



2020 Application for Preschool Summer Enrollment

Date: _____

For office use only

Weeks _____ Total deposit paid _____

Reg. Fee \$ _____ Date enrolled _____

Staff Name _____

In Procure _____ On Rosters _____

Student Information

Full Name: _____

Last
First
Middle
Nickname

Address: _____

Street
City
State
Zip

Class (in Aug.) _____ Date of Birth: _____ Age: _____ Sex: _____ Potty-trained? _____

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

<input type="checkbox"/> Week 1	June 1-5	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 2	June 8-12	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 15-19	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 22-26	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 29-July 3	M	T	W	Th		<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 6-10	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 7	July 13-17	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 20-24	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 27-31	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	August 3-7	M	T	W	Th		<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
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Dentist	Address	Phone number
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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 _____