



Information is to be completed by the child's parent / guardian.
Once completed, registration forms can be **emailed** to kidfit60@gmail.com

KidFit 60 Summer Registration Form

Student Information (please print clearly)

Legal Last Name: _____ Date of Birth: _____
First Name: _____ Gender: _____
Legal Custody (if applicable) Joint Mother Father
School: _____ Grade: _____ Age: _____
Sports Interests: _____

Program Choice: **July & Aug (\$550/month) / \$100 Deposit DUE ASAP (to hold space)**

First Payment Due: June 15th-July 1st

Second Payment Due: July 15th-Aug 1

Hours: 8:00 am – 5:00 pm

A non-refundable deposit fee of \$100.00 must accompany the registration form to secure your spot. Fee will be applied to the monthly fee.

(E-transfer to kidfit60payments@gmail.com)

Student Address

Street Name & Number: _____ Postal Code: _____

Phone: _____

Student Pick-Up List

(please provide a list of all people who have permission to pick up your child from the program)

_____	_____
_____	_____
_____	_____

<u>Parent / Guardian #1</u> Student Lives With o	<u>Parent / Guardian #1</u> Student Lives With o
Relationship: _____	Relationship: _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address (if different from student): _____ _____	Address (if different from student): _____ _____
Postal Code: _____	Postal Code: _____
Work Phone: _____ Ext./Dept. _____	Work Phone: _____ Ext./Dept. _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____

<u>Emergency Contact</u> (if parent cannot be reached)	<u>Medical Information</u>
Last Name: _____	Allergies / Health Concerns: _____
First Name: _____	Additional Support Diagnosis (If applicable): _____
Address: _____ _____	Manitoba Health #: _____
Cell Phone: _____	Personal Health #: _____
Email: _____	Parent / Guardian Comments:

KidFit 60 requests your permission / consent for the following items – please select your preference in each box, and sign and date at the bottom of the page to acknowledge all chosen preferences.

Photographs, Videos, and Interviews

I give my consent to the KidFit 60 program to take photographs, videos, and / or conduct an interview with my child for use in program advertisement.

I do not give my consent to the KidFit 60 program to take photographs, videos, and / or conduct an interview with my child for use in program advertisement.

Walking Field Trips

I give my consent for my child to participate in walking field trips within the community.

I do not give my consent for my child to participate in walking field trips within the community.

Accident Liability

I release KidFit 60 after school program and individual staff from any liability in case of any accidents during activities related to the program as long as standard safety procedures have been followed.

Signature of Parent / Guardian: _____

Transportation Accident Liability

I release KidFit 60 after school program and individual staff from any liability in case of any accidents during transportation as long as standard safety procedures have been followed and safe driving practices have been taken.

Signature of Parent / Guardian: _____

Payments

I am aware of the monthly cost, and registration deposit fee and payment schedule for the KidFit 60 program that I have chosen. I understand that I am responsible for making all payments for the KidFit 60 program by the stated due date and that failure to provide payment will result in suspension of program services.

Signature of Parent / Guardian: _____

Refunds

I am aware of and understand that KidFit 60 is a monthly charge program and that there are **no refunds** for days missed due to illness or vacations.

The \$100 deposit is non-refundable

Signature of Parent / Guardian: _____

Date: _____ Signature: _____