

FUNTASTICS KIDS CLUB ENROLLMENT FORM 2020

DROP-IN

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

Mother _____ Cell _____ Place of Work _____

Father _____ Cell _____ Place of Work _____

Address _____ City _____ Zip _____ 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 _____

Funtastics Kids Club will be COSED on Friday May 29th and Friday July 3rd

The payment/fee shall be **\$26.00** per day for non-members and **\$24.00** per day for gymnasts who are currently enrolled.

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 **7:00 am** to **5:30pm** on Monday through Friday. To avoid a **\$5 late fee**, the daily fee must be paid upon **SIGNING IN** for the day of care (not at pick up time).

I understand that my child is a DROP-IN student and will only be allowed to attend Kids Club when openings are available.

I realize to secure a spot I will need to pay a **\$5 deposit** in advance otherwise there is no guarantee that a spot will be available for my child on any given day and that my child may be turned away by Funtastics if the program is full.

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.

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 THE ONLY WAY TO SECURE A SPOT FOR MY CHILD IS TO PAY A \$5 DEPOSIT PER DAY OF CARE IN ADVANCE OF MY CHILD ATTENDING THE PROGRAM. I UNDERSTAND THAT IF I CHOOSE NOT TO PAY A \$5 DEPOSIT IN ADVANCE THAT MY CHILD MAY BE TURNED AWAY FROM CARE IF THE PROGRAM IS FULL ON ANY GIVEN DAY.

Parent/Guardian Signature

Date