

FUNTASTICS KIDS CLUB ENROLLMENT FORM 2019

PLAY & SWIM

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:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

In case of inclement weather...Students will PLAY in the Gym instead of Swim.

The payment/fee shall be **\$12.00** per day or **\$100.00** for the 10 Week Summer Session.

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 for future use.

PLAY & SWIM is offered on Monday's, Tuesday's and Wednesday's from **2:30-5:30 pm**.

I understand that the hours for PLAY & SWIM coincides with the KIDS CLUB daycare program and I give permission for my child, listed above, to join in the activities provided by KIDS CLUB and I will provide the necessary forms that are required for my child's participation.

I give permission for my child, listed above, to participate in the activity of Swimming, Gymnastics including Trampoline, 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.

The signature of the parent/guardian to this contract also indicates that they agree to abide by the written policies of Funtastics. Policy changes will be made from time to time.

I UNDERSTAND THAT MY CHILD'S PARTICIPATION IN PLAY & SWIM REQUIRES THE FOLLOWING KDHE FORMS TO BE FILLED OUT AND RETURNED TO FUNTASTICS: "HEALTH HISTORY FORMS" & AN "AUTHORIZATION FOR EMERGENCY MEDICAL CARE FORM". I HAVE INCLUDED (ON THE BACK OF THIS FORM) ANY OTHER SPECIAL INFORMATION CONCERNING MY CHILD ABOUT ALLERGIES TO INSECT BITES, FOODS OR MEDICATIONS.

Parent/Guardian Signature

Date