

Lake Crystal Area Recreation Center After School, Late Start & All Day Program

Monday-Friday

7am-5:30pm

Grades K-5/ages 5-12

507-726-6730

lcarcfitkids@gmail.com



Registration:

Please complete attached forms, which can be turned in at the LCARC to the Fit Kids Coordinator, Larissa Ward or mailed to

LCARC

621 W. Nathan St.

Lake Crystal, MN 56055

Registrations are on a first-come, first-serve basis and families registered during previous school year and summer programs will have priority. If you have any questions please feel free to contact the Fit Kids Coordinator at any time. Families must be contracted for After School Fit Kids to participate in Late Start and All Day Fit Kids.

Cost:

- Contracts will be used to calculate your weekly rate for the Fit Kids program.
- With the contract, you may pay on a bi-weekly or monthly basis.
- If you need to change your contract, a two-week written, signed and dated notice is required (emailed notice is acceptable).
- A registration fee will be added on to your first statement when your child is officially registered. \$20 per child with a \$35 maximum per family.
- One-week of vacation is allowed per family, which must be used consecutively with a minimum of a one-week notification required.
- There is a late pick-up fee of \$1 for every minute after 5:30pm. Five late pick-ups within a term will result in a contract termination.

Payments:

- Billing will be calculated every other week.
- You will receive a statement with current balance due via email.
- If paying monthly, to avoid a \$25 late fee, a payment must be received before the 10th of the current month for the previous month's balance.
- You can pay by cash, check or credit cards by taking your statement to the front desk of the LCARC-Please keep a copy of your receipt for proof of payment. You may also give a check to the Fit Kids instructors at the school.
- Credit card automatic withdrawal is also available. Please use attached form.
- School year balances must be paid up in order for your child(ren) to participate in the summer Fit Kids program.
- Upon the first late or declined payment, a reminder will be sent. Upon the second missed or declined payment, your child will not be eligible to participate in the Fit Kids program until your balance has been paid.

Transportation:

- Transportation is provided from the LCARC to the LCWM Elementary school on late start days. Fit Kids will be bused from the LCARC ONLY if they are registered for the late start day.
- Transportation is provided from LCWM Elementary to the LCARC every Friday, as well as scheduled early outs. Please notify your child's teacher about busing.

Absences:

- Please notify the Fit Kids program if your child will not be attending on their scheduled day. This may be done by calling or texting the Fit Kids phone at (507) 469-8801; or emailing Larissa at lcarcfitkids@gmail.com.
- You are responsible for paying the contracted amount regardless of your child's actual attendance.
- If your child does not show up on their normal contracted day, and you have not notified us of an absence, you or your emergency contacts will be contacted.

Snacks and Lunches:

- We will provide one snack per day.
- **Please help us encourage healthy habits by not sending pop and any other "junk food" items with your child.**

Items to Bring:

- **Gym shoes** that can stay in cubby (good walking shoes)
- **Swimsuit** and towel that stay at Fit Kids- we will wash them each Friday
- **Water bottle** that can stay in cubby
- **Snow pants, hats, mittens or gloves during winter time!**

Family Name: _____ **Date Submitted:** _____ **(Staff only)**

Fit Kids Contract Pricing School Year 2024-2025

Member Contract Pricing		Non-Member Contract Pricing	
5 days/week	\$45.00	5 days/week	\$55.00
4 days/week	\$36.00	4 days/week	\$48.00
3 days/week	\$30.00	3 days/week	\$39.00
2 days/week	\$24.00	2 days/week	\$30.00
1 day/week	\$15.00	1 day/week	\$18.00
Drop-in	\$18.00	Drop-in	\$21.00
Late Start (7am-9:45am)	\$15.00	Late Start (7am-9:45am)	\$18.00
Early Outs (12:45pm-5:30pm)	\$20.00	Early Outs (12:45pm-5:30pm)	\$25.00
All Day Fit Kids (7am-5:30pm)	\$35.00	All Day Fit Kids (7am-5:30pm)	\$40.00

***Member pricing requires a one year LCARC Family membership**

Contract

Child 1 _____ **D.O.B** _____

Member

- _ 5 days
- _ 4 days
- _ 3 days
- _ 2 days
- _ 1day/drop in
- _Late Start/All Day FK Only

Non-Member

- _ 5 days
- _ 4 days
- _ 3 days
- _ 2 days
- _ 1 day/drop in
- _Late Start/All Day FK Only

Days of Attendance:

Days of the week I plan to have my child attend: **(circle)**

M **T** **W** **TH** **F** *Date of first attendance: _____

Child 2 _____ **D.O.B** _____

Member

- _ 5 days
- _ 4 days
- _ 3 days
- _ 2 days
- _ 1day/drop in
- _Late Start/All Day FK Only

Non-Member

- _ 5 days
- _ 4 days
- _ 3 days
- _ 2 days
- _ 1 day/drop in
- _Late Start/All Day FK Only

Days of Attendance:

Days of the week I plan to have my child attend: **(circle)**

M **T** **W** **TH** **F** *Date of first attendance: _____

Child 3 _____ **D.O.B** _____

Member

- _ 5 days
- _ 4 days
- _ 3 days
- _ 2 days
- _ 1day/drop in
- _Late Start/All Day FK Only

Non-Member

- _ 5 days
- _ 4 days
- _ 3 days
- _ 2 days
- _ 1 day/drop in
- _Late Start/All Day FK Only

Days of Attendance:

Days of the week I plan to have my child attend: **(circle)**

M **T** **W** **TH** **F** *Date of first attendance: _____

Contact Information & Authorizations:

Parent/Guardian: _____
Address: _____
Email: _____
Phone #'s:
Home: _____
Cell: _____
Work: _____ Place of work: _____

Parent/Guardian: _____
Address: _____
Email: _____
Phone #'s:
Home: _____
Cell: _____
Work: _____ Place of work: _____

Authorization to Participate:

Yes No I give my permission for my child to participate in all trips or excursions. I understand that transportation for these trips or excursions may be by bus, car, or walking.

Yes No I give my permission for my child to be included in evaluations , pictures , and videos associated with the program. These photos can also be used on Facebook, Program Guides, or Newspapers.

Yes No I give my permission for my child to view G and PG rated movies.

If neither parent is available in an emergency, notify:

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Phone: _____	Phone: _____

Persons Authorized to pick up my Child: (Must be 16 or older)

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____

Liability Waiver: I understand that any medical expenses resulting from any illness or injury my child may incur while attending this program are my responsibility. I hereby release the LCARC and their directors, officers, board members, employees, agents, successors, and assigns from any and all claims, demands, actions or causes of action whatsoever, and from any and all liability for any and all loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me or my child's participation in any LCARC program. I further agree and consent to emergency treatment of my child by physician or hospital in the event that I cannot be reached.

(Parent/Guardian Signature) (Date)

(Parent/Guardian Signature) (Date)

***Contract must be signed by all legal Parent's/Guardians.**

Fit Kids Health History/Concerns:

Does your child currently have or has had in the past:
child:

If yes, please indicate which

1. Diabetes yes/ no: _____
child's Name: _____

2. Asthma yes/ no: _____
child's Name: _____

3. Dizzy Spells yes/ no: _____
child's Name: _____

4. Epilepsy yes/ no: _____
child's Name: _____

5. ADD or ADHD yes/ no: _____
child's Name: _____

6. List medications your child takes regularly:

***Please note:** To administer medication during Fit Kids, an administration of medicine release form needs to be filled out.

Please fill in the following ONLY if we do not already have dates/info on file:

7. Date of last Tetanus Shot: child 1 _____ Child 2 _____ child 3 _____

8. Date of last MMR (measles, mumps, rubella): child 1 _____ child 2 _____ child 3 _____

9. Has your child had the Chicken Pox vaccine: ___ No ___ Yes
Date: child 1 _____ child 2 _____ child 3 _____

10. Date completed Hepatitis B series: child 1 _____ child 2 _____ child 3 _____

11. Latex sensitivity: ___ No ___ Yes child's Name(s):

12. List any conditions/allergies we should know about:
Child : _____
Condition(s): _____

Child : _____
Condition(s): _____

Child : _____
Condition(s): _____

I attest that, to my knowledge, I have given correct answers.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Signature: _____ Date _____

Administration of Medication Release Form:

Please fill out only if child should need medication during Fit Kid supervised hours

1) Child's Name:

Medication Name:

Dosage/Administration Times:

Side Effects/Other Information:

2) Child's Name:

Medication Name:

Dosage/Administration Times:

Side Effects/Other Information:

3) Child's Name:

Medication Name:

Dosage/Administration Times:

Side Effects/Other Information:

Doctors Name: _____ Phone Number:

I, _____ (Parent/ Guardian Name) hereby agree and consent LCARC and the Fit Kids staff to give medication to _____ (Child's Name) at the times and dosages listed above. I understand that any **new medication or dosage changes will require an updated Fit Kids Administration of Medication Release Form.**

Signed: _____ Date: _____
(Parent/Guardian Name)

Signed: _____ Date: _____
(Parent/Guardian Name)

Physician's Signature: _____ Date: _____
(If Necessary)

Behavior Guidelines and Expectations for Fit Kids

Participants:

I understand that if my child exhibits any of the following behaviors, I will be notified immediately. Additionally, I understand that **two or more occurrences, without sustained improvement, will result in consequences up to ineligibility to continue participation in the fit kids program.**

It is very important for staff, and the safety of all children in our Fit Kids program, that behavior guidelines are followed. Fit Kids does not have the capacity to provide 1:1 staffing for children with behavior issues. If Fit Kids staff determine that your child does not meet the behavior guidelines, your child may be excused from our program.

If your child exhibits any of the following behaviors, you will be notified immediately:

- Use of inappropriate language**
- Aggressive, abusive, disturbing or disruptive acts**
- Behavior that endangers or injures other children**
- Inappropriate touching or exposure**
- Destruction of property - LCARC property, school property, or any property that fit kids uses throughout the summer**
- Refusal to participate in scheduled activities**
- Refusal to follow instructions of staff members**
- Disrespect to other Fit Kids participants, instructors or staff**

Two or more occurrences of the above, even if unrelated, without sustained improvement, will result in dismissal from the program. Depending on the situation, your child may be sent home from Fit Kids for the remainder of the day. If your child needs to be sent home, you will have 30 minutes to pick your child up from the program once you have been notified. Behavior guidelines are at the discretion of Fit Kids staff - and if an occurrence is deemed severe, your child will be immediately dismissed from the program. Participants may be suspended from the program for the remainder of the day, a week, or indefinitely.

These guidelines have been established to ensure the safety of all participants and staff, and to promote a positive environment for the Fit Kids program. It will be at the sole discretion of the Fit Kid's staff to decide when behavioral guidelines have been violated. It is at the sole discretion of the Fit Kids Coordinator to decide if and when the child is to be expelled from the Fit Kid program.

Parent Signature of Acknowledgment

Date

Child's Signature of Acknowledgment

Date

Child's Signature of Acknowledgment

Date

Child's Signature of Acknowledgment

Date

Fit Kids Payment Options:

Fill out the Credit Card Draft Agreement below for automatic withdrawals every other week (withdrawal/billing dates will be noted on your statement)

Make a check/credit card/cash payment at front desk

- o Please take statement from your child's folder to the front desk or place a check in the payment folder. **Keep a copy of your receipt from the front desk** as proof of payment.

Reminders:

- Please be sure to pay for the previous months balance by the 10th of the current month in order to avoid a \$25 late fee.
- Statements will be updated every other week.
- Billing dates and balances will be located in your child's folder for your convenience.
- Feel free to take your statement with you!

Electronic Fund Transfer / Credit Card Draft Agreement

AUTHORITY TO CREDIT CARD COMPANY—I hereby authorize the Lake Crystal Area Recreation Center to withdraw funds from the below account for LCARC membership privileges. I understand that I am liable for membership dues for 12 months and that it is a continuous membership. Each draft will be drawn on or after the 20th of each month. I understand that the plan automatically renews for an additional 12 month period at the current rates unless I notify the LCARC prior to my renewal date. Directly calling my bank will not cancel my EFT / Bank draft. I also understand that there are no refunds for failure to notify at the proper time.

I also understand that there will be a \$20.00 fee added for bankcards with insufficient funds.

Credit Card/Bank Card

Account number: _____ (sixteen digits) _____ Please circle one.

Expiration Date _____ CVV: _____ VISA
MC

X _____
Printed Name

X _____
Signature Date



**Thank
You!**