

Lake Crystal Area Recreation Center Fit Kids Summer Program 2022

Monday-Friday

7am-5:30pm

Grades K-5/ages 5-12

507-726-6730



Registration:

Please complete attached forms.

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

621 W. Nathan St.

Lake Crystal, MN 56055

You will be notified no later than **May 24th, 2022** if your registration has been accepted. 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 the Fit Kids Manager at any time.

Cost:

- Contracts will be used to calculate your weekly rate for the Fit Kids program.
- With the contract you are required to pay every other week.
- 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. All registrations received before **May 14th, 2022** will receive an early-bird registration fee option of \$20 (family maximum of \$35). All registrations received after May 14th, 2022 will be charged a fee of \$30 (family maximum of \$45). 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 will result in a contract termination.

Payments:

- Billing will be done every other week.
- Your balance will be provided for you via e-mail.
- 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 cards by taking your statement to the front desk-Please keep a copy of your receipt for proof of payment. You may also place checks in the payment folder, located in the Fit Kids Room.
- Credit card automatic withdrawal is also available-please see attached form.

Absences:

- Please notify the LCARC if your child will not be attending Fit Kids on their scheduled day by 9am.
- You are responsible for paying the contracted amount regardless of your child's actual attendance.

Snacks and Lunches:

- Our district has been approved to allow a breakfast and hot Lunch. Kids will be offered breakfast and lunch at the Elementary School.
- 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
- **Sunscreen to share**-minimum of one spray bottle per child please (SPF 30+)
- **Water bottle** that can stay in cubby
- **Extra pair of clothes**- In case of accidents

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

Contract

Child 1 _____ D.O.B _____

Weekly Fees (check one):

Member

- _ 5 days \$110/wk
- _ 4 days \$100/wk
- _ 3 days \$80/wk
- _ 2 days \$55/wk
- _ 1day/drop in \$30/day

Non-Member

- _ 5 days \$125/wk
- _ 4 days \$115/wk
- _ 3 days \$95/wk
- _ 2 days \$65/wk
- _ 1 day/drop in \$35/day

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 _____

Weekly Fees (check one):

Member:

- _ 5 days \$110/wk
- _ 4 days \$100/wk
- _ 3 days \$80/wk
- _ 2 days \$55/wk
- _ 1day/drop in \$30/day

Non-Member:

- _ 5 days \$125/wk
- _ 4 days \$115/wk
- _ 3 days \$95/wk
- _ 2 days \$65/wk
- _ 1 day/drop in \$35/day

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

Child 3 _____ D.O.B _____

Weekly Fees (check one):

Member:

- _ 5 days \$110/wk
- _ 4 days \$100/wk
- _ 3 days \$80/wk
- _ 2 days \$55/wk
- _ 1day/drop in \$30/day

Non-Member:

- _ 5 days \$125/wk
- _ 4 days \$115wk
- _ 3 days \$95/wk
- _ 2 days \$65/wk
- _ 1 day/drop in \$35/day

Days of Attendance:

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

M T W TH F *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 , 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:

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 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.
 VISA
 MC

Expiration Date _____

CVV: _____

X _____
Printed Name

X _____
Signature Date



Thank You!