

Lake Crystal Area Recreation Center
After School, Late Start & Early Out Program 2023-2024
Monday-Friday
2:45-6:00pm
Grades K-5/ages 5-12
lcarcfitkids@gmail.com

Registration:

Please complete attached forms.

These forms can be turned in at the LCARC to the Fit Kids Coordinator or mailed to

LCARC

Attn: Marcie Larson

621 W. Nathan St.

Lake Crystal, MN 56055

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

Cost:

- Contracts will be used to calculate your weekly rate for the Fit Kids program.
- With the contract, you have the option to pay every other week or monthly.
- If you need to change your contract, a two-week written, signed and dated notice is required.
- A registration fee will be added on your first statement when your child is officially registered of \$20 (family maximum of \$35) One-week of vacation is allowed per family, which must be used consecutively with a minimum of a one-week notification required.

Payments:

- Billing will be done every other week.
- Your balance will be provided for you by email
- To avoid a \$25 late fee, a payment must be received before the 10th of the current month for the previous month's payments.
- You can pay by cash, check or credit card by taking your statement to the front desk. Checks can also be left in payment binder to be deposited.
- Credit card automatic withdrawal is also available-please see attached form.

Transportation:

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

Absences:

- Please notify the LCARC if your child will not be attending Fit Kids on their scheduled day.
- You are responsible for paying the contracted amount regardless of your child's actual attendance.
- If your child does not show up on their scheduled day, you or your emergency contacts will be called.

Snacks and Lunches:

- We will provide one snack per day.

Items to Bring:

- **Gym shoes**
- **Swimsuit** and towel that stay at Fit Kids- we will wash them each Friday(for After School & Early Out Program ONLY)
- **Snow pants, hat, mittens or gloves for wintertime!**

*All dates are consistent with LCWM Dist. 2071 No School, Late start, and Early out dates with the exception of major holidays. If school closes on any unscheduled dates due to weather or any other emergency, Fit Kids will close too.

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

After School Fit Kids Contract

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

Weekly Fees (check one):

Member:

- _ 5 days \$40/wk
- _ 4 days \$32/wk
- _ 3 days \$24/wk
- _ 2 days \$20/wk
- _ 1day/drop in \$12/day

Late Start Member:

- _ 1 day/drop in \$10

Days of Attendance for After School Fit Kids: (circle)

M T W TH F

Non-Member:

- _ 5 days \$50/wk
- _ 4 days \$40/wk
- _ 3 days \$36/wk
- _ 2 days \$24/wk
- _ 1 day/drop in \$15/day

Late Start Non-Member:

- _ 1 day/drop in \$12

***Date of first attendance:** _____

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

Weekly Fees (check one):

Member:

- _ 5 days \$40/wk
- _ 4 days \$32/wk
- _ 3 days \$24/wk
- _ 2 days \$20/wk
- _ 1day/drop in \$12/day

Late Start Member:

- _ 1 day/drop in \$10

Days of Attendance for After School Fit Kids: (circle)

M T W TH F

Non-Member:

- _ 5 days \$50/wk
- _ 4 days \$40/wk
- _ 3 days \$36/wk
- _ 2 days \$24/wk
- _ 1 day/drop in \$15/day

Late Start Non-Member:

- _ 1 day/drop in \$12

***Date of first attendance:** _____

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

Weekly Fees (check one):

Member:

- _ 5 days \$40/wk
- _ 4 days \$32/wk
- _ 3 days \$24/wk
- _ 2 days \$20/wk
- _ 1day/drop in \$12/day

Late Start Member:

- _ 1 day/drop in \$10

Days of Attendance for After School Fit Kids: (circle)

M T W TH F

Non-Member:

- _ 5 days \$50/wk
- _ 4 days \$40/wk
- _ 3 days \$36/wk
- _ 2 days \$24/wk
- _ 1 day/drop in \$15/day

Late Start Non-Member:

- _ 1 day/drop in \$12

***Date of first attendance:** _____

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

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 and pictures associated with the program, as well as our Facebook page and the newspaper.
- 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:

If yes, please indicate which child:

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 (whether related or not), without sustained improvement, will result in dismissal from the program. Following dismissal from the program, the child will not be readmitted into the program without approval of the Fit Kid Coordinator and Operations Manager.

- Use of inappropriate language
- Aggressive, abusive, disturbing or disruptive acts
- Behavior that endangers other children
- Destruction of property, either LCARC property or other participants property
- Refusal to participate in scheduled activities
- Refusal to follow instructions of staff members
- Disrespect of other Fit Kids participants, instructors or staff

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
 - Please take statement from Fit Kids payment binder to the front desk and **return a copy of your receipt to the envelope located in front pocket of payment binder** 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 the payment binder 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)

Expiration Date _____

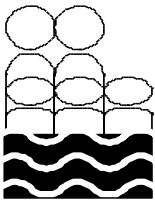
Please circle one.
 VISA
 MC

X _____
 Printed Name

X _____
 Signature

_____ Date

Office Use Only
 Contract Number 00-



**Lake
 Crystal
 Area
 Recreation
 Center**

**Thank
 You!**