



## 2017 Application for Preschool Summer Enrollment

For office use only

Weekly rate \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

# Weeks \_\_\_\_\_ Total deposit paid \_\_\_\_\_

Reg. Fee \$ \_\_\_\_\_ Date enrolled \_\_\_\_\_

Payment type \_\_\_\_\_ Staff Name \_\_\_\_\_

Date: \_\_\_\_\_ Class (in Aug.) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Student Information**

Full Name: \_\_\_\_\_

|      |       |        |          |
|------|-------|--------|----------|
| Last | First | Middle | Nickname |
|------|-------|--------|----------|

Address: \_\_\_\_\_

|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Please place a check next to the weeks your child will attend, and circle the days within the week.

|                                  |                  |   |   |    |    |                                    |                                    |                                    |                                    |
|----------------------------------|------------------|---|---|----|----|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Week 1  | May 30-June 2    | T | W | Th | F  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |                                    |
| <input type="checkbox"/> Week 2  | June 5-9         | M | T | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |
| <input type="checkbox"/> Week 3  | June 12-16       | M | T | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |
| <input type="checkbox"/> Week 4  | June 19-23       | M | T | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |
| <input type="checkbox"/> Week 5  | June 26-30       | M | T | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |
| <input type="checkbox"/> Week 6  | July 3-7         | M |   | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |
| <input type="checkbox"/> Week 7  | July 10 -14      | M | T | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |
| <input type="checkbox"/> Week 8  | July 17 -21      | M | T | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |
| <input type="checkbox"/> Week 9  | July 24- 28      | M | T | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |
| <input type="checkbox"/> Week 10 | July 31-August 4 | M | T | W  | Th | F                                  | <input type="checkbox"/> 9:00-2:00 | <input type="checkbox"/> 8:00-5:00 | <input type="checkbox"/> 7:00-6:30 |

**Family Information**

Custody: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Emergency Contacts**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

|      |         |              |             |
|------|---------|--------------|-------------|
| Name | Address | Phone number | Cell number |
|------|---------|--------------|-------------|

|      |         |              |             |
|------|---------|--------------|-------------|
| Name | Address | Phone number | Cell number |
|------|---------|--------------|-------------|

|      |         |              |             |
|------|---------|--------------|-------------|
| Name | Address | Phone number | Cell number |
|------|---------|--------------|-------------|

**Medical Information**

I hereby grant permission for the staff of A Kids Gym to contact the following medical personnel to obtain emergency medical care if warranted.

\_\_\_\_\_  
Doctor Address Phone number

\_\_\_\_\_  
Dentist Address Phone number

Hospital Preference \_\_\_\_\_

Allergies or other special medical needs: \_\_\_\_\_

**USE AND HOLD HARMLESS AGREEMENT**

\_\_\_\_\_ A Kids Gym LLC does not furnish personal medical coverage for any activities held in the gym. In the event of personal injury, I understand I will be responsible for all financial obligations connected with the accident. I agree with the signing of this contract that I hereby indemnify, hold harmless and defend A Kids Gym, it's officers, agents, and employees from any and all claims resulting from injuries, damages, losses, or death sustained by me, my children, and/or spouse, and arising or of, connected with, or in any way associated with the participation of any activity.

**MEDICAL EMERGENCY**

\_\_\_\_\_ I hereby authorize A Kids Gym LLC and its employees to take any and all measures deemed necessary, including contacting the local emergency unit and/or performing CPR/First Aid, for the protection and well-being of my child while in the care of A Kids Gym. In the event of a medical emergency, my child will be transported to a facility deemed appropriate by the attending local emergency unit. I understand that in some situations the above mentioned unit may be contacted before the parent, the child's physician, or other adult name by the parent as an emergency contact.

**DISCIPLINE PRACTICES AT A KIDS GYM**

\_\_\_\_\_ We strongly believe that positive discipline begins well before a child's behavior ever exceeds acceptable limits. From the onset, age-appropriate behaviors are identified and clearly communicated. Teachers discuss sharing, taking turns, and appropriate play limits with each child. It is essential that we maintain an environment that encourages children to explore, take risks, and make mistakes that are so vital in the learning process. To do this, a teacher's priority becomes "catching a child doing something right," and then praising that effort with smiles, hugs and attention. A teacher's job also consists of identifying potential trouble spots and eliminating them. With proactive planning and communication on a daily basis, we try to instill a positive sense of responsibility and accountability in each child. Clear limits give children confidence, and allow them to successfully interact in the classroom environment. When inappropriate behavior does occur, it is important for a child to know why that behavior is inappropriate. The teacher will immediately communicate to the child and redirect that behavior in a positive direction. These communications are handled respectfully and firmly, and are NEVER intended to embarrass or belittle a child. Specific behaviors are identified as inappropriate, never the child him/herself. The approach will affirm the value of each individual child. Time-away is used as a last resort, with emphasis on removing the child from the situation and doing something else. A Kids Gym will NOT permit and will NOT use any abusive disciplinary actions including, but not limited to, spanking, grabbing, shaking, yelling, or embarrassing a child.

\_\_\_\_\_ I authorize A Kids Gym to use any photographs of my child for advertising and/or publicity purposes.

\_\_\_\_\_ My child may eat/take part in snacks brought in by others or provided by A Kids Gym.

\_\_\_\_\_ I understand that I need to give a two week notice in order to drop or change any weeks I sign up for. If I fail to give a two week notice, I also understand that I must pay the tuition whether my child attends or not.

I have been provided, read and understand all camp rules, policies and procedures.

All information provided on this form is complete and accurate.

\_\_\_\_\_ I request that my child be in the same class as \_\_\_\_\_. I understand that my request will be carefully considered, but that it may be denied due to the ages of the children or ratios of the classroom. I understand that A Kids Gym will make every effort to accommodate my request, if possible.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_