

Funtastics Kids Club Enrollment Form 2019

FULL/PART TIME

Camper _____ Age _____ Date of Birth _____/_____/_____

Mother _____ Cell _____ Place of Work _____

Father _____ Cell _____ Place of Work _____

Home Address _____ Email _____

What time should we expect your child to arrive? _____ Pick Up Time _____

Please list all Individuals (name & relationship to child) who are authorized to pick up child listed above from Funtastics Kids Club:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

PLEASE CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING SUMMER KIDS CLUB 2019.

May / June				
<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>
	28	29	30	X
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

July				
<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>
1	2	3	X	X
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

July / Aug				
<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>
29	30	31	1	2
5	6	7	8	9
We will be CLOSED on: Friday, May 31st Thursday, July 4 th Friday, July 5 th				

The payment/fee shall be \$110.00 per week, \$26.00 per day (\$22.00 gymnast), or \$1,100 for the 11 Week Summer program. A deposit of \$10.00 is required for each week or a deposit of \$5.00 per day of care is to be paid at time of enrollment.

Charges for a child's absence will be Full Price for holding a spot for your child. Fees cannot be transferred to another child or used for future care.

Care for the child listed above shall be provided normally from 7:15 am to 5:30pm on Monday through Friday. To avoid a \$5 late fee Payments must be paid on Monday's for the week of care. If paying daily it will be due by the first day of care that week.

I give permission for my child, listed above, to participate in the activity of Gymnastics including Trampoline Class and Free Play under the supervision and direction of a Funtastics staff member who is of legal age. Furthermore, I understand the activity is considered high risk and realize there is always the possibility of accidental injury.

I give permission for a Funtastics staff member to apply sunscreen to my child, listed above.

I give permission for my child, listed above, to swim under the direct supervision of a Funtastics staff member who has a current certification in FIRST AID and CPR.

I AM COMMITTING TO PAY FOR THE DAYS I HAVE CIRCLED ABOVE IN FULL. AND IN TURN, I WILL BE ASSURED THAT FUNTASTICS WILL HOLD A SPOT FOR MY CHILD FOR EACH OF THE DAYS I HAVE CIRCLED ABOVE. I UNDERSTAND THAT AT TIME OF ENROLLMENT I MUST PAY A DEPOSIT OF \$10 FOR EACH WEEK OR \$5 FOR EACH DAY OF CARE THAT WILL BE PROVIDED BY FUNTASTICS.

Parent/Guardian Signature

Date