Club, including court costs and reasonable attorney's fees.
- The Member/Parent acknowledges on behalf of their child accepts the risks inherent in the use of Club services and facilities. By use of the Club facilities and services, the Member/Parent hereby voluntarily assumes the risk of injury, accident, death, loss, cost, or damage to his or her person or property which might arise from the use of the Club services or facilities. The Member, his or her heirs, executors, representatives, or assigns, hereby releases the Club from all claims or liabilities for personal injury or property damage of any kind sustained by the Member/Child while on the premises of the Club except for injuries or damage directly caused by the willful misconduct of the officers, employees, or agents of the Club. Member further certifies that he or she is in good physical health and able to undertake and engage in the physical exercise or sports activities in which he or she chooses to participate.
- The purpose of this agreement is to insure that the Member understands the duties and responsibilities of the Club membership. This is a legally binding agreement and if it is not understood by the Member, he or she should consult an attorney of his or her choice.
I (We) hereby apply for membership at THE ENERGY CLUB.
I (We) certify that I (We) have read and understand the terms of this agreement as well as the membership bylaws, the member handbook, and club rules and regulations, and agree to abide by such rules and regulations.

If within 5 business days you decide you do not wish to remain a member, a certified mail notice to cancel must be received by The Energy Club by the 5th business day.

Parent Signature: _____ Dated this _____ day of _____, 20____ Membership Coordinator: _____

FOR OFFICE USE ONLY

	Club Representative	Renewal Date:	Member Number
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Coronavirus 19 Guidelines

Kid Fit will be resuming **AFTERSCHOOL Care** Monday August 10 2020, with the following extra precautions:

Do NOT bring your children if:

- they have a fever, symptoms of cold, flu or virus, or have had these symptoms in the past two weeks
- anyone they have been in contact has a fever, symptoms of cold, flu or virus, or have had these symptoms in the past two weeks
- your child, or anyone they have been in contact with has travelled overseas, out of state or another part of the state where they could have been infected

All children and staff will have their temperature taken prior to entering the building and declined entry if they have fever.

I (full name) _____

parent/guardian of (child/ child dren's full name(s) _____

Agree to the above precautions, including allowing Kid Fit staff to use a forehead thermometer daily to check my child/children's temperature and agree that entry will be declined if they have fever and by writing my initials to each of the following statements, **Attest** that my child/ children: **IF a Child arrives with any of the following symptoms, the child will be isolated and parents will be called to pick up the child.**

(Initials)

_____ DO NOT HAVE and HAVE NOT HAD a fever, symptoms of cold, flu or virus, in the past two weeks

_____ HAVE NOT BEEN in contact with anyone who has a fever, symptoms of cold, flu or virus, or have had these symptoms in the past two weeks.

_____ HAS NOT travelled overseas, out of state or another part of the state where they could have been infected.

Thank you for your support and understanding during this time as we strive to support you.