

# SCHOOL'S OUT DAY CAMP

TNT Kid's Fitness & Gymnastics Academy

2011-2012 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

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

## II. Parent/Guardian

Name:		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 Addresses:			

## 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; Parents must list a minimum of two individuals).</b> These individuals will be authorized to pick-up 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 pick-up 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:
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### VIII. Medical Conditions

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

### IX. Tuition Rates

SCHOOL'S OUT DAY CAMP RATE PER CHILD/PER DAY	
<b>Registration Fee</b>	<b>\$25.00 per child</b>
<b>Day Camp Rate</b>	<b>\$37.00 per day/per child (10% discount for additional children in a family)</b>
<b>Child's Schedule with TNT Program- Please Fill Out</b>	
<b>Circle Times:</b>	7:00 AM-12:30 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 day(s):

<input type="checkbox"/> Sept. 26 (WF)	<input type="checkbox"/> Oct. 20 (All)	<input type="checkbox"/> Oct. 21 (All)	<input type="checkbox"/> Nov. 11 (WF/F)	<input type="checkbox"/> Nov. 23 (All)	<input type="checkbox"/> Dec. 27 (All)	<input type="checkbox"/> Dec. 28 (All)
<input type="checkbox"/> Dec. 29 (All)	<input type="checkbox"/> Dec. 30 (All)	<input type="checkbox"/> Jan. 2 (All)	<input type="checkbox"/> Jan. 16 (All)	<input type="checkbox"/> Feb. 24 (WF)	<input type="checkbox"/> Feb. 27 (WF/F)	<input type="checkbox"/> Feb. 28 (WF/F)
<input type="checkbox"/> Feb. 29 (WF/F)	<input type="checkbox"/> Mar. 1 (WF/F)	<input type="checkbox"/> Mar. 2 (WF/F)	<input type="checkbox"/> Apr. 6 (All)	<input type="checkbox"/> Apr. 9 (All)	<input type="checkbox"/> April 10 (WF/F)	

### 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.** SCHOOL'S OUT DAY CAMP 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 15 minutes** after 6:00 pm.

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

## SCHOOL'S OUT DAY CAMP 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 with 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 I must supply my child with sunscreen and insect repellent.
7. I understand payment must be received the day of registration.
8. Registration form and payment must be turned in 3 days prior to day of camp.

**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 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.
6. I give permission for TNT staff to assist in applying sunscreen and/or insect repellent to my child.
7. I give permission for TNT staff to use antiseptic wipes, antibiotic cream, hydrocortisone cream or first aid in the event my child is injured.
8. **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: _____

<p><b>FOR OFFICE USE ONLY</b></p> <p><b>FORM OF PAYMENT:</b></p> <p>Credit Card- VISA, MC, DSC</p> <p>Cash, Check # _____</p> <p>Coupon or Discount Amount: _____</p> <p><b>TOTAL CLASS AND MEMBERSHIP FEE:</b></p> <p>\$_____ Date Paid: ____/____/____</p>	<p><b>Additional Notes:</b></p>     
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