

# NO BUMMER SUMMER

TNT Kid's Fitness & Gymnastics Academy  
2012 Registration Form

Form must be filled out in its entirety with all signatures.  
Please allow a minimum of three business days to process.

PLEASE PRINT

## I. Child

Child's Name (First/Middle/Last):	Male/Female:
Date of Birth:	Nickname:
Child's Name (First/Middle/Last):	Male/Female:
Date of Birth:	Date of Birth:
Child's Name (First/Middle/Last):	Male/Female:
Date of Birth:	Date of Birth:

## II. Parent/Guardian

Parent/Guardian Names:		Relationship to Child:
Address:	City:	State/Zip Code:
Home Phone:	Mom's Cell Phone:	Dad's Cell Phone:
Mom's Employer:		Mom's Work Phone:
Dad's Employer:		Dad's Work Phone:
E-Mail Address:		

## IV. Emergency Contact (other than Parent/Guardian)

In case of an emergency and guardians cannot be reached, the following adults should be contacted: <b>(Required to be local;</b> Parents must list a minimum of two individuals). These individuals will be authorized to pickup unless otherwise indicated.		
Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:
Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:

### V. Additional Authorized Pickups

<b>Unless otherwise authorized in writing, no one but the Parent/Guardian/Emergency Contacts may pickup children from TNT. List below other adults authorized for this purpose. A photo ID is required at time of pickup. (Note: Additions or deletions may be made to this at anytime by contacting TNT in writing.)</b>	
Name:	Relationship:
Name:	Relationship:

### VII. Medical Information (Required)

Name of Physician:	Phone:
Hospital Preference:	Phone:
Clinic:	Phone:

### VIII. Medical Conditions

Please check any that apply for your child.	
Attention Deficit Disorder (ADD)	Mild to Moderate Mental Impairment (MMMI)
Hyperactivity Disorder (ADHD)	Moderate to Severe Mental Impairment (MSMI)
Attention Deficit	Early Childhood Special Education (ECSE)
Allergies: (Please list)	Food Allergies: (Please List)
Depression Disorder	Emotional/Behavioral Disturbed (ECSE)
Asthma, RAD	Visual Impairment
Eczema/Dermatitis	Speech Impairment
Seizure	Hearing Impairment
Specific Learning Disability	Physical Disability
Developmentally Delayed	Other – Please specify:
Are there any medications that your child takes on a regular basis? YES NO If yes, please list:	

### IX. Summer 2012 Tuition Rates

NO BUMMER SUMMER PROGRAMS RATES PER CHILD/PER WEEK	
<b>Registration Fee</b>	<b>\$25.00 per child</b>
<b>Full-Time (7:00 AM-6:00 PM, 5 days/wk)</b>	<b>\$180.00 per week/per child</b>
<b>Part-Time (3 full days or 5 half days/wk)</b>	<b>\$108.00 per week/per child</b>
<b>Child's Schedule with TNT Program- Please Fill Out</b>	
<b>Circle Days:</b>	Monday      Tuesday      Wednesday      Thursday      Friday
<b>Circle Times:</b>	7:00 AM-12:00 PM      12:30 PM-6:00 PM      7:00 AM-6:00 PM
<b>Drop Off Time:</b>	<b>Pick-Up Time:</b>

Please select camp weeks:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Week 1 (June 4-8)   | <input type="checkbox"/> Week 5 (July 2-6)   | <input type="checkbox"/> Week 9 (July 30-Aug 3) |
| <input type="checkbox"/> Week 2 (June 11-15) | <input type="checkbox"/> Week 6 (July 9-13)  | <input type="checkbox"/> Week 10 (Aug. 6-10)    |
| <input type="checkbox"/> Week 3 (June 18-22) | <input type="checkbox"/> Week 7 (July 16-20) | <input type="checkbox"/> Week 11 (Aug. 13-17)   |
| <input type="checkbox"/> Week 4 (June 25-29) | <input type="checkbox"/> Week 8 (July 23-27) |   |

### X. Child Drop-Off & Pick-Up Policy

It is the policy of TNT, that a child will not be released to any individual who is not named on this registration form as a parent/guardian or indicated as an emergency contact or authorized pick up.

**Verbal permission by the parent is not permitted.** Any changes must be made to the front office in writing by the parent/guardian. **A photo ID may be required at time of pickup.** NO BUMMER SUMMER services **close at 6:00 PM daily.** When a child is not picked up by 6:00 pm there will be an **additional \$10.00 late charge for up to every 10 minutes** after 6:00 pm.

**Parents must sign their child out from TNT at the front desk when removing them from our care.** This is a liability release and safety issue requirement.

**\*For Full Refund, cancellation of a week must be notified two weeks prior to camp date\***

### NO BUMMER SUMMER Parent Agreement & Consent Form

Please read each section carefully. By signing the bottom you have agreed to the policies and procedures that TNT follows.

#### Parent Agreement

1. I understand that I may visit my child at TNT at any time.
2. I understand that corporal punishment and abuse of any kind will not be allowed at TNT.
3. I understand that TNT MUST report any abuse or neglect suspected or observed to the proper authorities.
4. I understand that if my child has special needs I must schedule a meeting the Special Needs Director prior to attending TNT.
5. I understand that I must report any changes regarding employment status, address, phone numbers, or other relevant information to TNT in a timely manner.
6. **I understand that if I fail to schedule my child within TNT's scheduling guidelines, during camp days, I will be assessed a \$20.00 drop fee (pending on available space).**
7. I understand I must supply my child with sunscreen and insect repellent.
8. **I understand payment must be received 10 days prior to week of attending camp. A late fee of \$5.00 per day will be charged for payments not received on Mondays.**

#### Parent Consent

1. I give permission for TNT to release medical information in the case of an emergency with my child for emergency medical care if reasonable attempts have been made to contact me.
2. I hereby for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against TNT Kid's Fitness & Gymnastics Academy, their agents or representatives; for any injury or damages that may be suffered  
By me, my child adopted or otherwise, in connection with my association of entry in activities involving motion, rotation, and height in a unique environment and as such carries with it the risk of serious injury.

3. I give permission for TNT to transport my child for program related activities. I will be notified in advance where and what time my child will be transported.
4. I understand and acknowledge that college students and other young adults are employed by TNT.
5. I give permission for any student to use or publish information on the care or social interactions with
6. Any of the children as part of their college course work. All names of children will be kept confidential.

I therefore release TNT from any liability for the use and publications of any information by any employee of TNT.

7. I give permission for TNT staff to assist in applying sunscreen and/or insect repellent to my child.
8. I give permission for TNT staff to use antiseptic wipes, antibiotic cream, hydrocortisone cream or first aid in the event my child is injured.
9. **Permission to Use Photograph:** I grant TNT Kid's Fitness & Gymnastics Academy its representatives and employees the right to take photographs of the above identified child(ren). I authorize TNT Kid's Fitness & Gymnastics Academy, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that TNT Kid's Fitness & Gymnastics Academy may use such photographs with or without the name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and agree to the policies and procedures listed above.	
Parent Signature:	Date:

## Behavior Contract

### No Bummer Summer 2012

**The physical and emotional safety of each child is a priority during our "NO BUMMER SUMMER Day Camps"**

*Our philosophy is simple: We expect kids to "BE SOMEONE" and make healthy decisions. We believe with this philosophy kids feel safe, they are much more active, and have a lot more "FUN".*

#### **Be Someone:**

1. **Be Active:** We expect Kids to "TRY"; The word "can't" is not allowed
2. **Be Safe:** We expect Kids to be "Physically" and "Emotionally" SAFE
3. **Be Respectful:** We expect Kids to respect "Themselves", "Others", and the "Environment" they are in
4. **Be Responsible:** We expect kids to be responsible for the "Choices" they make

**Discipline plan:** If a child chooses to be inactive, unsafe, disrespectful, or irresponsible the following steps will be taken:

#### **Sink or Swim**

1. All kids start at the top of the water.
2. 1st Warning: Child will sink down 1 level
3. 2nd Warning: Child will sink 1 more level
4. 3rd Warning: Child will sink to the bottom and parent will be notified
5. If child sinks to the bottom 2 times in a week, they will miss 1 day of NBS

\*TNT Staff reserve the right to call parents at any time in cases when a child has impeded the physical or emotional safety of either themselves or any other person or object. \*

Please take the time to discuss these expectations and rules with your child(ren). Please print and sign that you and your child understand the expectations.

Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Child Printed Name: \_\_\_\_\_

Child Signature: \_\_\_\_\_